

CareArt UK Ltd

# CareArt UK

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

CareArt is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. The service provides support to older people who may be frail or who have a health condition. 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. At the time of inspection, the service was providing care to 6 people.

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

People and staff had seen improvements to the service since our last inspection. People received their care calls when they were expecting them and told us staff stayed the full time. Staff told us they had more time to spend with people now and did not feel rushed.

People received the medicines they required from appropriately trained staff. Staff were undertaking additional training to help ensure they were competent in their role.

People were cared for by staff who knew them well, consistently carried out their care calls and treated them with respect and dignity. People were supported to retain their independence and make their own decisions about their care.

People felt safe with staff and staff knew how to report any concerns they may have. Risks identified for people had been recorded and information was in place to help staff provide care in a way that reduced people's risks.

People received a service that resulted in good outcomes for them. This included staff supporting people with their food and drink as well as accessing healthcare professional input when required.

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.

New systems and processes had been introduced to the service to help the registered manager monitor the quality of care. This had given them a better understanding of their role and responsibility as a registered person, although it was going to take more time for these methods to be embedded sufficiently.

People and staff were asked for their views through surveys, meetings and spot checks.

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 last rating for the service was Inadequate. Report published 15 November 2022. Since that inspection, the provider has changed the name of the service and moved address.

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.

At our last inspection we recommended that the registered provider reviewed their training for staff. At this inspection we found the registered manager had acted on our recommendation.

This service has been in Special Measures since 15 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

#### 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 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 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 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 a short period 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to send us

in a 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 3 people who received care from the service. We reviewed the care documentation for 4 people and looked at other information relating to the running of the service, such as audits, surveys, training and complaints. The registered manager was not available on our first day of inspection and instead we spoke with a consultant who had been working with the registered manager to improve their service since our last inspection. We also spoke with 1 staff member.

Following our inspection, we spoke with 1 staff member. We visited the offices on the second day of inspection and spoke with the registered manager and a further member of staff. We also received feedback from the relative of a person who received care from the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. 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

At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments did not manage potential risks to people as clearly as they could.

Sufficient improvement had been made at this inspection so the registered provider was no longer in breach of this regulation.

- People were helped to stay free from harm. People's risks had been identified and guidance was in place for staff to follow to help mitigate any risks. People told us, "I feel safe with the carer's as there is someone on standby all the time as I am very unsteady" and, "The carer will ask me if I am sure I can do something and we talk about it."
- We did however find some areas where information could be clearer. For example, one person required their drinks to be thickened but there was contradictory information in their care plan. The impact was low as people saw consistent staff and staff knew people well. On our second day of inspection, the registered manager provided us with evidence that documentation had been updated.
- Other people's care plans contained robust information in how staff should care for people. For example, where people were at risk of falls.

### Using medicines safely

At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people's medicines were not administered safely.

Sufficient improvement had been made at this inspection so the registered provider was no longer in breach of this regulation.

- People received the medicines they required and safe medicines practices were in place. One person told us, "The carer takes on this responsibility of ordering the medicines, collecting them and giving them to me."
- The service used an electronic medicine system although we noticed that, at times, staff were not recording an appropriate code to indicate why a person had not taken their medicine. The registered manager had identified this and was working with staff to improve their record keeping.
- Staff were trained in medicines administration and the registered manager checked their competency.

## Staffing and recruitment

At our last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people did not receive care and support at the time agreed in their care plan. We took enforcement action against the registered provider.

Sufficient improvement had been made at this inspection so the registered provider had met the enforcement action.

- People received care calls at the time they expected and calls were carried out by staff who they knew. People told us, "I just have one carer at a time unless they are training someone. I have never had a no show and if occasionally they are delayed, they always phone me" and, "On the whole their timekeeping is perfect. They arrive on time."
- Records showed that staff arrived at the time agreed between the agency and people and staff stayed the full length of the call.
- Rota's confirmed that care was provided to people by a consistent staff team.
- Staff were recruited through a robust recruitment system. This included evidence of previous employment, references and proof of their right to work in the UK. Prospective staff also underwent a Disclosure and Barring Service (DBS) check prior to starting at the 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.

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

- People felt safe with staff. They told us, "I feel safe with the staff who support me so much" and, "I do feel safe, particularly now that its settled down to regular carer's coming."
- Staff were trained in recognising signs of abuse and put that training into practice. Safeguarding concerns were reported appropriately and investigations and learning took place from these concerns.

## Preventing and controlling infection

- People we happy with staffs infection control processes as they said staff wore personal protective equipment (PPE). One person said, "The carer's are still wearing masks, gloves and aprons. I am happy with that as it protects both them and me."
- Staff confirmed they had access to plenty of PPE, telling us, "We wear gloves, a mask and apron when carrying out personal care."

## Learning lessons when things go wrong

- At our last inspection, we found the registered manager had not fully investigated accidents, incidents or safeguarding concerns. Since then, they had introduced new systems which enabled them to record investigations and show lessons learnt.
- There was a system in place to review accidents and incidents for themes and trends. Whilst the service was small, the registered manager had good oversight, but as the service grew the new system would help ensure everything was recorded.
- The registered manager described how their methodology had changed as a result of a safeguarding concern with one person.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation to the registered provider to review staff training. We found action had been taken in this respect at this inspection.

- Staff received appropriate training when they first started in the role to help ensure they had the skills and competency needed to provide care to people. One person told us, "I think staff are well trained. They do everything I want and new staff shadow regular staff to learn."
- Since our last inspection, the registered manager had requested all staff complete 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 the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt the new training had really benefitted them. A staff member said, "I thought I was trained, but having worked through the Care Certificate, I realised there was so much I didn't know."
- Staff were able to discuss their role, any training requirements, concerns or career progression through their 1:1 supervision meetings with their line manager.

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

- People's needs were assessed before the care package commenced and people said they were involved in developing their care plan. One person told us, "A care plan was arranged when I was in hospital. I was able to verbally contribute to it."
- Care plans were reviewed and adjusted as people's needs changed. One person said, "I was having someone come 4 times a day and now I only need someone once a day. The manager took my care plan away a couple days ago to review it."
- People's protected characteristics under the Equality Act formed part of the assessment process. For example, people's religious needs or wishes were captured.

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

- People were supported with their food and fluids. One person told us, "The carer sorts out all my meals; some ready meals and others cooked from scratch."
- People told us staff always ensured they had a drink. We were told, "They always make me a cup of tea each visit and leave a bottle and can of drink that I can reach" and, "They do make me a cup of tea first thing."
- Where people needed help with their food, staff provided this. One person said, "They (staff) even have to

cut my food up and at times feed me."

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

- People were supported to see healthcare professionals as needed. One person told us, "I have quite a lot of falls and the carer will call the ambulance."
- The registered manager worked with people's GP practice or the occupational therapist to provide effective care to people and where people required their food to be modified, guidance was sought from the speech and language therapy team.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were assumed to have capacity unless assessed otherwise, and carer's helped to ensure people made their own decisions about their care.
- People said staff always asked for their consent before they carried out any task. One person told us, "We have an ongoing conversation about what needs to be done."
- Staff understood the principles of the MCA with one staff member telling us, "Where people are not able to make decisions, we have to support them to help ensure it is in their best interest."

# 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 Requires Improvement. At this inspection the rating has changed to 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 were being provided with a caring service. Everyone receiving care from the service felt they were well treated and cared for by staff. They told us they were treated with respect. One person said, "The carer's know me back to front and they are very receptive."
- Relatives were equally happy with staff. A relative told us, "Very well looked after we couldn't ask for better care. The staff are so, so caring and lovely to my Mum they care for her very much."
- People felt staff took an interest in them and they saw the same staff members. People told us, "They are interested in me and know all about my family" and, "It's very good now it's settled down to regular carers."
- People's diverse needs were reflected in their care plan. Although at present there was no one currently being supported with any cultural or diverse needs. Staff had undergone equality and diversity training.

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

- People were supported to make their own decisions around their care. One person told us, "I only have to let them know if I need or want something and they will help."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff. One person told us, "Carers have to shower or wash me. They are so matter of fact about it so there is no embarrassment."
- People said their independence was encouraged. People said, "I shower myself as I have a chair I can sit on. They (staff) hover at a discrete distance in case I need them" and, "They do encourage me to do things for myself."

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the registered provider ensure that contemporaneous complaints records were kept. At this inspection we found information relating to complaints and compliments were recorded.

- People were comfortable raising a concern or complaint and action was taken in response. One person told us, "I felt I wanted to break with one carer who was giving me care because I didn't feel safe. I phoned the office and they were apologetic and immediately replaced the carer."
- The provider had a complaints policy in place and people had details of how to make a complaint in their home folders.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care in line with their needs. People told us, "They (staff) understood my need to talk and they were very patient and helpful" and, "The carers understand my needs and I get used to them and they adapt to me."
- Electronic care planning was used to record and monitor the care provided. Carers used a secure application to view people's support needs and record what care they had provided. Staff told us that the system was efficient and updated with any changes in care needs.
- The service was not providing end of life care to anyone at present, although care plans relating to this period of a person's life were included in the electronic care planning system.

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.

- Staff understood people's different ways of communicating. A staff member told us, "I know if she eats slowly she doesn't like the food, so I will offer her something else. I ask if everything is okay and I can tell by her eyes or the nod of her head that it is."
- People's communication and sensory needs had been assessed. Staff knew people well and supported them with those needs. People's care plans determined whether people needed support with glasses or

hearing aids, or whether conditions such as dementia impacted on the person communicating their wishes.

# 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 Inadequate. At this inspection the rating has changed to 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

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of robust governance arrangements in the service. We took enforcement action against the registered provider.

At this inspection, improvements had been made and as such the enforcement action had been met.

- Improvements had been made since our last inspection, but further work was needed to embed these improvements into daily practice. The registered manager was still developing their own system to ensure they regularly completed audits and the new ways to monitor the service. People's care plans needed to be thoroughly reviewed for their accuracy.
- The registered manager said they felt more confident in their role and had a better understanding of their requirements of registration as well management oversight of the service.
- Many of the new systems and processes had been introduced by the consultant who had been supporting the registered manager. As such, the registered manager needed time to fully understand these systems and their role in helping to ensure they were providing a high quality, safe service.
- A service improvement plan had been developed based on the findings at our last inspection and the registered manager was working through the actions to address all shortfalls. This included developing reflective practice processes, auditing of records and tracking of staff timekeeping.

Continuous learning and improving care

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of monitoring the service to ensure it improved and provided a high-quality service. We took enforcement action against the registered provider.

At this inspection, improvements had been made and as such the enforcement action had been met.

- People, relatives and staff felt things had improved since we last inspected. We were told, "The service they give is excellent" and, "CareArt have been amazing, what a blessing. All I can say is 10/10 for the care,

support and time they give to caring for my Mum." A staff member told us, "We now have time to spend with people."

- The registered manager had not taken any new care packages on since our last inspection to help ensure they could stabilise and develop processes to robustly monitor the service they were providing.
- The registered manager had worked very closely with the consultant they had recruited as well as the local authority to improve.

#### Working in partnership with others

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager did not have good oversight of the service and had failed to work with others when taking on new care packages. We took enforcement action against the registered provider.

At this inspection, improvements had been made and as such the enforcement action had been met.

- The registered manager worked with the funding authority in relation to existing care packages.
- They told us they were a member of Skills for Care as well as the UK Homecare Association. This gave them the opportunity to access training and learn and share ideas with peers.

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

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager had not listened to people when they raised concerns about the service. We took enforcement action against the registered provider.

At this inspection, improvements had been made and as such the enforcement action had been met.

- People were happy with the service and felt no improvement was needed. They told us, "The best thing about the service is they make me feel that they care" and, "They respect my wishes and needs."
- People knew who the registered manager was and said they made contact with them. They told us, "The manager rings up from time to time to see how I am and to check I am okay and if I need anything" and, "The manager comes from time to time to see how things are running."

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

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People said they were asked for their views. One person told us, "I get the occasional survey. My sister reads it out to me and I tell her what I want her to tick on the form."
- We read the outcome of a recently sent out survey and this reflected what people had told us as everyone had responded positively. People had commented, 'Excellent service...we don't know what we would do

without you' and, 'I always have the same carers which is brilliant for me'.

- Staff were encouraged to give feedback to the registered manager through a staff survey as well as staff meetings which were held regularly.
- Staff had the opportunity to share their views, work concerns and training requirements through supervision with their line manager.