

Care and Protect UK Limited

Care and Protect UK

Inspection report

Unit 7-8
Delta Bank Road, Metro Riverside Park
Gateshead
Tyne and Wear
NE11 9DJ

Tel: 01913755715

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16 January 2024
17 January 2024
19 January 2024

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20 February 2024

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

Care and Protect UK is a domiciliary care service providing personal care and support to people living in their own homes. 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. At the time of our inspection there were 4 people using the service.

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

Safe recruitment practices had not been followed in relation to a volunteer. There had been no contact with people using the service and no impact on care. We have made a recommendation about this.

There were enough competent and skilled staff to meet people's needs. Risks were assessed and mitigated, and staff knew people well. Safeguarding procedures were in place and people said they felt safe and confident with the staff. Medicines were managed safely, and staff followed appropriate procedures to prevent and control infections.

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 quality of the service was audited regularly and the registered manager maintained oversight, working alongside the staff to make sure the care provided was of a high standard. A positive culture had been established which promoted openness, integrity and team work.

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

Rating at last inspection

The last rating for this service was good (published 19 September 2019).

At our last inspection we recommended the provider reviewed staffing levels to make sure staff have suitable time to carry out their roles effectively. We also recommended the provider reviewed their auditing practises to ensure they were carried out by an independent person. At this inspection improvements had been made.

Why we inspected

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

We completed a focused inspection of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Recommendations

We have made a recommendation in relation to recruitment procedures and provider oversight.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Care and Protect UK

Detailed findings

Background to this inspection

The 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 completed by 1 inspector.

Service and service type

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

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 the service 48 hours' notice of the inspection. This was to make arrangements to carry out an inspection using remote technology and we needed to be sure the registered manager would be available 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. 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

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.

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, a care co-ordinator and care staff. We reviewed a range of records including 2 people's care records and 2 people's medicines records. We looked at a variety of records relating to the management of the service, including audits, policies and procedures. Inspection activity started on 16 January 2024 and ended on 19 January 2024. We contacted people and relatives on 16 January 2024.

Is the service safe?

Our findings

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

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At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- A policy detailing safe recruitment practices was in place however the provider had not followed this procedure during the appointment of a volunteer.
- The registered manager acted immediately during the inspection to resolve the situation. Including putting contingencies in place, seeking references and a DBS check. There had been no contact with people and no impact on the care provided.

We recommend the provider review recruitment practices and maintain oversight to ensure they are fully implemented and embedded in practice.

- There were enough staff to meet people's needs. People told us they knew all the staff, they arrived on time and stayed as long as they should.
- The registered manager said, "We have never missed a call. All calls need 2 staff and it would never happen."
- Agency staff were occasionally used to cover for staff absence. They always worked alongside a permanent member of staff or the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- A safeguarding policy was in place and staff had a good awareness of the actions to take if they suspected harm or abuse had taken place.
- People and relatives said they felt safe with the staff and if they had any concerns, they would be comfortable to raise them. Comments included, "I couldn't fault them, I feel very safe," and "If I had a concern I would raise it but I've never had one!"

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people and developed detailed risk assessments and care plans.
- Reviews were completed routinely and in response to any changes in people's needs.
- One relative said, "We were involved in care planning, there's a folder all about [person's] needs that's reviewed and we can raise anything that isn't quite right."
- Staff knew people well and took action to mitigate any identified risks.
- Procedures were in place to respond appropriately to any accidents and incidents.

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.

- Staff were working within the principles of the MCA and an appropriate policy was in place.
- Staff had attended training in MCA and understood the procedures to follow should they suspect someone lacked the capacity to make a specific decision.

Using medicines safely

- Medicines were managed safely.
- Staff had attended training and had their competency assessed regularly.
- People were happy with the support they received with their medicines. One person said, "They prepare it [medicines] for me and I'm happy with how it's done, there's no problems."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and prevention control practices.

Learning lessons when things go wrong

- Lessons had been learned when things went include, including improvements to communication and recording systems.
- The registered manager also commented, "I totally take on board all the [inspection] feedback and have learned from it."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. The registered manager created a culture which promoted 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 recommended the provider reviewed staffing levels to ensure all staff had suitable time to carry out their roles effectively. We also recommended the provider review their auditing practices to ensure they were carried out by an independent person. The registered manager had made improvements.

- Since the last inspection staffing had been reviewed and changes made to the staff rotas. Staff had a regular working pattern and the registered manager provided direct care on set days. This allowed staff the time needed to carry out their roles effectively.
- Staff commented that the rota changes had created a good work-life balance. One staff member said, "We know everyone we support and have really good teamwork. Its much better now we have this work pattern."
- The registered manager maintained oversight of quality improvement whilst records were reviewed by an independent auditor.

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

- There was a positive and open culture which promoted good outcomes for people.
- The registered manager and care co-ordinator worked alongside staff to provide care for people on a daily basis. The management team led by example and developed positive and trusting relationship with people and their relatives.
- The registered manager was receptive to our feedback and took immediate action to address any shortfalls.
- People spoke highly of the staff and registered manager. Comments included, "They are all brilliant, I would recommend them without a doubt," and "The girls are just like family, if anything needs sorted they sought it!"

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 in relation to the duty of candour. No notifiable safety incidents had been reported at the time of the inspection.

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

characteristics; Continuous learning and improving care

- People, relatives and staff were involved in providing feedback about the service which was reviewed and used to improve the service. One person said, "[Registered manager] supports [person] so if anything changes we tell her there. It gets recorded and passed on to the other staff."
- Audits were completed of care and medicine records and any required actions were discussed in regular staff meetings.
- A service development plan was in place.

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals.