

Care Outlook Ltd

Care Outlook (Forest Hill)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Care Outlook (Forest Hill) is a domiciliary care service which provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 there were 270 people receiving care and support for personal care.

Right Support: The provider was not following the principles of the Mental Capacity Act as they had not carried out mental capacity assessments when they had reason to believe people lacked capacity to consent to their care and support. The provider was unable to provide any evidence where decisions were made in people's best interest.

Right Care: There were ongoing issues with the provider's electronic call monitoring system which meant there was a continued risk people would not get their care visits as planned. The information in care plans and risk assessments was inconsistent which meant there was a risk staff would not be given the most up to date information about how to mitigate risks. Medicines support was not always in line with current guidelines. People's nutritional needs were recorded however there was a lack of information regarding people's preferences around food.

Right Culture: The quality assurance and governance processes were not always effective as they had not identified the issues we found with care plans and risk assessments. The provider was following up on some of the issues with staff attendance, but they had not identified all the issues we found. Despite these issues people were mainly positive about the care and support they received. People told us, "I have found them to be brilliant and I have no problems and "I would recommend this company to others if they were going to have the carers I have." There were processes in place to gather feedback. The provider worked with a range of health and social care professionals when planning care and support.

Rating at last inspection and update

The last rating for this service was good (published 21 January 2021).

Why we inspected

The inspection was prompted in part due to concerns received about the scheduling and monitoring of people's care visits and the way the provider responded to concerns raised. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Outlook (Forest Hill) on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of risks, staffing, consent to care and good governance. We have made recommendations in relation to training for staff and making care plans more person-centred. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective 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 (Forest Hill)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team comprised of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered person would be in the office to support the inspection. Inspection activity started with calls to people on the 19 and 20 December 2022. We visited the office on 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We spoke with the local authority who commission the care and support people receive.

During the inspection

We spoke with 35 people who used the service and 8 relatives, so they could tell us their experience of the care provided. We spoke with the registered manager, the regional manager, the deputy manager, a quality monitoring officer and five care workers. We sent feedback questionnaires to 100 care workers and we received 12 responses.

We reviewed a range of records including care and support plans and medicine records for 20 people. We looked at records of recruitment, training, and supervision records for ten care workers. We reviewed records relating to the management of the service, including quality assurance audits and accident and incidents and complaints. We also analysed electronic call monitoring (ECM) data for all people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not have a robust system for ensuring people received their care visits as planned. Before the inspection we received information of concern regarding the way care visits were planned and monitored. The provider had carried out their own investigation and identified issues with the scheduling of care visits and took some steps to remedy these. However, these improvements had not resolved all the issues and during the inspection we were made aware of further incidents of missed visits.
- Analysis of the ECM data showed persistent issues with lateness, unlogged visits, short visits, carers being logged in two locations at one time. There were also occasions where two care workers were required, but the records showed there was very little or no overlap time.
- We received mixed feedback from people about staff attendance times. Some people were happy with the time and duration of their care visits. Positive comments included, "Most of the time they are on time and they stay the full amount of time" and "They show up on time and they make sure I am safe when they leave." However, other people told us their visit times were not consistent and staff did not always stay the full amount of time. Negative comments included, "The time slot in the mornings is supposed to be 9-10am sometimes they don't turn up until 10.30-11am" and "They do come roughly on time but they don't always stay the full length of time."
- We discussed our concerns with the provider and they told us they were having ongoing problems with staff failing to log-in and out of the ECM system correctly when they attended people in their homes. The provider was investigating when care visits were not logged correctly on the system and addressing this with individual staff. However, due to the scale of the problems with logging in and out not all the issues we found had been investigated. This meant the provider did not have an accurate way of knowing if people received their care visits as planned.

The failure to ensure sufficient staff were deployed to meet people's needs demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safer recruitment processes. The provider had a recruitment policy which set out all the checks that were required before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- The provider routinely assessed and reviewed the risks to people's safety and wellbeing. However, care

plans contained conflicting information about people's risks and how these should be managed. One person required staff to support them to manage their catheter, however the care plan and risk assessment did not contain sufficient information to ensure staff understood how to carry out this task safely or identify when there were potential problems.

- Moving and handling assessments contained conflicting information about the support people required and the equipment that was in place. The provider also did not always record maintenance dates of moving and handling equipment so we could not be sure equipment had been regularly maintained and was safe to use.
- The provider told us they were aware that the current format of the care plan documents meant it was difficult to identify inconsistencies and contradictory information and they were in the process of reviewing the format of the care forms to improve this.
- The provider had carried out assessments of people's homes to identify risks including the risk of fire. However, some people had multiple risk factors but no further actions had been taken. The provider had also not considered the potential risk of the use of special equipment such as air pressure mattresses.
- One person was at increased risk due to their inability to evacuate their home in the event of a fire and their MAR showed they were using a flammable emollient cream. However, their fire risk assessment said there were no hazards identified. We discussed this with the provider and we shared the London Fire Brigade's risk assessment tool so the provider can review their process for assessing the risk of fire and making referrals when risks were identified.

The failure to do all that is reasonably practicable to mitigate risks to people's health and wellbeing was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not find evidence that people had come to any harm and people told us they felt safe with the care they received. We received comments such as, "My relative is feeling safe with the care they receive" and "I do feel safe, they help me move about with my Zimmer frame."

Using medicines safely

- The provider was not always working in line with the National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines, as care plans did not always contain adequate information about what medicines people were taking. We raised this with the provider and they resolved this during the inspection.
- Care plans contained conflicting information about the level of support people required to take their medicines. One person's medication assessment said care workers should place the blister packs next to the person but other parts of the care plan said staff needed to decant the tablets into a pot for the person to take.
- We also saw examples where medicine assessments stated there was no other support from family members. However, care records showed family members were sometimes administering the person's medicines.

The failure to manage people's medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- The provider worked with a community pharmacy service to assess people's ability to manage their medicines themselves. The pharmacy service gave positive feedback about how the provider managed people's medicines. They told us, "The provider identifies when people need more support and keeps us

informed when things change. Staff are trained and knowledgeable and have a good understanding of people's needs."

- People told us they were happy with the support they received to take their medicines. We received comments such as, "My [family member] takes a heap of medication, but it's all taken care of by the carers safely."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns had been taken seriously.

- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. They conducted investigations into allegations of abuse or neglect and shared findings as required.

Preventing and controlling infection

- Staff followed safe hygiene practices when carrying out care and support. Staff told us they had a plentiful supply of personal protective equipment and they had received training and ongoing support and guidance on infection control procedures.

- The provider ensured care staff continued to wear masks whilst caring for vulnerable people due to the ongoing risks of COVID-19 and seasonal flu. This was confirmed in the feedback we received from people receiving care. People told us, "The carers have good hygiene standards and have all the protective equipment" and "They wear gloves, masks, and all the gear."

Learning lessons when things go wrong

- There were systems in place to record and analyse accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was not working within the principles of the MCA. We identified 2 people's care plans which stated they were unable to sign their care plan due to a diagnosis of dementia. The provider had not conducted mental capacity assessments or followed a best interest process for these people in line with the MCA.
- Another person's care plan had conflicting statements about whether they were able to sign to show they consented to their care plan. One part of the plan said they were able to sign but there was no corresponding signature. Another part of the care plan said they were unable to sign but there was no explanation and the provider had not carried out a mental capacity assessment for this person either.

Whilst we found no one had been harmed, failure to work in line with the MCA was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Care workers received mandatory training in the MCA and showed a good understanding of how to put this into practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydrational needs were being assessed and met. However, we found care plans did not always contain sufficient detail about people's individual food and drink preferences.
- Despite the lack of information in care plans people told us they received food which was cooked to their

preference, and they had regular offers of drinks. One person told us, "They staff make nice meals" and "There is a good range of food prepared for me and good quality."

- Staff received training in food hygiene and fluids and nutrition to ensure they had the necessary skills to support people safely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and social care needs were assessed prior to their care package starting. Assessments included all aspects of people's needs however; care plans did not always contain sufficient detail to ensure people's preferences were upheld. People's ability to maintain their oral hygiene independently was assessed but there was very little information for staff on how people would like to be supported with this part of their care.

- Some care plans contained detailed information about people's personal history and life story to help care staff have a good understanding of people. However, this was not in place in all the care plans we reviewed so we could not be sure staff always had the same level of detail for all people receiving care.

We recommend the provider reviews the care plans to ensure they contain sufficient detail about people and their personal preferences.

- Despite the inconsistent level of detail in care plans people told us they were involved in the planning and review of their care. We received comments such as, "My family member has a care plan in place and I'm involved in the review of it from time to time" and "I have a care plan and I'm very satisfied that it's reviewed regularly, in fact the last time was three weeks ago".

Staff support: induction, training, skills and experience

- Not all staff had completed training to give them the necessary skills and knowledge to support people with a learning disability and autistic people. Although at the time of the inspection there were no people with a learning disability or autism receiving care, since 1 July 2022 health and social care providers registered with CQC must ensure that all staff receive training on learning disabilities and autism appropriate to their role. Care Outlook (Forest Hill) has a service user band of learning disability and autism; however, no training relevant to this had been provided.

We recommend the provider consults the guidance about delivering appropriate autism and learning disability training.

- New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere when they deliver care and support.

- New members of staff completed an induction which included a period of shadowing experienced workers. This was confirmed by staff and people receiving care. One person told us, "My regular carer has brought new carers with her as she is showing them the ropes."

- Care staff received regular supervisions and ongoing training to ensure they continued to develop their skills and knowledge. Comments from staff included, "We do get sufficient training" and "There are opportunities for additional training if you need it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. Staff made referrals to district nurses and worked with people's GP's, opticians and chiropodists to meet people's health needs.

- Care plans included information about the person's health conditions and contact information for all healthcare professionals who were involved in the person's care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 requires improvement. At this inspection, this key question has remained the same. This meant despite improvements the service was not always consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have effective systems in place to monitor the safety and quality of the service as they had not identified the issues we found with care plans, risk assessments, consent to care and medicine support.
- At the last inspection we made a recommendation about reviewing the effectiveness of the ECM system, however, we found issues persisted and people were exposed to the risk of harm from missed or late visits.
- We were not assured that all documents we reviewed were an accurate representation of what was in place as most documents we received had been edited before sending. We raised this with the provider and they have acknowledged that documents were reviewed and edited before they sent them to us.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider reviewed standards of care and staff performance through regular monitoring visits and telephone calls. One person told us, "I do hear from the office, sometimes they ring and ask me questions sometimes I get a visit from the supervisor and they ask me questions and make sure everything is ok for me."
- The provider also made changes to people's care when they received constructive feedback. One person told us, "The carer was coming around 7pm which I was finding a bit too late. She comes earlier now which is better for me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite the shortfalls we found most people gave positive feedback about the care they received. We received comments such as, "I am very happy with the carers. They help me get dressed. They sit down with me for a short time and we chat about the country where we both came from" and "They have helped me, supported me and encouraged me to move around and be more mobile, it has worked, I am able to move more than I have been able to for a very long time."
- Staff were mainly positive about how the culture of the organisation. One member of staff told us, "The company treats everyone equally. All the staff I have met are friendly, helpful and respectful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly sought feedback from people receiving care and staff. The recent client satisfaction survey showed people were generally very satisfied with the care they received and this corresponded with the feedback we received. People told us, ""The quality of the care is 10/10, I really have no complaints here" and "The staff are happy to help and they know what they are doing. They are lovely, polite and friendly."
- We received mixed feedback from staff about the culture of the organisation and the support they received from office staff. Some staff felt we supported and told us things such as, "Whenever I need to reach out to the office while at work, I get response from the coordinating team, which is good" and "Yes, I have been properly supported by my manager." However some staff did not feel so well supported and told us things such as, "The office staff are not always supportive."
- Although feedback from people was mainly positive some people and professionals told us they could not always get through to the office when they needed to. We received comments such as "It's not easy getting through to the office, I tried four times to get through to them to let them know I had a hospital appointment so I needed them come to come earlier to help me, it was quite frustrating" and "Some days are better than others but it can be quite difficult to get through."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.

Working in partnership with others

- The service had been working with the local authority to monitor progress of improvements since the last inspection. The service worked regularly with multi-disciplinary professionals, brokers, social workers and local authority commissioners to achieve good outcomes for people.
- The registered manager attended local authority forums to share their experience and to help inform their practice.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure that care was always provided with the consent of the relevant person and that procedures for obtaining consent to care and treatment reflected current legislation and guidance.</p> <p>Regulation 11(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that sufficient numbers of suitably qualified, skilled and experienced persons were deployed.

18 (1)