

CAREART UK LIMITED

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 UK provides personal care and support to people living in their own homes. At the time of the inspection there were six people receiving personal care from nine staff.

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

The registered manager had not consistently made sure staff were of good character and suitable to support vulnerable people in their own homes, to stay safe and meet their needs. The registered manager had not always obtained a full employment history, before new staff had begun to support people. Where staff had disclosed their previous employment with other care providers, the provider had not verified their reason for leaving.

The registered manager did not consistently operate quality assurance and governance systems to drive continuous improvement in the service.

Staff worked effectively in partnership with professionals to deliver care and support and developed links with the local community.

People experienced good quality care. People and their relatives consistently provided positive feedback about all aspects of the care they received.

People were protected from avoidable harm, and abuse by staff, who understood their role and responsibility in relation to safeguarding and keeping them safe.

People experienced care, delivered in accordance with their risk assessments and management plans.

The service deployed enough staff with the required skills and knowledge to meet people's needs. Staff felt they were valued, respected and well supported by the registered manager.

Staff had developed meaningful, caring relationships with people, which respected their dignity and privacy, and promoted their independence. People's care and support met their needs and reflected their preferences.

The provider upheld people's human rights. 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.

People were actively involved in making decisions about their care.

The provider assessed and met people's individual communication needs and responded quickly when people's needs changed.

People experienced kind and compassionate care at the end of their life and were supported to have a comfortable, dignified and pain-free death.

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

Rating at last inspection:

This service was registered with us on 15 February 2018 and this was the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement:

We have identified two breaches of regulation at this inspection, in relation to the provider's failure to consistently operate safe recruitment procedures and establish and effectively operate a system to assess, monitor and improve the quality and safety of the services provided. Please see the action we have told the provider to take at the end of this report.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

CareArt UK is a domiciliary care agency. It provides personal care to people living in their own homes in the Kingston area of Surrey.

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. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all information received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups and continuing health care groups. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, who was also the nominated individual, and five support workers. We looked at eight staff files in relation to recruitment and staff supervision, together with a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further recruitment documents and quality assurance records. We spoke with two health and social care professionals who regularly engage with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The registered manager had not consistently made sure staff were of good character and suitable to support vulnerable people in their own homes, to stay safe and meet their needs.
- The registered manager had not established and effectively operated robust recruitment procedures. For example, DBS checks had not always been completed by the provider before staff began to support people. However, staff had provided evidence of recent DBS checks to assure their suitability. The Disclosure and Barring Service helps employers make safer recruitment decisions.
- The registered manager had not always obtained a full employment history, together with a satisfactory written explanation of any gaps in employment, before new staff had begun to support people.
- Where staff had disclosed their previous employment with other care providers, the registered manager had not verified their reason for leaving.

Unsafe recruitment procedures placed people at risk of potential harm from staff whose suitability had not been fully assessed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager supplied additional evidence since our visit, which confirmed most of these concerns have been addressed and action was taken to obtain the required information.
- People told us they experienced good continuity and consistency of care from regular staff, who knew them well.
- There had been no missed calls in the previous year. People consistently told us they received a phone call if staff were running late, due to unforeseen circumstances. One relative told us, "My [relative] has developed a real bond with the carers who never let her down, and the manager is brilliant, if one of the girls is poorly or has a problem she comes round herself."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and trusted the staff who supported them. One person told us, "They [staff] are wonderful and will do anything to look after me. They treat me like their own family." A relative told us, "They [staff] are so patient and kind and really take their time to make sure [relative] they treat [relative] gently."
- People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse, both internally and to external bodies. One staff member told us, "If I had any concerns I would tell the manager, who responds straight away if we raise an issue. I know we can tell you guys (CQC) and the local safeguarding if we don't think the manager will do anything, but that won't happen here."

Assessing risk, safety monitoring and management:

- The provider used effective systems and processes for assessing and monitoring risk.
- Risks to people's safety had been identified and were managed safely, for example; risks arising from people's home environment and those associated with treatment for any individual medical conditions.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required to avoid falling, choking or developing pressure sores.
- Risk assessments were reviewed regularly with the person, or their representatives if appropriate, which ensured they were current and accurately reflected people's changing needs.

Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations. Medicine administration records demonstrated the people received their medicines as prescribed.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff had completed relevant training in relation to infection control and the safe preparation of food.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment when required, to minimise the risk of infection, such as disposable aprons and gloves.

Learning lessons when things go wrong:

- All accidents and incidents were immediately reported to the duty manager, recorded and then reviewed daily by the registered manager.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.
- Staff raised issues promptly when people's needs changed, for example; Where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

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.

This is the first inspection for this newly registered service. This key question has been rated good: This meant that 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

- The registered manager fully assessed people's needs to ensure they had suitably skilled staff available to provide effective, personalised care to meet their needs.
- One relative told us, "She [registered manager] came to see us and asked lots of questions to make sure all of the information they had been given by social services was correct and to know how [relative] wanted things done."
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported.
- Staff developed care plans to meet people's individual and changing needs, for example, when they developed infections or required additional support with their skin integrity.
- Records showed people and their relatives, where appropriate, were involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience

- People consistently told us staff had the required skills and experience to meet their needs. Staff had been supported by the provider to develop and maintain the required knowledge, skills and experience to support people effectively and safely. They underwent an induction programme, which included periods getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's needs.
- The provider's previous registered manager and internal trainer had left the service in November 2018. At the time of inspection, the provider had arranged for external training to be delivered to new staff and those who needed their training refreshed. The registered manager was in the process of becoming accredited to deliver training in relation to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff.
- The registered manager operated a competency framework, based on regularly working alongside care staff, which assured staff delivered care in accordance with their training and people's care plans.
- Where people had more complex needs, staff training was developed with the person, and where appropriate, their relatives and supporting healthcare specialists. For example, designated staff had received training from relatives about how to support their relative to maintain the best position to avoid multiple risks.
- The registered manager operated a system of quarterly one to one supervisions and annual appraisals. Due to the resignation of the previous registered manager some of the staff supervisions were overdue. We reviewed the service diary which demonstrated that late supervisions had been scheduled for completion in

the immediate future.

- Staff felt well supported by the registered manager who made them feel their contribution was valued. One staff member told us, "We work with her [registered manager] regularly so we are always talking about the people we care for and we do have formal meetings. She [registered manager] is very supportive and always available at any time, night or day."

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

- Staff ensured people received food and drink, according to their needs.
- People were protected from the risk of poor nutrition and dehydration because staff followed guidance from relevant dietetic professionals.
- One relative told us, "They [staff] always make sure [relative] is eating and drinking well and always encourage [relative] to have a little bit more."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with healthcare professionals to ensure people's health needs were met and they had the right equipment they required to promote their safety and independence.
- Professionals told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- The provider had developed good relationships with local health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing.
- When required, staff contacted, or advised people's families to contact, GPs and paramedics to make sure there were prompt interventions by other services.
- Staff knew how to refer people to other healthcare services if they had concerns.

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 confirmed their care was consistently delivered with their consent, in accordance with their wishes. Staff sought valid consent from people, using plain English and allowing them time to respond.
- Care plans detailed how staff should support people to make choices, using their preferred methods of communication.

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

This is the first inspection for this newly registered service. This key question has been rated good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had developed positive, caring relationships with people, based on mutual respect and understanding. People and relatives consistently told us they experienced good continuity of care from regular staff, with whom they shared a special bond. People responded to staff with smiles, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions.
- Staff had time to have meaningful conversations with people. Staff and people consistently told us the registered manager had a caring ethos which was reflected in the support people received. One relative told us, "They [staff] are very caring and always make time to have a chat. [Relative] enjoys their company and always looks forward to their visits." Another relative told us, "We [person using the service and family] are very happy. They [staff] have taken time to get to know [relative] and know how [relative] wants things done."
- Staff spoke with pride and fondness about people they supported and knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes. Staff had completed equality and diversity training, which prepared staff to meet the care needs arising from people's different social or religious background. The registered manager completed observations of staff practice and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.

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

- People and their representatives were fully involved in decisions about all aspects of their care and support. One relative told us, "If we want to discuss anything or changes to be made we just ring [registered manager] and she comes round to see us straight away." People and their relatives told us their continued involvement in regular reviews of their care with the registered manager and staff had developed even more trust and respect. Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently consulted people and sought their agreement before delivering any care. One relative told us, "I'm not always there when they are providing care but can always hear the laughter. They [staff] are always laughing and joking while explaining what they are going to do and making sure [relative] is happy."
- The registered manager ensured respect for people's privacy and dignity was embedded in the service culture.
- People consistently felt respected, listened to, and involved in the development of their care.
- People received care and support from a stable staff team which promoted people's confidence and

independence.

- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning. For example, one person and their relatives wished their care to be delivered only by staff of a specific nationality, who spoke a particular dialect. The registered manager demonstrated determination and commitment to meet these wishes.
- Health and social care professionals consistently made positive comments about the registered manager's engagement with people and their families to ensure they experienced personalised care. Professionals told us they were confident the service could meet people's challenging and complex needs. For example, one professional told us, "I have allocated the care agency some of my most challenging packages and they do their best to provide a professional service and be supportive to the individualised needs of people and families."
- Care plans provided the information and guidance for staff to meet people's health, medical and care needs. Care was planned around people's whole life, including their preferred routines and how they chose to manage their health needs. At the time of inspection, the registered manager was in the process of transferring the service care records onto an electronic system. The registered manager had identified some care plans required more detail and had held meetings to obtain more information from people and relatives to make them more person-centred. Staff had comprehensive knowledge about people's individual needs and their personal preferences, which was reflected in the delivery of their care and support.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported. We reviewed documents which demonstrated how staff had encouraged the early referral to other healthcare services to manage a person's health condition. Staff were flexible to accommodate people's wishes. One relative told us, "They are very good at doing things the way [relative] likes them done and are very good at spotting things and reacting to them quickly." Staff supported people to maintain relationships that matter to them, such as family, community and other social links.
- The service played a key role in the local community and was actively involved in building further links. Staff encouraged and initiated contact between people and community groups, resources and support networks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. Staff understood and applied the

Accessible Information Standard. Some people using the service were not able to communicate verbally. Relatives told us that staff communicated with their family members using appropriate techniques.

- People and their relatives were enabled to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them with others.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with a copy of the provider's complaints procedure and were aware of the complaints process and how to use it. However, people consistently told us the registered manager and staff resolved any issues quickly, to prevent them escalating. There had been no formal complaints since the service began to provide care for people. People were confident to share their worries and concerns with staff, who supported them to achieve successful resolutions. A relative told us, "They [registered manager] are very friendly and will always do their best to sort things out. I always feel making sure that [relative] is happy is their main concern." The registered manager used concerns to drive improvements in the service.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care. However, letters of thanks from people who had received end of life care from the service, praised the compassion, commitment and dedication of the staff. A professional told us, "CareArt provide palliative and end of life care for people and go the extra mile to ensure that people are well supported and given a dignified and quality end of life." A relative of a person who was receiving palliative care at home told us, "They [staff] are so kind and caring. They treat [relative] with such respect and dignity which makes them feel happy and cared for."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider did not effectively operate good governance processes to ensure compliance with legal requirements. For example; the current quality assurance processes had failed to identify deficiencies in the provider's recruitment procedures. This meant the provider had failed to ensure all staff were fit and suitable to provide care for vulnerable people in their own homes.
- The registered manager did not consistently operate quality assurance and governance systems to drive continuous improvement in the service. In November 2018 the registered manager resigned and the nominated individual then assumed the responsibilities of the registered manager. Due to the nature and size of the current service provision the registered manager recorded, assessed and monitored the quality of the service provided, using their diary and calendar. This meant that when the registered manager had identified deficiencies they could not be assured that the required action had been taken to improve the service, that it had been recorded effectively and shared with staff members. The registered manager told us the new electronic system will enable more organised quality assurance and governance processes.
- Whilst the registered manager was able to show some audit processes, they could not demonstrate a robust system which could be operated in their absence. At the time of inspection there was no support for the registered manager to complete quality assurance and governance processes. The registered manager was in the process of recruiting a deputy manager to cover management of the service, if they were unavailable.

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

- The registered manager commissioned an external quality assurance in survey in January 2019, which identified areas that required improvement. The registered manager had either taken action to make the required improvements identified or was working towards completing them, for example; staff supervisions and personalising care plans.
- The registered manager was passionate and dedicated to the people using their service. The registered manager was highly visible and led by example, which inspired staff. Staff told us they felt respected, valued and well supported.

- Commissioners of care reported the provider delivered good quality care which met people's needs.
- Staff understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.
- The registered manager clearly understood their regulatory responsibilities. For example, they had notified us of certain events, as required by regulations.

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

- The provider's caring values were embedded into the leadership, culture and staff practice. People experienced good quality, personalised care from a stable staff team who knew them well. Staff were committed to ensuring people received care, which was individual to them and consistently achieved good outcomes. People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed and organised. Staff understood the importance of knowing the people they supported and could tell us about their individual needs, preferences and life histories. A staff member told us, "The better you get to know someone helps you to give them the care and support they want."
- The registered manager understood their Duty of Candour. People and relatives told us they were open and honest when things had gone wrong, for example; if staff were delayed people received a phone call with an apology and explanation.

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

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon. For example, people's preferred staff were allocated whenever possible. Staff told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

Continuous learning and improving care; Working in partnership with others

- Staff recorded accidents and incidents, which were reviewed daily by the registered manager. This ensured that trends were acted upon to keep people and staff safe, by reducing the risk of repeated incidents.
- The service worked collaboratively to deliver joined-up care. The service had good relationships with other healthcare providers, including a local hospice, GPs, the community nursing team and professionals from other healthcare disciplines. Health and social care professionals consistently told us the registered manager actively engaged in effective partnership working with multi-disciplinary teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and effectively operate a system to ensure compliance with legal requirements and to assess, monitor and improve the quality and safety of the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had failed to effectively operate recruitment procedures to ensure that persons employed were of good character and suitable to support vulnerable people in their own homes, to stay safe and meet their needs.</p> <p>The registered manager had not always obtained a full employment history, before new staff had begun to support people. Where staff had disclosed their previous employment with other care providers, they had not confirmed their reason for leaving.</p>