

CareArt UK Limited

CareArt UK

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

CareArt UK is a domiciliary care agency providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. 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

We have made a recommendation about the service's risk management plans in relation to COVID-19.

People were protected against abuse, as staff received safeguarding training and were aware of the provider's safeguarding policy. Risk management plans gave staff guidance on how to mitigate identified risks. People received their medicines as intended. People received care and support from staff that were appropriately vetted, and staff were deployed in a timely manner. Staff confirmed they had sufficient access to Personal Protective Equipment.

The provider carried out audits to drive improvements, the registered manager was keen to continuously improve and worked in partnership with other stakeholders. People were encouraged to share their views 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

The last rating for this service was Requires Improvement (published 25 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about the overall management of the service and infection control measures. As a result we undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CareArt UK on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

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

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# CareArt UK

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by three inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2021 and ended on 7 July 2021. We visited the office location on 29 June 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people, two relatives and six staff, including care workers and the registered manager. We reviewed a range of records. This included for example, five care plans, staff rotas, audits and five staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance questionnaires.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to implement robust recruitment procedures to ensure staffs suitability for the role had been assessed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified the provider had made improvements to their recruitment procedures and were no longer in breach.

- Recruitment of staff was safe. Staffing personnel files we looked at included important pre-employment processes such as a Disclosure and Barring Services check (DBS), references and health and suitability checks. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- Any gaps in employment were explored and references seen were from any previous care employers to help ensure any conduct issues were identified.
- We received mixed comments about staffing levels. For example, one relative said, "The main issue is that we have a high turnover of staff which makes [my relative] unsettled. They sent rota, but it's never what's on the sheet. But they always send the carers when they're supposed to." However, other comments included, "My regular carer is lovely, sometimes they send someone else but not often.", "[Staff] always come when they say they would" and, "They [staff] are never rushed, we have a laugh and a joke."
- Electronic rotas were used to allocate staff to people using the service. Call times were logged by staff and recorded on the system for live monitoring purposes.

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

- People were protected against the risk of abuse as staff were able to identify, respond to and escalate suspected abuse.
- Staff comments included, "Safeguarding is about protection of clients and making sure they are safe. It's respecting their opinions and allowing them to make their own decisions.", and "Safeguarding is about protecting clients from abuse and reporting anything we see that is not right to the [registered] manager or team leader."
- Staff records showed they received training regarding the safeguarding of vulnerable adults. Written assessments were used to assess staff knowledge and make sure their knowledge was up to date.
- The registered manager confirmed there were two current safeguarding processes open involving the agency.

### Assessing risk, safety monitoring and management

- Risks to people were being assessed and monitored. We looked at the records of five people currently using the service. Assessments had been completed relating to important areas of risk such as moving and handling, mobility, medicines and general environmental risks around the home.
- Records seen for each person included copies of the funding authorities' own risk assessments and care plans.

#### Using medicines safely

- People received their medicines as intended by the prescribing GP. Records seen for five people confirmed that staff were or had been assisting them with their medicines either by prompting or administering. There were completed risk assessments for each person around the storage, administration and monitoring of medicines to help ensure their safety and welfare.
- The administration of medicines was completed safely and recorded appropriately using an electronic system. We reviewed electronic medication administration records (MAR) and found that these important documents were being completed consistently and accurately.
- Care plans were in place for people addressing the support they required with medicines and any potential risks. The individual level of support required by each person had been assessed or detailed in the records we saw. For example, if they needed care staff to administer the medicine or to prompt them to take it themselves.
- Electronic MARs were being fully audited for compliance including any gaps in records. The electronic system flagged in real time when a task such as administering medicines was not completed. This allowed the care co-ordinator to query any issues immediately.
- Staff records included records of medicines training along with competency assessments to ensure they put this learning in to good practice when working with people using the service.

#### Preventing and controlling infection

- The provider had infection control measures in place to minimise the risk of cross contamination. Records showed staff had received training around infection control and the use of Personal Protective Equipment (PPE). We saw the agency had adequate supplies of PPE and hand sanitisers.
- A COVID-19 Risk assessment had been completed for the agency to help ensure safe working practices during the pandemic. It was noted however, that individual risk assessments had not been completed for people using the service around COVID-19 risks to themselves or the staff working with them. For example, addressing the person's understanding of infection risks.

We recommend the service review their risk management process in relation to COVID-19 and update their practices accordingly.

- Staff of the service were participating in weekly testing in line with Government guidance
- People and staff spoke positively about the PPE provided by the service. Comments included, for example, "Staff themselves are wearing whatever is needed, they are good with PPE", "We have everything, gloves, sanitisers etc.", and "That is the one thing that is good about CareArt, we have everything, they deliver PPE no matter where you work. You just need to tell them what you need."

#### Learning lessons when things go wrong

- The provider was keen to ensure lessons were learnt when things went wrong. For example, where there had been issues with staff using the electronic call monitoring system this was then discussed during the team meeting and guidance for staff given to minimise the risk of a repeat occurrence.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, the provider had failed to establish and effectively operate a system to ensure compliance with legal requirements and to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified the provider had made improvements to the overall monitoring of the service and were no longer in breach.

- The registered manager carried out regular audits of the service to drive improvements. Audits covered, for example, medicines management, daily logs and training. Audits were reviewed and where action was required this was then taken.
- At this inspection we also identified the provider carried out regular quality assurance telephone calls with people and their relatives, to further monitor the service. Calls covered, for example, are staff respectful, approachable and efficient and whether people are happy with the service.
- Although people were encouraged to share their views, monitoring checks were not comprehensive and did not cover all aspects of the care people received. We shared our findings with the registered manager who told us, "There is a quick turn over in [people we support], as they are on end of life support. [Therefore] it's not often someone is with our service for a year. We will update the call monitoring questions to include, consent, staff time keeping, choices etc."
- After the inspection the registered manager sent us a revised quality monitoring form, that was far more comprehensive in gathering people's views. We will review this at our next inspection.
- There was a clear management structure within the service. The registered manager, care co-ordinator and administrative staff were located in the office base. Office staff were observed to be constantly communicating with care staff and people using the service, for example, informing them if their call was going to be late due to local transport issues.
- We received positive comments about the management of the service. One person told us, "They [the management] never let me down." Comments from staff included, for example, "The [registered] manager is very good. We have a good relationship", "Very supportive", "Very approachable. She calls me back if I have

any concerns. She's always there for me."

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

- The registered manager had a clear understanding of the Duty of Candour. The registered manager told us, "It's [the Duty of Candour] about being honest about the service we deliver. For example, if there is an incident, [medicines], it is our duty to tell the GP, family etc. so that the correct actions can then be taken and safeguarding the client from overdose or side effects. We need to be open and honest when things have gone and wrong seek the necessary help."

Working in partnership with others and Continuous learning and improving care

- The registered manager continued to work in partnership with other stakeholders to drive improvements.
- The registered manager told us, "We work with social workers, occupational therapists, the GP, families and other stake holders. The benefit of that, is that there is a central plan for the person we care for. It's beneficial for the client that we have [those relationships] and can make referrals and issues are addressed appropriately and in a timely manner."
- Records confirmed what the registered manager told us.
- The service was keen to ensure they continued to learn and improve. Regular reviews of ways of working were discussed with staff during their staff meetings and plans of action developed to ensure this was implemented.