

UK Home Care Limited

# UK Home Care Limited - Carshalton office

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

UK Home Care Limited is a care agency providing personal care and support to people living in their own homes. At the time of our inspection six people were using the service.

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.

### People's experience of using this service and what we found

People and/or their relatives told us they received good quality care. Staff were recruited following safe processes and there were sufficient numbers of staff to meet people's assessed care and support needs. Staff completed an induction that helped them to understand their roles and people they would support. Staff had ongoing training and support.

Medicines were managed safely. Staff were trained and competent to administer medicines. Staff maintained medicine administration records and these were reviewed and checked for accuracy.

People had assessments that identified their care and support needs and any risks related to their health and well-being. A risk management plan was in place that provided staff with detailed guidance on how to support people safely to reduce those risks. Any changes in care and support were shared with care workers. Care records were routinely updated and reviewed.

Staff understood abuse and had completed safeguarding training on abuse and knew how to protect people from abuse and report concerns.

The provider had systems in place to monitor the service and the quality of care. The registered manager regularly reviewed the service to ensure people received care and support that was of a good standard. People and their relatives were asked for their feedback on the care provided.

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; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

We registered this service on 25 January 2019 and this was the first inspection.

### Why we inspected

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below

# UK Home Care Limited - Carshalton office

## **Detailed findings**

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector 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 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We were not able to speak with people who used the service. We spoke with six relatives of people using the service. All staff were sent a questionnaire and we received feedback from five members of staff. We reviewed a range of records. This included care records for two people. A variety of records relating to the management of the service, including policies and quality of the service, were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 27 September 2022 and ended on 17 November 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Staff provided care and support to people in a safe way that met their needs. People we spoke with felt safe receiving care and support from the staff that visited them in their home. Comments were, "The carers makes us all feel that she's in safe hands" and "Care workers keep [my family member] very safe indeed."
- The service had systems in place to protect people from the risk of harm. Staff confirmed they had attended and completed safeguarding training and were confident to report an allegation of abuse. One member of staff said, "I have training in safeguarding vulnerable adults from UK Home Care" and "Safeguarding means to protect people from harm and protect their health and human rights."
- The registered manager encouraged staff to report an allegation of abuse. The provider understood local safeguarding arrangements and how to report and share an outcome of the investigation with the local authority and the CQC.

Assessing risk, safety monitoring and management

- Staff followed the provider's assessment processes to identify and to manage known risks for people. Each person had an assessment to identify any risks to their health and well-being. Staff completed risk management plans for people care and support needs.
- Risk assessments were comprehensive and had sufficient details about each risk and how to mitigate them. These also included risks in relation to the person's home environment and if applicable a smoking risk assessment and management plan. This ensured the environment was safe for people and staff to receive and provide effective care.
- The risk management plans provided guidance for staff to manage each risk in a safe way and these were reviewed to ensure they remained accurate.

Staffing and recruitment

- The service had systems in place to make sure there was enough staff to support people. If people needed more than one member of staff to support them, this would be arranged. People were complimentary about the staff that supported them during their care visits. Comments included, "I'm very happy with them. The manager visited us at the start and what she promised has been delivered" and "The staff are always time, no complaints there."
- Staff underwent a robust recruitment process to ensure newly employed staff had the skills and experience to work with people.
- Pre-employment checks took place when employing new staff. Each member of staff was vetted to verify they had the right to work in the UK, had previous relevant employment histories, job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

#### Using medicines safely

- The service had an effective system which guided staff to support people with taking their medicines. People confirmed they were supported by staff when needed with their medicines.
- The registered manager had a training programme which included training in medicines administration. All staff confirmed they had completed this. Staff were assessed on the training and practical skills in supporting people with taking their medicines to ensure they were safe to do so.
- The provider had a medicines policy that guided staff to ensure people's medicines were given safely. Staff completed and maintained medicines administration records (MARs). Each person had a MAR that recorded the name of each medicine, and a signature when the medicine was administered. These records were completed accurately and no unexplained gaps were found.

#### Preventing and controlling infection

- The provider had an infection prevention and control policy to manage the risk of infection.
- Staff had access to personal protective equipment (PPE) to help them to reduce and manage the spread of infection.
- Staff had completed training in infection prevention and control. This enabled staff to take appropriate actions to prevent the risk of infection for people they provided care and support to.

#### Learning lessons when things go wrong

- There were systems in place for the review and regular monitoring of the service. The registered manager reflected on the impact of COVID-19 on the service delivery, people they support and the staff.
- The service had a business continuity plan which was updated on a regular basis. The plan contained measures to enable the service to remain resilient in emergency or urgent situations.
- The provider had a process for recording any accidents and incidents these were escalated to the registered manager for investigation and to take any action as required.



# 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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service arranged for people to have an assessment so their individual views and wishes about their care and support needs were recorded and included in their care records.
- Assessments gathered people's views of their care needs, their own strengths and views of their care service.
- People's choices were respected by staff and they took actions to ensure people had the support they needed. When people requested staff who could speak the same language as them, this was respected and offered if a member of staff was available. This meant staff provided opportunities for people to make choices about their care. A relative commented, "The manager sent a care worker that spoke a language my family member could understand, which was really helpful. It makes us all feel that they are in safe hands and can communicate easily."

Staff support, training, skills and experience

- Staff completed induction and training which supported them in their roles. People told us that staff were trained enough to provide safe care and support. Comments we received were, "We appreciate their skills and competence" and "Without doubt, 'our' carer has the skills and knowledge to do her job."
- The service had developed a training programme to help improve the knowledge and skills for staff. The provider's training log included all staff training with the completion date. The training programme included, safeguarding, mental health, infection control and prevention and medicine management.
- The provider had in place a staff supervision and an appraisal system. Staff supervision and appraisals meetings were used to discuss their daily work, reflect on their past performance and professional development. Staff confirmed they had regular supervision with their manager.

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

- Staff supported people to meet their individual nutritional needs and meet their meal preferences. Comments we received confirmed, "They [carers] are very good with meals" and "[Family members] says the carers are very good at preparing food [family member] likes."
- Training in safe food and hygiene was completed by staff which gave them knowledge on the safe preparation of food.
- Care records detailed information about the meals people preferred and enjoyed. This information also included whether meal preparation was part of their package of care and support.

Supporting people to live healthier lives, access healthcare services and support

- People's care records had a list of medical conditions and staff worked in a flexible way to coordinate with

health care professionals when required.

- People were encouraged to take part in things they wanted to do to be independent and live the way they choose.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager encouraged staff to contact the office staff in an emergency, when people's needs changed or deteriorated. Staff told us they would, "Call the emergency services, inform the manager and make sure it has been documented in clients care plan" and "Call office to inform incident."
- The service user guide was given to people before they received care and support. This guide contained the office contact details so people and their relatives could contact the service when they liked to discuss their concerns.
- Staff knew people well and understood their individual health challenges and needs. Care and support was delivered to meet these needs. Staff understood their responsibility to share any concerns they had about people when needed to keep them safe.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained information about whether they could provide informed consent to receive care and support.
- Care records detailed people's decision-making abilities and whether they needed additional support to make decisions.
- The registered manager contacted the local authority to report any concerns with people's mental capacity needs and they understood the role of Court of Protection.

# 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.

This is the first inspection of this newly registered service. We have rated this key question 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

- The registered manager had conversations with people to understand whether they had any specific needs regarding equality and diversity. If people shared this information about for example culture and religion this information was recorded and guidance developed for staff to support people in a respectful way.
- Staff were described in a positive way by people and their relatives and described as kind. Comments included, "Absolutely superb. We appreciate their skills and competence" and "Without doubt, our carer has the skills and knowledge to do her job."
- The registered manager was aware of the Equality Act 2010 and their responsibilities to ensure people received their care and support in line with current legislation.

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

- The registered manager involved people and their relatives in care and support planning to meet their individual needs.
- Staff were arranged so people had regular care workers who knew them well and provided their care required. People and relatives told us that staff were flexible and felt comfortable receiving care and support from them.
- People and their relatives developed good relationships with staff. Comments included, "Staff are gentle, give reassurance" and "[Family member] has a good relationship with the carers."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect during all care visits. Staff maintained a professional approach and provided care for the assessed length of time.
- Staff knew how to protect people's privacy and dignity. Personal care needs was carried out in private, so people's dignity was protected and maintained.
- People were encouraged to participate in their own care needs when they were able. This approach helped people to maintain some level of independence. One relative told us, "With encouragement from the carers [family member] can walk further and it gives them a bit of independence."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Care and support was planned for people in a personalised way. Before people began using the service, they had an initial assessment to identify their individual requirements and needs. Comments we received included, "The carers talk to [my family member] all the time and explain what they're going to do next." and "They are all very committed, skilled and absolutely fabulous. I have no concerns at all."
- People, their relatives and health and social care professionals contributed to the care assessment and helped to develop an appropriate plan of care. All staff completed person centred care training which gave them the knowledge to care for people in an effective way.
- Care records contained details about the support people needed to meet their personal care needs. This provided staff with appropriate guidance to support people in the way they wanted.
- People's care and support plans also included important information about them before they began using the service. For example, staff asked questions about people's life history. This information was recorded and provided staff with more information to help them to get to know people better.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were recorded on their care records so new staff were aware of these. If people had specific language needs this was recorded and support put in place to meet this need.
- People had access to the care and support records in a format that they could understand. People were given a copy of their care records so they were aware of their planned care and support.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. A person said, "[Family member] never complains but if we see a problem, we ring the manager and the issue will be resolved."
- The registered manager ensured each person received the service user guide when they began using the service. This guide contained information about how to make a complaint about the service and how complaints were handled.

### End of life care and support

- At the time of the inspection people did not require support with a life limiting condition or end of life care.
- People, with the support of their relatives, were encouraged to discuss the care and support they wanted

at the end of life or if they had a life limiting illness.

- Staff had developed skills and their knowledge to care for people at the end of their lives.

# 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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had positive outcomes in response to the care and support they received. Feedback from people and their relatives was positive about the quality of care. Comments that were shared with us included, "Their time keeping is good" and "The carers provide me with regular feedback."
- Staff were complimentary about the management of the service. They told us the leadership of the service was of a good standard and staff understood which member of staff they could share their concerns with and receive a supportive response. Comments included, "We are getting all the training we need and support from the managers. The clients are very happy with our service, so I think it is well led." A relative told us, "It's a tribute to leadership and training. The service has brought about a real improvement in my [family member's] quality of life."
- The registered manager understood how to ensure government guidelines and best practice were followed in relation to COVID-19. Staff received updated guidance and additional training to help them to improve their practice and to maintain people's safety.

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 provider had a process to follow to ensure the registered manager understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

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

- The service completed internal auditing of the systems in place on a routine basis therefore providing a clear oversight of the service.
- There were checks of staff individual performance to ensure people received safe care and support. Each member of staff providing care had a 'spot check' completed. This assessment included observations of care workers carrying out care and also speaking with people and their relatives about the how the care worker interacted with them. Any areas for improvement was managed safely and if people or their relatives had any concerns this was acted on in a timely way. One relative told us, "One carer was always late and we asked for her not to come back. The manager was excellent, removed her and the problem was solved."

- Regular checks and audits of the service included infection control, medicines records and care records. These checks ensured the service was performing best to meet people's needs and make improvements to the service as necessary.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service. They understood this information had to be shared so CQC can take appropriate action as required.

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

- Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Staff told us they were provided with meeting minutes if they could not attend. Meetings were held online and in person to provide opportunities for staff to be able to contribute to staff meeting and share their ideas and views with their colleagues.
- People were asked for their feedback about the quality of the service. Feedback was received through telephone calls, home visits, spot checks and in surveys of the service. People and their relatives reported that they were happy with the care and support received and of the care workers that supported them.

Continuous learning and improving care

- The registered manager had a commitment to continuous learning and improvement at the service to ensure the care delivered was of a good standard.
- The registered manager maintained updated and accurate records so the service was monitored and improved when this was required. Working in partnership with others
- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.