

AUM Care Group (UK) Ltd

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## 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

AUM care Group (UK) Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 5 older people were receiving a home care service from this provider.

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. All 5 people using the service were receiving personal care at the time of the inspection

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

Relatives of people using the service thought that people received a safe and quality service from the provider. There were appropriate safeguarding adults policy and procedures in place and staff had received training so they could appropriately respond to incidents or allegations of abuse. There were appropriate systems in place to manage risks and medicines. Staff were offered employment only after appropriate recruitment checks were carried out and there were enough of them to ensure people received their visits as planned for them.

Staff received the training and the support they needed to fulfil their role. People needs were assessed before they started to receive a service from the agency. Where staff were responsible for assisting people to eat and drink, people's dietary needs and wishes were addressed in their care records. People were supported to stay healthy and well, and the provider liaised with healthcare professionals as necessary to ensure people received the healthcare they needed. 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.

The service and staff ensured people were well treated and that their dignity was respected. Staff had received training around diversity and equality so they understood people's cultural and spiritual needs.

People and their relatives were involved in developing their care plans and these appropriately addressed their needs. In addition, where people had specific communication care needs, these were also included in people's care plans so staff had the necessary information around meeting people's needs in this respect. There was no one receiving end of life care at the time of the inspection but there were processes in place that the provider could refer to if someone needed to be supported with end of life care needs.

People had the opportunity to contribute their views and give feedback about the service. So did staff. The provider took all these into account when planning how to improve the service. In addition, there were appropriate quality assurance systems, albeit these were still in the early days, to monitor assess and improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The service was registered with us on 19 May 2021 and this is their 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.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# AUM Care Group (UK) Ltd

## 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 carried out by an 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

AUM Care Group (UK) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their office to support the inspection.

We visited the provider's office on the 26 September 2022.

#### What we did before the inspection

We reviewed all information we had received about the service since registering with us. 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager when we visited the provider's office.

We received feedback from 3 relatives and 4 care staff in relation to their views and experiences of using or working with the agency.

We looked at 3 people's care records, 3 staff files in relation to their recruitment, training and supervision, and a variety of other records relating to the overall management and governance of the agency.

After we visited the provider's office we continued to seek clarification from them to validate evidence found.

# 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. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate arrangements to help protect people from the risk of abuse and neglect. Relatives told us their family members felt safe with the care workers. One of them said, "They [my family member] are safe when they have care."
- The provider had safeguarding and whistle-blowing policies and procedures in place which staff were familiar with.
- Staff had received training and understood what safeguarding and abuse meant. They also knew the action they needed to take if they witnessed or came across incidents where people might have been abused or neglected.
- The registered manager was aware of notifying relevant agencies where there were allegations or suspicions of abuse so these were appropriately investigated and addressed to help protect people where this was necessary.

Staffing and recruitment

- The provider ensured staff were appropriately and safely recruited and that there were enough staff to meet people's needs.
- Prior to staff being employed, the provider carried out a range of recruitment checks on applicants to make sure they were suitable to work for the service. The checks included proof of identity, previous employment history, employment references, the right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a duty rota where staff were allocated to cover the care visits. Feedback from people and their relatives showed that staff visited them mostly on time and stayed the agreed length of their visits. Relatives told us, "Yes they are sometimes late due to traffic, but I have no issues with it" and "Yes the care workers are very punctual". Relatives also confirmed that they were informed if the care workers were late. One said, "They call if they are running late or are off sick."
- Staff also had enough time to travel between visits, so they were not late. One care worker told us, "Yes I have enough time to travel between visits" Another care worker said that if there was a risk that they would be late for their next call for example when there was a transport problem, the provider would arrange to pick them and drop them at their next call so they were not late. The provider did not yet have a call monitoring system but planned to introduce one as the service developed.

Assessing risk, safety monitoring and management

- The provider had a risk management system to help make sure people's safety was maintained.

- Risks to people were appropriately assessed and we saw risk management plans were in place where risks were identified. Risks assessments included risks associated with moving and handling, the medical conditions of the person, their home and the environment where they lived, pressure area care and eating and drinking.
- People and their relatives were also involved in the risk management process, so their views were considered about the best way to manage risks. Risk assessments were regularly reviewed and updated as people's needs changed.
- Feedback from relatives confirmed that staff knew how to support people to help reduce risks to them. One relative told us, "They are safe when they have care."

#### Preventing and controlling infection

- There were appropriate arrangements within the service to help protect people, staff and others from the risk of the spread of infection.
- Staff had received training on infection prevention and control (IPC) and using personal protective equipment (PPE). They were also familiar with the provider's IPC procedures.
- Staff had enough PPE which they collected from the office, but which could also be delivered to staff in the field by the registered manager where required. Relatives confirmed that staff wore PPE as required. One told us, "The company drops off PPE, it is very important as [my family member] has a lot of health issues. They [staff] are very thorough".
- The provider was aware of the latest government guidance on IPC and made sure staff also followed this. For example, staff had individual risk assessments to make sure specific risks relating to them had been considered and action taken to help mitigate the risks.

#### Using medicines safely

- The provider had an effective system for the management of medicines.
- Staff received training and were assessed before they could support people with their medicines. Where people needed support with medicines this was described in their care records, so staff had the necessary information to support people with their medicines.
- A check of medicines administration records charts (MARs) show that people received their medicines as prescribed. Where people were prescribed topical medicines there was a chart that was used to record the support people received with these. People's allergies were also recorded so staff were aware of these.

#### Learning lessons when things go wrong

- The provider had arrangements to ensure lessons were learnt when things go wrong to help protect people and others.
- There was an accident and emergency policy in term of the actions to take in the event of an accident. Further guidance was available from the registered manager if this was required. The provider had an incident and accident log but there have not been any accidents at the service.
- The provider was aware that if there was an incident or accident, then the circumstances around these needed to be reviewed to identify what went wrong so they learnt from the incident/accident, shared this learning with their staff so as to prevent similar incidents/accidents happening again.

# 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. This key question has been rated 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

- People's needs were assessed before the provider offered to care for them to make sure their needs could be met by the provider's staff. The assessments were overall comprehensive and included people's likes and dislikes, cultural and religious backgrounds and needs.
- Care records showed that the care planned for people was according to current practice and were satisfied that their needs were being met

Staff support: induction, training, skills and experience

- Staff were supported to develop the necessary skills and knowledge to care for people appropriately. People and their relatives were pleased with their care workers. One said, "They are very good, the girls provide care for my [family member]".
- Staff received an induction after being offered employment so they understood the organisation's ethos and values and how to support people. This included shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- After their induction staff received training intermittently to refresh their knowledge in topics considered mandatory by the provider. Other training was provided so staff understood people's needs and the risk to them in relation to their medical conditions. For example, staff received awareness training on diabetes, epilepsy, stroke, depression and anxiety, person centred care and dignity as well as equality, diversity and inclusion. All relatives who gave us feedback thought that staff had received the necessary training. They told us, "New staff shadowed the existing care worker, so they explained what care needed to be done" and "Yes I have no problems with the training of the care workers".
- Staff received supervision on a regularly basis to give them an opportunity to discuss their work and to ask questions. This also enabled the provider to check on staff's performance and development.

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

- Where this was part of the care, staff supported people with eating and drinking appropriately. Relatives were happy with the support their family members received in this regard, when this was part of the care package. They told us, "They help with reheating meals but sometimes if they need to cook a meal they will do it" and "The care workers help with serving and warming pre-made meals and they also support [my family member] to take part in cooking and to prepare food".
- People's care plans included information about their eating and drinking needs and the arrangements in place for these needs to be met. Their needs and preferences in this regard were also documented so the

information was clear for staff on how to support people.

- Staff received food hygiene training so they could prepare meals and support people with their meals in a safe way.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Staff were aware that if they were concerned about people's wellbeing or health, they could discuss those concerns with the person's relatives or staff in the office, so they received the appropriate advice on how to support people. Relatives confirmed that they most often helped with the health needs of their family members and one told us, "They help us sometimes as they have all the emergency details and they have helped to book a blood test"
- The provider gave an example where they had supported a person with their healthcare needs by contacting the GP and the relatives of the person and supported the person in a way that met their wishes.
- The service also maintained good relations with relevant healthcare professionals involved in people's care to ensure that people received the best care possible.

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 Act 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 ensured that the service supported people in line with the MCA principles.
- The registered manager understood their responsibilities regarding the MCA. Where people were able to consent to their care and make decisions this was recorded in their care records. Care records showed people were asked for their consent about receiving care and this was recorded
- In cases where people could not make decisions a mental capacity assessment was carried out and best interests decisions were also carried with the involvement of relatives and others as relevant.
- No one was being deprived of their liberty in their own homes at the time of the inspection and the provider was aware that they could contact the local authority and ask for advice if they had any concerns that people were being deprived of their liberty.

# 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. This key question has been rated 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 provider ensured that people receiving a service were well treated and that their diverse needs were respected.
- Relatives were satisfied with the way their family members were treated. They all told us their care workers were very good and one said, "They are very good, they are so flexible it is unreal. There is a consistent team. We trust them to provide the care when we are not there". Another said, "When they come in, they greet my relative and they are not miserable they are lively and bubbly".
- As part of staff inductions, they were taught about how they should be treating people. The registered manager monitored this when they carried out spot checks or when they ask for feedback from people.
- Staff were aware of people's diverse needs and these were addressed in people's care records. Staff told us they always respected people's cultural and religious customs and needs. They were also aware about recognising discrimination and reporting this.
- Where possible the provider ensured staff were matched to people where they had expressed a preference to be matched with staff who shared common interests, backgrounds or first language. For example, one person was matched with a care worker who could prepare culturally appropriate meals for them.

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

- People were supported to make decisions and to express their views.
- When the care package started people and /or their relatives were asked about how the people wanted their care to be delivered and this was recorded.
- Staff told us that they always ask people how they wanted to be cared for and supported when they visited in case there had been some changes in people's conditions or people were felling about doing something different.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- Feedback we received showed that staff respected people's right to privacy, dignity and independence. To further ensure that people, and everyone were treated with dignity the provider had appointed a dignity champion.
- Staff were aware of how to show respect to people and what they needed to do to maintain people's privacy and dignity. This was included in their training, including their induction.
- The care plans we saw contained information about people's abilities and what they could do for themselves, so staff always supported people to remain as independent as possible. For example, how

much people could do for themselves in relation to personal care and what support they needed.

- Relatives commented, "The care workers encourage [my family member] to walk a few steps" and "They spend time with my [family member] and they encourage [them] with walking. They support [my family member] to do some cooking and be active".
- The registered manager explained how it was important to respect the person in their environment because this was their house. They explained that staff were aware that people could do what they want in their home and choose how they want to live even if others might think this was risky. Staff knew that they needed to maintain people's confidentiality and be careful not to discuss people's care in public.

# 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. This key question has been rated good. This meant people's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had arrangements to ensure people received care that met their individual needs and preferences.
- After people's needs were assessed around the start of the care package, the registered manager ensured appropriate care plans were developed to address how the identified needs of people were to be met. Where people needed equipment with their activities of daily living, this was detailed in their care records as well as how to use this. People were involved in the care planning process where possible and, if this was not possible, then the provider involved people's relatives.
- We saw an example where the provider had involved the relatives of a person when they thought the living circumstances of a person might be causing particular risks to the person.
- The care plans we saw were up to date and detailed, so staff had the information about how to care for people. The registered manager confirmed that people's care plans were updated when their needs changed and after discussion with people and/or their relatives.

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.

- People's communication needs were assessed and included in their care plans. The registered manager knew that the AIS needed to be incorporated into people's care when providing care and support to people. This meant the information was available for the registered manager so they could make appropriate arrangements to help meet people's communication needs such as by providing appropriately matched staff.
- Staff we spoke with knew how about people's communication needs and how to meet these. The provider stated they could make arrangements to provide information in formats that met people's needs for example where English was not people's first language or if they could not read small prints. For example, the complaints procedure was provided in a number of languages so people could have access to this

Improving care quality in response to complaints or concerns

- The provider had an effective complaints process. They had a complaint policy and procedures that were shared with people and their relatives, so they knew how to raise concerns about their care if they were dissatisfied with the service they received. All relatives we spoke with told us they knew how to complain.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

One staff member told us, "Complaints are always serious and I would report to the line manager."

- In one case, there was a complaint about a care worker not having a particular skill. Another care worker was provided with that skill to help resolve the issue. Where people or their relatives had raised concerns about punctuality of care calls, the registered had taken action and discussed the concerns with the relevant staff to address the shortfalls and resolved the issues. One relative told us, "There were frequent changes to staff at the start and new staff in training. [I] raised concerns and now this is a thing of the past. There are no issues now."

End of life care and support

- The provider had arrangements to help provide end of life care to people if this was required, but at the time of the inspection no one was receiving end of life care.
- They had developed an end of life care assessment to include people's preferences and wishes in relation to end of life care, people's close relatives and information about any specific wishes around spiritual support and who needed to be contacted.

# 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. This key question has been rated good. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager who was clear about their roles and responsibilities.
  - Feedback from people's relatives showed they thought the service was well run. Comments included, "Yes, absolutely, no problem with the care company. They are good with communication and regularly ring. I am very happy with them."
  - The provider was in the process of developing a quality assurance policy and systems to monitor the quality of the service. These included a range of audits and checks. But as the service was relatively new and because of the size the provider had not yet conducted formal audits. The registered manager had however started to introduce care records audits to make sure that there appropriate and reflected people's current care and support needs. They had plans to develop a system of checks on staff recruitment records and personnel files
  - The registered manager told us and we were able to confirm during the inspection that all care records and documents brought from people's houses are audited and appropriate action is taken where improvements are needed.
  - The registered manager was aware of their legal responsibility in relation to providing a safe and quality service to people. When required they had notified CQC of relevant incidents and events that had happened within the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was small, but the provider was aiming at creating a culture that put people using the service first.
  - The registered manager was approachable and created an open culture where people and their relatives could engage with them. For example, people and relatives could contact the agency and ask for additional support where they needed it, such as with attending hospital or GP appointments
  - Staff also had the opportunity to ask questions and felt supported in their role. The field supervisors undertook spot checks and checked on the progress of the care package and if care workers needed additional support.
  - The provider was aware that they needed to be open and transparent with people and their relatives when things go wrong and provide the necessary explanation and how they plan to make things right. One staff said "Comes under duty of care if I am doing my job properly follow the complaint procedure inform safeguarding of any concerns get back to person who raised the concern with what we are doing and carry

out investigation."

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

- The provider maintained appropriate communication channels to engage with people, the public and the staff. The managers promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff. One relative said, "The manager gets on really well with [my relative] and is in regular contact and asks for feedback all the time."
- The provider used a variety of ways to engage with people and to get their feedback about the service they were receiving. These included monthly telephone checks and 3 monthly quality visits to check on the person receiving care, the findings were which were recorded and available to view. In addition to the above, yearly satisfaction surveys also took place. We saw the results of the 2022 survey and an analysis of the responses, which were either good or outstanding.
- Staff were engaged and involved in the way the service was provided. The provider had regular team meetings and minutes were shared with all within the organisation, so they were aware of what was being discussed. The registered manager communicated well with staff using various means such as by using an application on their phone. The provider also valued and listened to the views of staff. A staff survey was also carried out to get their views on the way the service was provided.

Working in partnership with others

- The provider understood their role and worked in partnership with others to help provide care that was consistent to people.
- They had the contact details of the various health and social care professionals involved in people's care and engaged with them as necessary for the benefit of the person.
- The registered manager attended meetings arranged by the local authority to network with others and to share and learn about good practice and changes in the sector.