

Care and Protect UK Limited

Care and Protect UK

Inspection report

Unit 7-8
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17 July 2019
25 July 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?	Requires Improvement ●

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.

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

People told us they felt safe and were very happy with the care they received from the registered manager and staff of the service.

There were sufficient numbers of staff employed and people told us staff were always on time for their allocated visits and no visits had been missed.

Staff had received training in safeguarding matters and were confident in their knowledge and actions they would take if any safeguarding matters arose. Medicines were managed safely.

Staff were recruited safely. People's care plans included individual risk assessments which staff followed to keep people safe.

People's needs were fully assessed prior to the commencement of their care package. Staff had received appropriate training and had the necessary skills and experience to care for people safely. Staff made sure people had access to healthcare professionals to support their health and well-being. Staff supported people to access their local and surrounding community.

People were supported to have maximum choice and control of their lives. 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 and professionals told us the service was well run and were complimentary of the level of care and

support the staff and registered manager provided.

We have made two recommendations regarding the registered manager role in relation to the dual role they currently hold, and the resulting impact of this.

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

Rating at last inspection

This service was registered with us on 19 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based upon the provider's registration date.

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?

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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Care and Protect 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

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

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2019 and ended on 25 July 2019. We visited the office location on 17 July 2019.

What we did before inspection

We reviewed information we had received about the service since their registration. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke to one visiting professional and received written feedback from another visiting professional



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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies in place to protect people from abuse. Staff spoke confidently regarding their knowledge of safeguarding awareness and the steps they would take to raise any concerns. People told us they felt safe, comments included, "I feel safe, course I do. Staff keep an eye on me."

Staffing and recruitment

- The provider had a recruitment policy in place. However, one staff file did not contain a full employment history. We spoke to the registered manager regarding this and they took steps to introduce appropriate checks to prevent reoccurrence.
- Staffing numbers were sufficient to care for people safely. People told us there had never been a time when staff did not attend their calls. One comment included, "Girls are never late, no never late, they are right on the dot."

Using medicines safely

- Medicines were handled safely and in line with policy. Staff had received training regarding the safe handling and administration of medicines.
- Staff received regular medicine competency checks which were carried out by the registered manager.
- People told us staff supported them to take their medicine on time, comments included, "I've taken my tablets for a long time and the girls help me with them no bother."

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- No incidents or accidents had been recorded at the time of inspection. However, the registered manager was able to confidently discuss the steps they would take to formally record any such events. They also told us how they would use this information to identify any possible lessons which could be learnt in order to prevent reoccurrence.



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 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 by the registered manager prior to any care packages commencing. The registered manager carried out face-to-face assessments with people and their relatives (where possible), to ensure as much detail as possible was obtained.
- Following assessment, detailed care plans were created which included for example, people's likes and dislikes, religious beliefs, and any health-related information. Various risk assessments were also in place which supported staff to care for people safely.

Staff support: induction, training, skills and experience

- Staff had the necessary skills to care for people safely. The provider's training matrix confirmed this. People told us all staff were experienced and very capable in their job. One professional comment included, "My client experiences high levels of anxiety. The service has been pivotal in transitioning my client back to a comfortable life in the community."
- Staff received support from the registered manager via regular supervision sessions. These sessions were also used to confirm staff competencies, for example to ensure staff administered people's medicines safely and in line with national guidance. Staff confirmed they found these helpful.

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

- People received support from staff to eat a healthy diet as set out in their care plan. This support included assisting some people to purchase groceries or to prepare their own meals.
- Where necessary staff referred people to other healthcare professionals if concerns became known regarding people's weight. For example, staff had referred one person to a dietician to obtain expert advice regarding this person's diet.

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

- Care records confirmed staff were in regular contact with other professionals including district nurses, GPs and the local housing warden. Visiting professionals confirmed staff were very pro-active in their

engagement to ensure people received a good level of care. One professional told us, "Staff become involved as necessary in continuing healthcare meetings, reviews and assessments and are always prepared for these with the correct information."

- The registered manager had formed good working relationships with local authority social workers and a local hospital which allowed the service to provide consistent and effective care.

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

- People were supported to attend regular healthcare appointments to support their well-being. People told us staff were quick to seek medical advice on their behalf.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and staff understood the importance of obtaining consent before providing care.
- Mental capacity assessments were on record and appropriate documentation had been completed regarding one person's Court of Protection application.
- People told us staff always asked for consent before providing care to them.



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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff knew them very well and always treated them in a caring and supportive way. One visiting professional told us, "Staff respond to my client in an extremely person-centred way. They are very reassuring when [person's name] feels anxious, and often go the extra mile to ensure [person's name] is comfortable and happy."
- The provider had an equality and diversity policy in place and staff had received training in this topic.

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

- Care plans included people's signature which evidence people's involvement. One person told us they had initially been worried when their care package had been put in place. However, they now would not be without their carers, they told us, "Girls will do anything for me, they are honestly really lovely girls."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and supported them to maintain their independence. One person told us, "Staff treat me with great kindness, oh my word yes they do."
- One person told us how staff always asked where they wanted to go to spend their social time, they told us, "I tell staff if I want to go to the Metro Centre or Morrisons, we go where I want to go."
- Staff were confident in their knowledge regarding maintaining people's privacy and dignity. They were able to share with us the steps and actions they would take to ensure this very important aspect of people's lives was maintained.



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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were up-to-date and contained information on how people wished to be dressed, people's likes/dislikes, what made them happy and, how staff should support people to achieve their own personal goals.
- Care plans were formally reviewed every six months or sooner if there was a change in a person's needs.
- People told us the registered manager discussed their care plan with them.
- Staff supported people with social time in the local and surrounding community.

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.

- The registered manager told us information would be made available in different formats if requested. They also told us they and their staff regularly explained information to people to support their understanding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of inspection, no formal complaints had been received. People told us they had not made any complaints, but they did know who they would speak to if necessary.
- A range of compliments had been received commenting upon the level of care staff provided to people. The registered manager had shared these comments with their staff.

End of life care and support

- At the time of inspection no one was receiving end of life care. Staff had not been trained in end of life care. The registered manager confirmed if there was a future need for this, staff would receive appropriate

training.

- Care plans did not include any information regarding people's end of life wishes. We spoke to the registered manager regarding this and they agreed to take immediate action to include this very important information within care plans.



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 as requires improvements. The service management and leadership had not ensured all aspects of quality performance within the service had been considered.

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

- The registered manager completed a number of monthly audits. This included checking to see if people's medication charts (MAR) had been completed correctly; checking people's daily notes for accuracy and recording, along with checking staff signing in records. However, we identified no audit had been completed regarding the handling of one person's finances. We spoke to the registered manager regarding this and they agreed to implement this audit with immediate effect.
- At the time of inspection, no incidents had occurred which required the registered manager to notify the Care Quality Commission and local authority of as in line with legal requirements. However, the registered manager was able to explain the process and actions they would take in the event of such an occurrence happening.
- The registered manager shared with us the impact of their supporting staff to deliver daily care alongside carrying out their registered manager role. They told us at times it was hard 'juggling' both roles which meant they worked excessive hours to cover both roles. In addition, as the registered manager provided care, they were in effect checking their own work for quality purposes.

We recommend the provider reviews staffing levels to ensure all staff have suitable time to carry out their roles effectively.

We recommend the provider review their auditing practices to ensure they are carried out by an independent person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 worked alongside staff providing care on a daily basis. They led by example and staff told us how this had made a positive impact on both people and staff.
- The registered manager was keen to promote a culture where people received care which was tailored to their specific requirements and wishes. People told us staff and the registered manager supported them in ways which allowed them to live their lives the way they wished to.
- The registered manager was open and honest throughout the inspection. Without exception, people, staff, relatives and professionals spoke very highly of the registered manager in relation to their open approach and the care people received. One member of staff told us, "It is nice to work for someone who makes a difference in people's lives."

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

- The registered manager had sent out questionnaires to both people and staff to obtain feedback in relation to the level of care and support provided. All feedback received was positive.
- People had been involved in the creation of their care plans. People told us staff regularly chatted to them about their care ensuring people's opinions were always considered.

Continuous learning and improving care

- The registered manager had a range of audits in place. Any issues identified were used as a point of learning and shared with staff to allow for improvements to be made.
- Regular staff meetings were held. Staff were encouraged to share ideas as to how they thought the service could improve.

Working in partnership with others

- The registered manager had formed close working relationships with a number of professionals, including learning and disability nurses, GPs and the local housing warden. Professional feedback included, "The small nature of the service means all staff are very familiar with each client. Staff seem happy in their roles, which suggests they are well-managed. Quality of recording is excellent."