

CareUK Living Ltd

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Inspection report

Victory House
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Tel: 07769909566

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

CareUK Living is a domiciliary care agency. They provide personal care to people and children living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 9 people were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Improvements were required to ensure safe recruitment procedures were consistently followed. However, staff received an induction, completed training and shadowed experienced staff before lone working with people.

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 his practice.

Staff supported people in a person-centred way. Staff understood people's communication needs and adapted how they communicated with people to ensure information could be understood.

People and their relatives knew which staff were coming to each support call. We were told staff turned up on time, stayed the allocated amount of time and supported people and their families in a flexible, responsive way.

Right Care:

People were supported by staff who knew them well and treated them with dignity and respect. Staff supported people to learn new skills and promoted their independence.

People were protected from potential abuse by staff who complete safeguarding training and understood the signs and symptoms of abuse and knew how to report any concerns.

Care plans contained up to date, detailed information about the person. Staff had time to read care plans and people and relatives were involved in sharing information to ensure staff understood the person's needs.

Relatives were extremely complimentary about the service and the staff. Staff were described as kind, friendly, supportive, professional, gentle and compassionate.

Right Culture:

Improvements were required to ensure systems and processes to assess and monitor the service were in place and effective.

Staff felt respected and supported within their roles and were able to raise any concerns they may have. Information was shared with staff to make improvements to the service.

Relatives were kept up to date on any changes, accidents or incidents that may occur. People and relatives were involved in the care planning and support offered.

The registered manager had a clear vision for the direction of the service that demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives.

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 15 October 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well led.

Details are in our well led findings below.

Good 

CareUK Living Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was 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 06 March 2023 and ended on 13 March 2023. We visited the location's office on 06 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives of people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, director and care workers.

We reviewed a range of records. This included 2 people's care records. We looked at 3 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.

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 of 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

- Some improvements were required to ensure safe recruitment procedures were consistently followed. Although all staff had references and Disclosure and Barring service (DBS) checks to ensure staff did not have any criminal convictions and were suitable to provide support for adults, 1 staff member's DBS check did not include working with children. Another staff member did not have a DBS check to work for CareUK Living. The registered manager completed a risk assessment and mitigating strategies were implemented immediately.
- People were supported by a consistent staff team who arrived on time. One relative told us, "They (staff) come on time. I am really happy with them. They don't rush." Another relative said, "I always know who is coming and they (staff) let me know if it's going to be different."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed. However, not all strategies were recorded fully. For example, when a risk assessment stated a person suffered from anxiety or had a diagnosed health condition, the strategies did not always detail what staff should do. The registered manager implemented detailed risk assessments immediately after feedback.
- The provider had completed risk assessments to cover any environmental risks or any potential risks from equipment.
- The provider learnt from previous incidences and ensured strategies were put in place to reduce future reoccurrence. Trends and patterns were reviewed and shared with staff. For example, support calls had been changed after a review of information.

Systems and processes to safeguard people from the risk of abuse

- People were protected against potential abuse and harm. The provider had policies and procedures in place to ensure staff knew how to record and report any concerns.
- Staff received safeguarding training and understood the signs and symptoms of abuse. Staff were confident in raising any concerns either internally or externally to the service.
- Staff recorded any injuries a person may have to ensure any injuries could be investigated if needed and to ensure injuries were healing as expected.

Using medicines safely

- Medicines were managed safely. People's medicine administration records (MAR) evidenced medicines were given as prescribed.

- People were supported with their medicines by staff who had been trained and understood the procedures for safe medicine administration.

Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE) when supporting people with personal care to reduce the risk of cross infection.
- Staff received training in infection prevention and control (IPC). The provider had up to date policies and procedures in place regarding IPC.
- The registered manager followed government guidance for staff wearing masks. A risk assessment was in place to identify and mitigate any risks to people or staff regarding none mask wearing.

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 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 assessed before they started using the service. This helped the registered manager ensure staff had the right skills and knowledge to meet people's needs.
- Staff knew people well and understood their holistic needs. Care plans held person-centred information including a person's goals and objectives. Information on any needs including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.
- Staff told us the care plan held sufficient information, and any changes to a person's needs was always communicated to staff. One staff member told us, "Our documents (care records) have enough information so we know who the person is and what we need to do. Any changes to information are shared with the relevant staff."
- People and their relatives were involved in ensuring information was relevant and up to date. Relatives told us they had all seen the care plans and relevant people such as social workers were involved in reviewing care plans and risk assessments.

Staff support: induction, training, skills and experience

- People were supported by staff who had received sufficient training to meet their needs. Training included: manual handling, understanding mental health, basic life support, communication and understanding learning disability and autism.
- Staff were fully inducted into the service before completing any lone working. New staff received detailed information for each person they supported and completed shadow shifts. One staff member told us, "The supervisor was with me to complete my shadowing shifts" Another staff member said, "I had my induction, then training, and then shadowed care calls with experienced staff"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports. A health passport can be used by health and social care professionals to support them in the way they needed.
- When people needed referring to other health care professionals such as GP's, district nurses or specific professionals, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.
- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- Staff ensured people or their relatives, if appropriate, were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People's capacity was assessed as required, and the outcome recorded. People and their relatives as appropriate were asked for consent.

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. 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; Respecting and promoting people's privacy, dignity and independence

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, around people's culture, religion and ethnicity.
- People were supported by staff who knew them well and treated them with dignity and respect. One relative told us, "One day I went in [person's] room and they put the towel over [person] straight away. It is dignity. It is the little things they do."
- Staff supported people to learn new skills and encouraged independence. One relative told us, "They (staff) talk to [person] about what they are going to do. They let [person] look in the mirror when shaving. They encourage [person] to shave themselves."
- Relatives told us staff were kind, caring and professional. One relative said, "Staff are very caring, they do what is expected. They are very gentle." Another relative said, "They (staff) are very friendly and professional. They are patient and sweet."

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

- People and relatives were involved in all aspects of their care and support. Staff supported people and their families to engage with the service. Care plans were http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png completed with people or their relatives and were signed to evidence people, or their relatives agreed to the contents.
- Staff told us how they always asked for consent before completing any tasks. People and relatives also confirmed consent was requested. One relative told us, "They (staff) explain what they are going to do next. [Person] is very safe and secure with them. [Person] knows what staff are doing."

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. 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

- Staff were able to offer person centred care as care plans held detailed information about the person. Care plans recorded people's history, likes, dislikes, routines, preferences, religion, Birthplace and preferred spoken language.
- Staff supported people in line with their assessed needs and personal preferences. One relative told us, "[Person] is so happy to see staff. A professional saw [person] out at the weekend and told me how attentive staff are with [person]. Another relative said, "Staff have been working closely with some experts, this has been successful in [person] learning to accept changes, making decisions, [person] is now more open to new ideas."
- Staff shared information to ensure all care offered was person centred and the most up to date information was known. One staff member told us, "I always read people's portfolios, and we have a detailed handover document in place"
- Staff were flexible and responsive in their approach to supporting people. One relative told us, "I am involved in everything. I can ask them to come a bit more. I went on holiday and they came more when (another relative) was here. Also, when [person] had an infection I was struggling, and they came more often to help." Another relative told us, "If [person] has a fall and I can't get [person] back up I can call CareUK Living and they come here really quickly. It's the little things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. The registered manager understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, large print or translating into another language.
- Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. However, there had not been any complaints received.
- People, relatives and staff knew how to raise concerns and complaints and had confidence these would

be dealt with in a professional manner.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- If anyone required end of life support the registered manager told us they would ensure all staff had support and they would liaise with the appropriate health care professionals.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes to ensure good management oversight required embedding into practice. The registered manager had not completed any audits or recorded any findings from reviewing paperwork. This meant the registered manager had not identified the issues with staff files and risk assessments found on inspection. However, we found no evidence of harm and the registered manager acted immediately and mitigated any risks.
- The registered manager had a plan in place to ensure medicines, staff files, care plans, risk assessments, daily notes, incidents, accidents, complaints and safeguarding concerns were regularly reviewed, and action plans implemented if any concerns were found.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about the support offered by CareUK Living and the outcomes reached for people. One relative said, "They (CareUK Living) have been amazing. I can't really fault them." Relatives gave us examples of how staff were encouraging and supporting people to reach their goals.
- The registered manager completed spot checks on staff to ensure they provided good quality person centred care.
- Staff felt supported. Staff had regular supervisions and team meetings to share information and discuss any concerns. One staff member told us, "The support offered is good, the (registered) manager is very approachable." Another staff member told us, "The (registered) manager is very supportive and responsive."
- People, relatives and staff had not been formally asked to feedback on the service. However, the registered manager regularly asked staff for suggestions or concerns. People and relatives were often asked if they were happy with the service offered. The registered manager was going to put formal feedback surveys into place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise to people, and those important to

them, when things went wrong.

- Staff knew 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 were not acted upon.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service and was open and transparent throughout the inspection and implemented changes based on the feedback given.
- People and relatives were kept up to date on the service and any changes to people's needs had been shared with the relevant people.
- The registered manager kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.