

UK Care Team Ltd

# UK Care Team Ltd

## Inspection report

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15 February 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: UK Care Team Limited is a domiciliary care service that was providing personal care to 42 people aged between 18 and 65 and over at the time of the inspection.

People's experience of using this service:

- People continued to receive good safe care and support and had developed positive relationships with staff.
- The staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion.
- People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.
- Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.
- People were protected from the risk of harm and received their prescribed medicines safely.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- Staff had access to the support, supervision and training that they required to work effectively in their roles.
- People were supported to maintain good health and nutrition.
- Information was provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff and relatives.
- There were effective systems in place to monitor the quality of the service and drive improvements.

More information is in the full report.

Rating at last inspection: Good (report published 29 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the service had remained overall good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# UK Care Team 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their area of expertise was caring and supporting a family member living with dementia.

#### Service and service type:

UK Care Team Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We spoke with four people who used the service, four relatives of people who were unable to speak with us, six care staff, a fieldwork supervisor, a rota co-ordinator and the registered manager.

We reviewed two people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints and how the provider monitored the quality of the service.

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:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone

available to facilitate the inspection and to inform the people using the service of the inspection.

Inspection site visit activity started on 13 February and ended on 15 February 2019. We visited the office location on 13 February to see the registered manager and office staff; and to review care records and policies and procedures. We visited one person on 13th February and made telephone calls to people, their families and staff on 14 and 15 February.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people received.

We had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share any information they felt relevant during the inspection.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. One person said, "I have a fantastic carer and I feel absolutely safe with him." A relative said, "Yes I think (person) is safe with them... we have regular staff now so [person] knows them very well and they [staff] know them."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. Staff told us they would report any concerns to the registered manager.
- The registered manager fully understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place which provided staff with the information they needed to manage the identified risk.
- Staff said the information was clear and helped them to provide care safely. A relative told us the risk assessments for their relative were reviewed regularly with advice from an Occupational Therapist.
- Fire and health and safety checks were carried out by the registered manager prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
- People told us they felt there was sufficient staff to meet their needs and that they knew the staff who supported them. One person said, "I have the same one [care staff], most of the time. I think they have enough staff." A relative commented, "I think they have enough staff... they never miss visits and always manage to cover them. [Person] has the same team... we said it was crucial they have the same regular staff."

Using medicines safely

- Medicines were managed safely. One person said, "[Staff] gives me my tablets with my breakfast. There has never been a problem with them. My doctor reviews them sometimes."
- Staff had received training and their competencies were tested regularly.

- Audits of medicine administration were undertaken each week which ensured any shortfalls were addressed quickly.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves, shoe covers and aprons when providing support with personal care.

#### Learning lessons when things go wrong

- Accidents and Incidents were monitored and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, the registered manager had identified gaps in recording of medicines, an electronic recording system had been put in place which minimised the risk of staff failing to record the administration of medicines.



# 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

Good: 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 fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- The registered manager visited people to discuss their needs and preferences and liaised with other health and social care professionals to ensure they had a full understanding of people's needs.
- People and their families were involved in developing their care plan. The plans we saw recorded people's preferences, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- People told us that staff were well trained. One person said, "I think the staff are very well trained...we get on very well and they look after me very well." A relative said, "The staff are very well trained and they are very, very good with (person). They can calm them down and diffuse situations with them. They understand their illness and are very patient and understanding."
- Staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. This included safeguarding training, infection control, dignity and respect and moving and handling.
- Staff were happy with the training and support they received. One said, "The training is brilliant. When I started we had training in the office, lots to read and some online training. I shadowed more experienced staff four or five times before I worked alone. [Registered manager] is very competent and helpful."
- New staff undertook a thorough induction which included classroom based training, workshops, online training and shadowing more experienced staff.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice. Appraisals were undertaken with those staff who had worked for more than a year. One member of staff said, "[Registered manager] is good she understands what training we may need and where we are with our own personal development."

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

- People were supported to eat and drink when required. One relative said, "We prepare all (person)'s meals and the staff heat them up. They are very good with [person] and encourage them to eat."
- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, we read in one person's care plan staff were instructed to ensure all food was chopped up into small pieces or soft food offered and drinks to be encouraged.

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 live healthier lives and were supported to maintain good health.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- People and their relatives confirmed there were close working relationships with other healthcare professionals. One relative said, "The staff work with the district nurse and will call the doctor's if we need them to." Another relative said, "They [staff] do work well with multi agencies, especially the community physio about exercises."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- At the time of the inspection there was no one who was deprived of their liberty. The registered manager was aware of their responsibilities in relation to the MCA.
- People's consent had been sought prior to any care being delivered and we saw that people had completed consent forms.
- A relative said, "The staff ask if it is ok if they do things... they talk all the time."

# 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

Good: 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 continued to be well cared for. One person said, "I could not wish for anyone more kind and caring... they [staff] are my friend now." A relative commented, "I think they [staff] are wonderful. Nothing is too much trouble for them. They do know (person) very well now...their little quirks."
- People were supported by a regular set of staff who had the time to spend with them and had built up positive relationships with people. We observed two staff supporting one person and there was clearly a good rapport between the staff and person, lots of smiles and friendly chatter.
- The registered manager ensured that people whose first language was not English had staff who shared the same language.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer and what language the carer spoke to meet people's cultural needs.

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

- People and relatives said that they had been involved in the development of the care plan. One relative said, "[Person] has a care plan and we were involved with it, it is up dated regularly when their needs change."
- People were listened to and encouraged to express their views. One person said, "If I need anything different they [staff] always listen to me." A relative said, "Staff do listen to me and ask my opinion all the time."
- The registered manager was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- People remained in control of their care and were encouraged to be as independent as possible. One person said, "The staff support me to do as much as possible myself... I try to stay as independent as possible for now." A relative said, "[Person] is not able to do anything for them self... but they [staff] do encourage them to communicate with them as much as possible."
- People's privacy was respected and their dignity maintained. One relative said, "The staff are very respectful...they take their time with [person] and are very patient. They respect [person]'s dignity. They make sure they are covered with a towel when helping them wash or shower."
- Staff described to us how they maintained people's dignity and knew not speak about people outside of the home. Care records were kept securely and confidentiality maintained.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- The registered manager was in the process of reviewing the care plans to develop them further to include more information about people's history and interests, which would help new staff to build up a rapport with people.
- People's communication needs and religious backgrounds were known which ensured that people received the care and support from staff who could best meet those needs. For example, a staff member who could speak Gujarati was matched with a person whose first language was Gujarati.
- The registered manager understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that they would ensure information was available to people when necessary.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint. A relative said, "I would complain if necessary... never needed to."
- People and staff were confident that if did have a complaint they would be listened to and the issue addressed. One relative said, "I did speak with [registered manager] about the lack of notes kept in the house. The staff did make electronic notes but this meant I could not check on what was happening with [person]. They have changed it now and write daily notes in the book."
- There was a complaints procedure in place which was also made accessible to meet people's individual communication needs.
- The registered manager told us that if any issues were raised they would be dealt with as quickly as possible.

End of life care and support

- There was no end of life care being delivered at the time of the inspection. The registered manager explained that there was an End of Life strategy in place. Unique plans of care would be developed with people to reflect their individuality and cultural background needs. The service would liaise with other health professionals as necessary and specific end of life training would be available for staff.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of everything the service did; the registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- A social care professional told us about a complex care package they needed to implement, they told us that the registered manager worked closely with them, offering suggestions and acting to manage the package effectively, demonstrating always a person-centred approach.
- The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. For example, ensuring people had support from staff who shared the same language and cultural background.
- The registered manager ensured that people and their families were involved with their care. One relative said, "I know [registered manager] very well. She is very helpful and approachable... we are in constant communication and she keeps me fully informed." Another relative said, "The registered manager is very helpful and acts straight away if there are any problems or concerns. They are a good asset to the company."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They had supervisions with the registered manager and attended regular staff meetings. One member of staff said, "[Registered manager] is wonderful, they know where we are at and what we need." Another said, "[Registered manager] is always very supportive, they are hands on and very professional."
- Staff meeting minutes confirmed that staff were able to raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider had

established audits in place relating to the running of the service. These included care records, staff training and medicine administration. Changes were being introduced to have records more readily available electronically so that staff had greater access to them, for example daily notes and medicine administration.

- The registered manager had notified CQC about events they were required to by law and we saw that the provider had displayed the last inspection rating on their website as required.

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

- The registered manager contacted people and their relatives regularly to gain their feedback about the service. One relative said, "I do give them feedback constantly."
- Staff were supported to access training in a way which supported their communication needs. The registered manager provided one to one support for staff whose English was not their first language and ran additional workshops for staff to ensure staff fully understood the training guidance and legislation.

Continuous learning and improving care

- The registered manager continuously looked at ways to engage with other professionals to share experiences and best practice. They attended manager's forums for domiciliary care agencies organised by the local authority.
- The feedback we received indicated the registered manager was receptive to ideas and strived to build positive working relationships with professionals.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.
- The registered manager and staff had developed good relationships with local health professionals such as District Nurses, Occupational Therapists and Physiotherapists.