

Care Outlook Ltd

# Care Outlook (West Wickham)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service:

Care Outlook is a domiciliary care agency which provides care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 350 people were receiving personal care.

### People's experience of using this service:

Risks were not always identified or updated, and risk management plans were not always in place to manage these risks. People's medicines were not always safely managed. People and/or their relatives were not involved in planning their care and support and care plans were not always updated. Staff were not deployed to meet people's needs in a timely manner. Feedback had been sought from people about the service, but the provider did not always act upon and rectify shortfalls identified. The provider's quality assurance systems were not effective.

People told us they felt safe. The provider's recruitment process was robust, and staff were recruited in line with the recruitment policy. Assessments were carried out prior to people joining the service to ensure their needs could be met. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse. People were protected from the risk of infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider worked in partnership with other agencies to ensure people's needs were planned and met.

Rating at last inspection: The last rating for this service was Good (published 2 July 2019)

Why we inspected: We received concerns about late visits, neglect, and poor medicines management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We have identified breaches in relation to safe care and treatment, staffing, fit and proper persons employed, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner. We will request an action plan for the provider to understand what they will do to improve the standards of quality.

and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our Safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Care Outlook (West Wickham)

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and two experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people.

Notice of inspection: This inspection site visit took place on 13 April 2022 and was announced. We gave the service five days' notice the inspection visit, because this is a large service and we wanted to be sure the office staff would be available for the inspection.

What we did:

Before the inspection: We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with 11 people and 14 relatives to ask their views about the service. We

spoke with five members of care staff, and the registered manager and the Operations Support Manager. We reviewed records, including the care records of 11 people using the service, recruitment files and training records for 11 staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always safe or protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risks to people had been assessed in areas including falls, choking, Parkinson's Disease, mobility, nutrition and communication. However, where risks had been identified, risk assessments did not fully assess the risks or provide actions or guidance to reduce risk in relation to people's health needs.
- Some people were at risk of falls; however, they did not have falls risk management plans in place to guide staff on how to minimise these risks. For example, one person who was at risk of falls did not have detailed guidance on the support they needed to safely mobilise.
- Risks to people in relation to diabetes, falls and choking were not always identified and there were no risk assessments or guidance for staff on what to do to minimise these risks.
- Two people were identified as living with Parkinson's Disease and Epilepsy respectively. However, there were no risk assessments in place to identify all risks related to the condition and there were no risk management plans in place to guide staff should people become ill.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us that they were in the process of updating all risk assessments. We will check this at our next inspection.

Using medicines safely

- Medicines were not always safely managed. Medicine risk assessments and risk management plans were not always in place. For example, there were no risks identified or guidance in place for staff as to what they should do if people refused their medicines.
- Although spot checks to observe how staff administered medicines were carried out, the provider did not have a regular formal process to assess whether staff were competent to administer and manage people's medicines safely. There were no documents to show that for all new staff medicine competencies were assessed before they managed or administered medicines.
- People's care plans recorded contradictory information. For example, one person's care plan recorded that they required care staff to only 'Assist' with their medicines, when in fact care staff were administering medicines and completing Medicine Administration Records (MAR).
- After coming out of hospital, a family member of one person had contacted the provider requesting that

care staff only now administer medicines to their relative. However, during the inspection it was found that a family member was at times still administering medicines when care staff should be doing this. The person's care plan and medicines risk assessment had not been updated to show the care staff had now taken over the administration of this person's medicines, it still showed that a family member was doing this. This meant the person was at risk of potential harm as their care plan had not been updated to include the most up to date arrangements for the administration of their medicines.

The above issues amount to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us that they had reviewed this person's medicine administration care plan with the family member. This now reflected the current arrangements for administering the persons medicines safely. We will check this at our next inspection.
- The registered manager informed us that they were in the process of putting in place a formal medicine competency process in place for all staff administering medicines. We will check this at our next inspection.

#### Staffing and recruitment

- Staff were not always deployed effectively to meet people's needs in a timely manner. Some people told us that staff were often late. One person said, "Some come when they feel like. They don't think of me. One should have come at 10.30am but came at 2.45pm."
- Another person said "The carer on a Wednesday is often late. ... I can't visit my daughter or meet people and I can't make these arrangements because they are not always on time. Last week they were two hours late and this week they were half an hour late. I have spoken to the agency about her being late. They fob me off a little, they don't ring me back and I have to phone them. The carers have my number as well, but they don't call me."
- Some relatives told us, "Staff are not on time. I put the times on the front of a book to remind staff when they should come."

The above issues amount to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a robust recruitment process in place to ensure staff were always recruited in line with this. Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

#### Learning lessons when things go wrong.

- Accidents and incidents were recorded, however the provider failed to carry out any analysis and disseminate any learning to staff on how to minimise these in the future.

#### Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to safeguard people from the risk of abuse. People told us that they felt safe.
- Staff had completed safeguarding training, knew the types of abuse, what to look for and who to report concerns of abuse to. This was to the registered manager and they were confident that appropriate action would be taken. One staff member said, "I had training on safeguarding and would report any concerns I have to the office, line manager and social services."

- The registered manager told us where there were concerns, they were aware of the requirement to notify the local authority and CQC.

#### Preventing and controlling infection

- People were protected against the risk of infection. Systems were in place to prevent and minimise the risk of infection. Records showed staff had completed infection control training.
- Regular staff testing for COVID-19 was undertaken, to keep people safe and minimise the risk of transmission.
- Staff were provided with regular, updated government guidance about working safely within the pandemic.
- There were ample supplies of personal protective equipment (PPE) which staff could collect as needed. Staff told us that they could pick up PPE twice a week from a designated building. One person said, "Yes, [my carer] washes their hands, dries on a paper towel and wears mask, gloves and apron."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Continuous learning and improving care

- The provider's governance of the service was not effective or robust. There was a lack of oversight, leadership and governance at the service. The provider was not aware of the majority of the concerns we raised during the inspection.
- The provider did not always carry out risk assessments to identify risks to people and minimise these risks effectively in relation to falls, choking, mobility and Parkinson's.
- Care plans were not completed or were not accurate or reviewed regularly, as there was a lack of information about people's health needs.
- Records were not completed fully and accurately. The lack of risk assessments and risk management plans did not demonstrate the provider always understood how to assess and manage risks. The provider had not identified the issues with found in relation to risks. This meant that we were unable to confirm if people were receiving safe care.
- The provider did not carry out regular and formal medicine competency assessments on staff to consider whether they were competent to administer and manage people's medicines safely.

The provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The provider's governance and oversight of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
- The provider did not have oversight or a system in place to monitor staff attendance and punctuality. The registered manager told us that presently they relied on staff or people using the service to inform them if calls were missed or going to be late.
- The provider used an electronic monitoring system (ECM) to allocate staff support to people using the service. The registered manager showed us the ECM system and told us that this was a live system. This meant that any missed or late calls flagged up could only be dealt with on the day. There was no function allowing the provider to have an overview, for example of the last week or the last month to review what care calls were missed or late.

- On the day of the inspection at 2pm, we looked at the ECM system and saw that it had flagged up three missed calls at 9.30am, 12.35pm and 13.30pm. However, there were no notes logged on the ECM system to show if the care coordinator had contacted the respective staff member or person using the service and the reasons why the care calls were missed or late. The registered manager told us that the system did not allow for any notes to be logged. This meant that there was a lack of monitoring and oversight of the ECM system to clearly identify that care calls were attended, missed or late.

- Prior to the inspection the provider informed us that several people had missed their care call for one day in March 2022. The registered manager confirmed that they only became aware of the of this shortfall when a staff member informed them of this as a person using had told them that they had not received their visits the previous day. This meant that there was a lack of monitoring and oversight of the ECM system and following up alerts when staff did not log in for care calls.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us they would be looking into how the ECM can be used more effectively by allowing notes to be added when staff either don't log in for calls or if calls are late or missed. We will check this at our next inspection.

- There was a registered manager in place, the registered manager demonstrated that they were aware of the provider's responsibilities under the Health and Social Care Act 2008. They understood the types of incidents they were required to notify CQC about.

- The registered manager told us and staff we spoke to confirmed that the provider had an out of hours on call system in place to provide management support to staff when they needed it.

Engaging and involving people using the service, the public and staff,

- We saw that regular staff meetings had not been held since the start of the Covid-19 pandemic. Therefore, the opportunity to communicate messages with staff and highlight shortfalls in staff practice was missed. There was no evidence to show that staff were encouraged to give feedback or to influence how the service was run.

- The provider obtained feedback from people using the service by telephone and face to face meetings. Comments received included that staff did not always wear ID badges, were not always visited by their regular care workers, did not always stay for the allocated call time and were not always notified if there was a change in care worker or the visit time. Staff obtaining feedback from people were required to record the follow up action needed when any shortfalls with staff were identified. However, the majority of the time this section recorded no follow up action with staff was required. Therefore, people's feedback was not acted upon to drive improvements.

- We received mixed reviews about the management of the service. People and their relatives told us that they did not know who the registered manager was and did not know who office staff were. One person was asked if they knew who the manager was, they told us, "I haven't a clue."

- People told us that communication with management could be better. One person said, "They [management] don't always get back to me. Another person said, "I think it could be better...they don't contact me very often."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and healthcare professionals such as GPs and District Nurses to provide joined-up care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have effective systems in place to assess, mitigate and review risk.</p> <p>Medicines were not always safely managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have established or effective governance systems in place to ensure they provided appropriate and good quality care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure staff were deployed to meet people's care and treatment needs in a timely manner.</p>