

UK Caring Services Limited

UK Caring Services

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?

Requires Improvement ●

Summary of findings

Overall summary

The office visit of this inspection took place on 16 January 2019 and was announced.

UK Caring Service Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported four people and employed three staff. Three people received support with personal care

This was the first inspection of the service following their registration with us in September 2017.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service and staff understood how to keep people safe from avoidable harm and abuse. There were enough staff to provide the care and support people required. People received care from staff they knew and who they considered to be kind and caring. Staff arrived around the time expected, and stayed long enough to provide the care and support people required. Staff knew people well as they visited the same people regularly.

Risks to people's safety were identified and assessments provided guidance for staff about how to manage the risk. The provider completed recruitment checks on new staff to make sure they were safe to work with people. At the time of this inspection no one using the service required staff support to take medicines, however staff assisted people to apply prescribed creams as required.

Staff received an induction when they started working for the service and completed training to support people's assessed needs. At the time of this inspection no one needed staff to support them with meals and drinks or manage their healthcare.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. Staff asked for people's consent before they provided care and respected decisions people made about their care and support.

Care plans provided guidance for staff about what they needed to do on each visit and how to support people in the way they preferred. Staff received support to carry out their roles. People knew how to complain, and information about making a complaint was available for people.

The registered manager regularly contacted people to find out their views of the service. There were processes for assessing and monitoring the quality of the service but these were not always recorded. The

registered manager acknowledged they needed to review and develop their current quality assurance systems.

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.

People felt safe with staff, and staff understood their responsibilities to report any suspected abuse. Risks identified with people's care had been assessed and staff knew how to manage risks to keep people safe. The suitability of staff was checked before they worked in people's homes. There were enough staff to provide the support people required. Staff assisted people to apply prescribed creams as required.

Is the service effective?

Good ●

The service was effective.

Staff had received training to meet people's assessed needs. The registered manager and staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. No one using the service required staff to support them with nutrition or healthcare needs.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff they considered kind and caring. Staff understood people's individual needs, and respected people's privacy. People felt involved in their care and were supported, where possible, to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's preferences had been taken into consideration when planning and delivering their care. Care plans provided staff with the information they needed to support people in the way they preferred. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People were satisfied with the service they received and with the staff who visited them. Staff received the support and supervision they needed to carry out their roles. There were some quality checks in place but the provider's overall governance and record keeping procedures required improvement.

UK Caring Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector.

Inspection activity started on 3 January 2019 and ended on 17 January 2019. This included telephoning people to get their views on the care they received. We visited the office on the 16 January 2019 to speak with the registered manager and staff; and to review care records, policies and procedures. The office visit was announced. We told the provider we would be coming so they could arrange to be there and to arrange for care staff to speak with us while we were there.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed information the provider sent us in the Provider Information Return (PIR) during the inspection visit. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

We telephoned people who used UK Caring Service Ltd to ask them their views of the service. We spoke with the relatives of four people who used the service. We used this information to help us make a judgement about the service. People using the service funded their own care, privately or through direct payments

During our office visit on 16 January 2019 we spoke with the registered manager, the nominated individual, and two care staff.

We reviewed two people's care records to see how their care and support was planned and delivered. We

looked at other records related to people's care and how the service operated including, two staff recruitment files, staff training records and the provider's quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe using the service because they had confidence and trust in the staff that visited them. One person told us, "We both feel very safe with the carers and how they do things."

People were supported by staff who understood how to protect them from the risk of abuse. Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people they provided care and support to. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager. One told us, "I would report any concerns to the manager. The manager would look into it and report it to safeguarding." There had been no safeguarding referrals since the provider registered with us. The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC).

People had an assessment of their care needs completed at the start of the service. This identified any potential risks to providing their care and support. Staff knew about risks associated with people's care, such as helping people to move and maintaining their health and welfare. For example, three people we spoke with told us their relative used equipment to help them stand or transfer. One person told us, "[Name] uses a hoist, they [care staff] are very confident using this and know how to use this safely." Staff had completed training to manage people's risks and keep them safe such as moving and handling training and infection control training.

Where people had restricted mobility, they had been assessed as 'at risk' of skin damage. Staff knew to check people's skin and to report any changes in skin condition to the person's family member and the office staff. Staff told us they reminded people to reposition themselves to relieve pressure and reduce the risk of skin damage. People confirmed staff checked their relative's skin to make sure this remained in good condition. One person said, "[Name] is prone to pressure sores, they check his skin every day and apply cream. They let me know if it's getting red so I can let the district nurse know."

The provider had procedures for keeping staff and people safe. For example, risk assessments were completed on people's environment to identify any risks, which included visual checks on equipment to make sure this was safe for staff to use.

There was sufficient staff to provide all the visits people required. People told us staff arrived around the time expected and stayed long enough to provide the care and support required. One person said, "Yes they always arrive on time. We wanted a specific time and this company comes as arranged."

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said the registered manager was always available if they had any concerns or worries.

The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. We looked at two staff recruitment files that showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work. The DBS helps employers to recruit

suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services.

Although references were available on staff files, we found one file where the staff member had previously worked in care services but there was no previous employer reference. The registered manager told us they often had difficulty obtaining references from employers. They said they would contact the employer again to request a reference. The registered manager sent confirmation after the inspection visit that a reference had been obtained.

We looked at how medicines were managed by the provider. No one using the service at the time of our inspection required support to take prescribed medicines. However, staff did support people to apply prescribed creams. People told us creams were applied regularly and as required. Care staff recorded in daily records that creams had been applied. However, staff should also complete a medication administration record for all prescribed medicines including creams. The registered manager said they would action this immediately. Care plans contained a record of the medicines people were prescribed. This meant even though people were managing their own medicines, staff could be aware of any side effects caused by the medicines they were taking.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training to support them with this. People we spoke with confirmed care staff washed their hands and wore disposable gloves and aprons when providing personal care and carrying out other tasks. One person told us, "Yes they do wear gloves, we have aprons as well but they do not need them every time."

The registered manager told us there had been no accidents or incidents since the service registered with us. The provider had a procedure in place to record and review any incidents if they did occur.

Is the service effective?

Our findings

People's care and support needs were assessed to make sure staff had the skills to meet their needs. One person told us, "We had an assessment before they started. [Registered manager] came out and we discussed everything." People confirmed staff had the skills to meet their needs. One person told us, "I have every confidence in the carers and the manager." Another said, "The carer we have is young but she is excellent with [name]. She is really lovely, confident, she knows what to do and how to do it."

Care staff completed an induction to their role when they started to work for the service. The induction procedure included working alongside more experienced care staff and completing the care certificate. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff working within a care environment.

Staff received training which supported them to meet people's needs and carry out their roles effectively. For example, where people used equipment to help them move, relatives told us staff knew how to use equipment safely. One relative told us, "I used to watch the carers (use a hoist) when they first started to come but they are really good and [name] feels very safe, so I don't bother now." Staff told us the training provided them with the knowledge and skills they needed to meet people's needs. One told us, "I am new to care and have learned a lot, the training is good. Following the training they ask questions to make sure you have understood." The registered manager and nominated individual had completed the required qualifications to train staff in some areas, such as moving and handling.

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.

We checked whether the provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. They told us everyone using the service could make daily decisions for themselves, or with the support from relatives. A staff member told us, "MCA is about allowing people to make choices themselves. People we visit make their own choices or have a family member that can do this on their behalf." People's consent to care was obtained and people's rights with regards to consent and making their own decisions was respected by staff.

We looked at how people's nutritional needs were managed. No one required staff support to plan, prepare or cook meals.

People managed their own health care appointments or were supported by family to arrange these. Staff monitored people's wellbeing, such as the condition of their skin, and referred any concerns to family members and to staff working in the office so they could update care plans if needed.

Is the service caring?

Our findings

People told us care staff were friendly, caring and respectful. Comments included, "Carers are very polite and friendly," and, "The carer is mindful of his privacy and dignity and very respectful." Care staff told us how they ensured people were treated well. One care worker told us, "I treat people as I would want to be treated, with respect."

People confirmed their privacy and dignity was maintained. One person told us, "They [care staff] are very respectful of his privacy. They always shut the door and leave [name] to use the toilet before going back in."

Staff provided support to the same people to enable continuity of care, and to build relationships and trust. People spoke positively about the staff who visited them. One person said, "The carers have a good relationship with him, they never stop talking and laughing."

Care staff told us they were allocated sufficient time to carry out the care and support required. They said they did not have to rush and had time to sit and talk with people. One staff member said, "We always stay the full time, we can stay longer than allocated as long as we record what we do." One person told us, "They record the exact time they arrive and leave. I do look at what they have written occasionally and it's always accurate."

Where possible care staff told us they encouraged and supported people to maintain their independence. One told us, "I try and encourage them [people] to do things for themselves. Like with washing, they wash the areas they can reach and I will do the other parts." Another told us about one person who used an overhead hoist, and how they liked to use the remote to move themselves.

People told us and records confirmed people were involved in their care. People said, "I do feel involved in [name's] care, they involve me in everything they do."

No one using the service at the time of our inspection had cultural or religious needs. However, staff understood people's diverse needs and treated people as individuals.

Staff told us they felt valued by the registered manager and provider. One told us, "The manager provides good support, and communication works really well they keep you informed about everything."

Staff understood the importance of maintaining confidentiality including keeping key codes and personal information about people secure.

Is the service responsive?

Our findings

People told us prior to receiving care from UK Caring Service Ltd the registered manager had spent time finding out about their preferences, care needs and how they wanted to be supported. One relative told us, "We had an assessment at the start that took quite a while to do as we talked about everything he needed and preferred." Information from the assessment was used to compile a care plan that informed staff how to provide the care people required.

People had a care plan in their home, which they said was accurate and up to date. One person told us, "Yes I have a care plan and a book they sign each time. I do look at it now and then it's always accurate." Another said, "We have a care plan. All three of us were involved in doing this, it's in his folder, the care staff do read it."

People received care and support from care staff they knew well. They told us, "I have regular carers, it's just two who visit regularly, although [registered manager] does come when they have days off." The registered manager told us providing care to people enabled them to monitor people's care and to ensure plans remained accurate and their needs continued to be met.

Care staff we spoke with knew the needs and preferences of people they visited and told us they had time to read care plans in people's homes. They said there was sufficient information in care plans to inform them what to do on each call and about any risks with people's care. One told us "There is a care plan in people's homes, it tells you everything you need to do. They are up to date and contains all you need to know."

We reviewed two people's care records. Plans were person centred and provided care staff with information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around. People's care was kept under review, one person told us, "We had a review a little while ago."

Plans showed care staff were responsive to people's needs. The 'outcome' of what people wanted from the service was recorded in their care plan. The outcome for one person was to improve their mood. This person's relative told us, "[Care worker] is great she has really bought him out of himself. He was very quiet and withdrawn. Now they have a laugh and joke, he looks forward to them coming." A relative told us how the care worker had offered to support their family member with their stoma (a bag on their stomach to collect waste products) as they could see the person was struggling to do this themselves. They told us, "[Care worker] knows how to do this, she is competent and can do it really quickly, she is really good at this." The registered manager told us the person's care plan was being updated to include consistent staff support with this.

People knew how to make a complaint if they needed to. One person told us, "Yes, I have complaints information and know how to make a complaint. I have no complaints or concerns about this company at all."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in people's homes. It tells them who to contact if they have any concerns." Care workers said they would refer any concerns people raised to the registered manager or provider and were confident concerns would be dealt with effectively.

The registered manager told us there had been no formal complaints about the service. They went on to say how they spoke with people at least every week to make sure they were satisfied with their service, and any minor concerns were dealt with as they arose. People we spoke with confirmed this happened. One person told us, "[Registered Manager] visits and telephones, she always asks if everything is working well and is keen to know if there are any changes, particularly if we have been to the hospital." However, visits and telephone calls to people were not recorded.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager told us no one using the service required information in other formats other than written English, but information would be made available in other formats if people required this.

Is the service well-led?

Our findings

There was a registered manager in post who understood their responsibilities and the requirements of their registration. They had submitted notifications were required and completed their Provider Information Return when requested. The management team consisted of the provider, the registered manager and a deputy manager.

We found that record keeping required improvement. The registered manager told us they visited people at least once a week and telephoned people to make sure they remained satisfied with the care they received, and the staff that visited them. People confirmed they did this. However, there were no records to demonstrate visits or discussions with people took place, or if there were any learning points or actions resulting from these meetings. The registered manager told us they would start to record these and advised they had set up a daily log to record telephone conversations held with people.

There was no evidence in one staff file to demonstrate the staff member had completed all the required training. The registered manager told us this care worker was an experienced care worker, who had completed all their training with their previous employer. They had requested copies of certificates or proof of training from the member of staff that training was up to date, but had not received this. The registered manager advised they would request this again and if the care worker was unable to provide proof of training within a specified timescale, they would ensure all the required training was repeated.

Not all staff recruitment files demonstrated employer references had been requested were relevant, prior to the care worker starting work. The registered manager told us they had contacted the care worker's previous employer but were unable to gain a reference. However, this information had not been recorded in the staff file. Some recruitment documents had not been fully completed. For example, dates on documents were not entered when they had been requested or returned.

The registered manager said they received good support from the provider and that they worked well together. They told us management meetings were regularly held where they discussed any issues related to people's care or staff as they arose. However, there were no records of these meetings or any decisions made or actions taken. We asked the registered manager how they assured themselves issues were followed up with people. They said as it was a very small service they had good oversight of the service but acknowledged as the service grew procedures would need to be more robust. Following the inspection visit the registered manager advised meetings were now being recorded.

Records staff completed during visits to people were checked when they were returned to the office. This was to make sure people had received their care as agreed in their care plan. There was no evidence to show that returned records had been audited. The registered manager advised that completed records were looked at but would ensure this was recorded. Records did not always confirm checks were made on people's skin if they were at high risk of skin damage. The registered manager said she would remind staff to record this.

The registered manager observed staff practice during visits to people to make sure staff worked in line with their policies and training. The also asked people for feedback about staff competencies during visits, but these visits were not recorded. People and staff confirmed visits happened. For example, one person said, "[Registered manager] comes out with the carers at times and watches them work. She always asks if we are happy with the care and if anything needs changing. She also rings to see if everything is still okay."

We discussed the quality assurance systems with the registered manager, who advised these needed to be developed and where they were already taking place, would be recorded to evidence this.

People we spoke with said they were happy with the service they received. One person told us, "Very happy with this company, it suits our needs totally." Another said, "Out of all the agencies we have used these are definitely the best." People told us they were asked for their opinions of the service and that the registered manager listened and responded to their views.

Care staff told us they enjoyed working for the provider and said they were well supported by the registered manager, who they referred to as approachable and knowledgeable. Comments from staff included, "Out of the companies I have worked for these are very supportive, both to me and other staff," and, "I am happy with my work. I enjoy my job and like knowing I leave people happy. This company provides good care."

There was an 'on call' system for evenings and weekends so that staff working out of office hours always had access to support and advice. People told us they had been provided with the office number and the registered manager's mobile phone number so they could contact them in an emergency. One person told us, "I have contact numbers for the office but never had to use it as [registered manager] phones daily and visits regularly."

We asked people and staff if there was anything the provider could do to improve the service. No one could think of anything. One person said, "I don't think there is anything they could improve, this is the best company we have ever had."

The registered manager told us working in partnership with other professionals was limited due to the service being very small and people funding their own care. They went on to say they were beginning to build good working relationships with an organisation that supports people manage direct payments and with social workers who were involved with people's care.