

UK Caring Services Limited

UK Caring Services

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

UK Caring Services is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to people, living with dementia, people with physical disabilities and sensory impairments.

At the time of this inspection, 93 people were using the service. 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.

People's experience of using this service

Managerial oversight of the service needed to be improved. Auditing systems had not identified the shortfalls we found. In addition, processes to share important information with us as required needed to be strengthened. The management of some risks associated with people's care and support required improvement. The registered manager told us they would take action to improve safety. Despite our findings, staff explained how they provided people's care safely and they understood what they needed to do in the event of an emergency.

The majority of care plans we reviewed lacked information. We made a recommendation about adding further information to care plans. The registered manager understood their responsibility to be open and honest when things had gone wrong. The whole staff team demonstrated their commitment to ensuring people received good quality care.

Staff completed safeguarding training and safeguarding procedures were in place to protect people. Staff had been recruited safely and nearly all people spoken with told us they felt safe with their care workers. Staff completed infection prevention and control training and they followed safe practice when they visited people's homes. People's medicines were administered by trained staff. Checks of medicines took place and the registered manager told us staff would receive further support and training to improve their practice if any errors occurred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. We have made a recommendation to ensure the requirements of the Mental Capacity Act (2005) were always followed during care planning to uphold people's rights.

Staff had the skills they needed to provide effective care. New staff completed an induction followed by an ongoing training programme. Managers observed staff members practice in people's homes to ensure they put their training into practice. Staff felt valued and supported and they understood what their managers expected of them. People were supported with a balanced diet to maintain their health. The service worked in partnership with other agencies to ensure people received the care and support, they needed to live

healthy lives.

Staff were kind and caring, they spoke fondly about people and understood the importance of treating people as individuals. People's dignity was maintained and their right to privacy was respected. The support people received enabled them to remain living in their own homes in line with their wishes.

People knew how to complain, and records confirmed complaints received had been managed in line with the provider's policy. Most people spoke positively about the leadership of the service and the service had received a high number of compliments in the few months prior to our visit.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 06 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the safety and governance of the service at this inspection. 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, 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 caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive 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 ●

UK Caring Services

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 was undertaken by three inspectors and an expert 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the registered manager 48 hours' notice of the inspection. This was because we needed to be sure that they or the provider would be in the office to support the inspection visit. Inspection activity started on 04 August 2022 and ended on 10 August 2022. We visited the provider's office on 04 August 2022.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We gathered feedback from local authority commissioners who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke via the telephone to five people and nine people's relatives to gather their feedback about the care and support provided. We spoke with the registered manager, three care co-ordinators and six care assistants. We reviewed 10 people's care records and seven people's medication records, staff training data, some policies and procedures and a range of records relating to the management of the service. We reviewed the recruitment records of three staff to check they had been recruited safely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating 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.

Assessing risk, safety monitoring and management

- Aspects of risk management required improvement. More than half of the risk management plans we reviewed lacked information to help staff provide safe care. For example, two people needed assistance from staff to move but their risk assessments did not inform staff how to complete those tasks safely. A third person was at risk of falls, but guidance was not in place for staff to follow to manage or mitigate the risk of the person falling.
- Not all risks associated with people's care had been assessed. Staff supported one person to manage their urinary catheter. Risks associated with this had not been assessed until we brought it to the attention of a care coordinator.
- Another person's risk management plans contained incorrect information which was confusing for staff. This meant the person might not receive consistent care and support safely.

Risks associated with service users care and treatment were not always identified, assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us people's risk assessments and risk management plans would be reviewed and updated to improve safety.
- Despite information not always being available to them, staff were knowledgeable about the risks associated with people's care. Staff spoken with provided examples of how the care and support they provided kept people safe.
- Staff understood what they needed to do in the event of an emergency. One staff member explained if they arrived at someone's home and they were unwell they would immediately seek medical assistance and inform the person's relative.
- Emergency contingency plans were in place to manage unforeseen events such as a power failure or inclement weather.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and the registered manager understood their responsibilities to keep people safe. However, information about safeguarding concerns had not always been shared with us (CQC) as required.
- We received mixed feedback when we asked people if they felt safe with their care workers. One person said, "Today I was worried about how they (staff) put the sling on me and how they used it. It was the way they put it on that worried me." In contrast another person explained they felt safe because staff caring for

them were patient and careful when they assisted them to move.

- Overall, relatives felt safe care and support was provided. One relative commented, "Very safe, they (staff) talk to (name) and make them feel good."
- All staff had received safeguarding training and knew how to raise a safeguarding concern. One staff member said, "Believe me if I thought anything was wrong, I would be very fast to act on it." They went onto explain the knowledge they had gained during their training helped them to keep people safe.

Learning lessons when things go wrong

- A system to record accidents and incidents was in place. However, at the time of our visit incidents were not always analysed to identify triggers or patterns to prevent recurrence.
- Despite this the registered manager and the staff team demonstrated their commitment to learning lessons when things went wrong to improve outcomes for people.

Staffing and recruitment

- Staff were recruited safely. Completed recruitment checks ensured staff working at the service were suitable. References had been obtained and Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Feedback confirmed enough staff were available to provide safe care and support.
- An electronic system monitored the arrival and departure times of staff at people's homes. Records confirmed most people had received their care calls at the correct time and for the correct duration. One person commented, "Yes [call] times are adhered to. Maybe five or ten minutes different but you can't help that. They (staff) stay the right amount of time dependent on what needs doing."

Using medicines safely

- Medicines were managed safely. Four people told us they received their medicines when they needed them. One person said, "They (staff) give me my medication in the morning. They cook my breakfast, then hand it to me." However, a fifth person explained staff had forgot to apply their prescribed cream to their skin that morning. We shared this feedback with the registered manager who told us they would address this.
- People's medicines were administered by trained staff whose competency was regularly checked by their managers to ensure they understood and followed safe medicines practices and procedures.
- Medicine checks took place so if errors occurred, they could be identified and addressed. The registered manager told us if errors were identified appropriate action would be taken including additional training and support being offered to staff.

Preventing and controlling infection

- Staff followed safe infection and control practice in people's homes. One person said, "They (staff) never come in without full PPE (Personal Protective Equipment) on. I see them put it on when they get out of their car. They have masks, gloves and aprons every day."
- Staff completed infection and control training. One staff member told us, "I did the training when I started and recently did a refresher. The training makes sure you know what to wear and when to wear it. Like gloves and aprons and masks."

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 consistently working in line with The Mental Capacity Act 2005. Decision specific mental capacity assessments had not always been fully completed during care planning to determine whether or not people had capacity to make particular decisions about their care. In addition, people's views were not always considered during decision-making processes.
- This demonstrated the registered manager and care coordinators needed to increase their knowledge of the MCA to ensure people's rights were always upheld.

We recommend the provider researches current best practice guidance to ensure all staff follow the requirements and principles of the MCA.

- Staff had completed MCA training. Feedback from both people and relatives confirmed staff sought consent before they provided any care or support.

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

- People's needs had been assessed before they had started to use the service. When possible people and those closest to them had been involved in the assessment.
- People's assessments had considered the protected characteristics under the Equalities Act 2010 which included cultural needs. One person confirmed their care was always provided by female staff in line with their cultural preferences.

Staff support: induction, training, skills and experience

- Most people and relatives had confidence in the ability of staff to deliver their care effectively.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Before staff worked unsupervised, they worked alongside experienced staff to help them understand what was expected of them and to help them to get to know people. One staff member commented, "I shadowed another carer for a week. It was perfect, I learnt about people. What they want, what they don't want."
- Staff attended meetings with their managers to help guide them with their work and continually improve their practices. One staff member said, "When you're in a one to one supervision meeting its focused, you are listened to and you can ask questions if you need to."

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

- Most people we spoke with made their own health appointments with support from their relatives. However, they felt staff would offer this support to them if it was needed.
- The registered manager and staff team provided examples of how they worked in partnership with health and social care professionals such as, social workers to ensure people received the care they needed to remain healthy and well.
- Records documented the actions staff had taken to obtain support for people from healthcare services when needed. For example, a staff member had contacted a district nurse to request they visited a person who had injured their leg. That visit had happened.

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

- People were satisfied with the support they received from the service to maintain a balanced diet.
- Staff knew what people liked to eat and drink and were aware of individual dietary requirements. A relative told us, "Staff get (Name) fish and chips twice a week from the chip shop. We are all really grateful for that."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included, "They (staff) are very kind and they do their jobs well," and, "They laugh and talk to (Name) all the while, that's why he likes them."
- Staff spoke fondly about the people they cared for. One staff member said, "I love my job and I have a real affection for everyone I visit." Another told us, "I like to be with my clients. I talk to them, we laugh together, I want to make them happy."
- Staff completed equality and diversity training and discussions confirmed they understood the importance of treating people as individuals and promoting equality.

Supporting people to express their views and be involved in making decisions about their care

- Where possible staff encouraged people to make daily decisions about their care. One person said, "Yes, I make my choices, my staff listen." A relative explained how their family member made daily choices including what they wanted to drink and what they wanted to wear.
- Staff members provided examples of how they supported people to make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. A relative commented, "Very thoughtful. the staff close the blinds, shut the door and cover (Name) with a towel. It's all very dignified."
- Staff understood the importance of respecting people's privacy. One staff member told us they had learnt about the importance of privacy during their training. They added, "I make sure the curtains and doors are closed. If a family member is there you politely ask them to wait in another room so you can provide care."
- People told us their support they received from staff enable them to remain in their own home which was important to them. A relative commented, "This service has kept my mum living in her own home, independently as she would wish. If it wasn't for this gang, she wouldn't be doing that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The majority of people's care plans we looked at did not contain enough information. For example, one person's care plan stated, 'I require full support to wash dry and dress. Carers to be mindful with moving and handling.' Another plan documented, 'Requires support to transfer around his house safely with support of two carers, carers are to ensure that he is safe whenever transferring.' No further information was available to help staff provide care in a personalised way.

We recommend the provider considers adding further information to some care plans to ensure people's needs are met.

- Other care plans did contain enough information including, people's likes, dislikes, preferred routines and life histories. The registered manager told us further information would be added to the care plans that lacked information.
- Despite some care records lacking information most people spoke positively about their care and support. However, three out of five people spoken with explained they had difficulty communicating with staff who supported them for whom English was a second language. We shared this feedback with the registered manager.
- Staff knew the people they cared for well. One staff member told us, "I go to the same people, it's good for building up a relationship."

Improving care quality in response to complaints or concerns

- People knew how to complain and told us they would telephone the registered manager or their social worker if they needed to complain.
- Staff understood their responsibility to support people or relatives to raise concerns. A staff member said, "Because I go the same people, I hope they would tell me if they were unhappy. I would help them to complain or tell them to talk with their family or social worker."
- Records confirmed complaints had been managed in line with the providers procedure. The registered manager told us they acted upon complaints in an open and transparent way and used them as an opportunity to improve the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. Information including the complaints policy was available in different formats.
- People's preferred methods of communication had been assessed and most care plans we reviewed provided staff with guidance on how to communicate effectively with people.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The registered manager told us end of life care and support in line with people's wishes could be planned and provided if it was needed.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managerial oversight of the service needed to be strengthened and improved. Auditing systems were not always operated effectively. Completed checks had not identified some care records and risk management plans lacked information. This placed people at risk of receiving unsafe care. In addition, care records did not always contain accurate and up to date information.
- The provider was unable to assure themselves people's rights were always upheld because the requirements and the principles of the Mental Capacity Act were not always followed during care planning.
- The provider's system to ensure CQC were notified of all significant events that happened was not robust. We had not been notified about two allegations of abuse that had occurred during March and July 2022. The statutory notifications were submitted retrospectively to us following our request.
- The provider had failed to ensure their systems and processes were established and operated effectively. Accurate and complete records in respect of each person were not maintained. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- When we shared our inspection findings with the registered manager, they told us they would take action to make improvements. Following our inspection visit we received a variety of information to confirm some actions had been taken and further action was planned.
- The management team consisted of the registered manager and three care coordinators. The registered manager kept their skills and knowledge up to date. They attended a local registered manager forum and had recently been awarded a recognised leadership and management qualification.
- Staff understood what the registered manager expected of them and demonstrated a shared commitment to providing good care. Staff told us their work practices were observed by a member of the management team to ensure they were competent to carry out their roles.

Continuous learning and improving care; 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; Working in partnership with others

- The rating of this key question has not improved since we last inspected the service in 2019. An improvement action plan was in place prior to our inspection. The registered manager informed us

they were working in partnership with a local authority to drive forward necessary improvement. Local authority commissioners confirmed that was correct.

- The registered manager understood their responsibility to be open and honest when things had gone wrong. For example, apologies had been made to people and learning from complaints had been shared with all staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives had opportunities to provide feedback about the service through questionnaires and regular telephone discussions. Feedback gathered was listened to. For example, one person had been allocated a particular staff member to care for them in response to their feedback.
- Feedback from the annual satisfaction survey conducted in 2021 showed 98 percent of people were very satisfied with their care. In addition, 25 compliments had been received by the service between February and July 2022 from people, their relatives and health social care professionals.
- Most people and relatives spoke positively about the leadership of the service. One person said, "It's pretty well run. At times I've rung them with a query, and it's been dealt with." Another person said, "It would be better if the office phone was answered when I call."
- Staff told us the culture of the organisation was supportive and inclusive. They described the registered manager as approachable and told us they had opportunities to attend individual and staff meetings.
- The provider recognised and thanked staff for their hard work in a variety of ways including 'employee of the month' awards. Staff told us this made them feel valued.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(a)(b)(e) Systems and processes were not sufficient to demonstrate risks were identified, assessed and mitigated.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b)(c) Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate and up to date records in respect of each service user were not maintained.