Care UK Homecare Limited

Care UK Homecare Limited (London Bridge)

Inspection Report

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Overall summary

Care UK Homecare Limited (London Bridge) provides support, including personal care, to approximately 700 people in their own homes. The service operates in several London boroughs and provides assistance to people privately as well as to those referred by their local authority. It also assists people living in extra care housing schemes.

People told us they were happy with the care and support they received and said they would recommend the service to others. The service had assessed people's needs and agreed with them a care plan which set out when and how they were assisted. People said the service was reliable and they received their support visits as planned.

There was a registered manager in place who had made improvements to the service. People were contacted by telephone to ask their views of the service and whether any changes to their support were required. In addition, the service arranged face to face meetings with people to review their needs.

People told us they had skilled care staff with whom they had a positive relationship. They said that their care workers 'cheered them up' and were always kind and respected them. People told us Care UK responded well to any queries and complaints. Some people said they were not always advised of changes to their support arrangements. For example, one person said they were not told the name of the care worker who would visit them whilst their regular care worker was away.

People told us they trusted their care workers and they felt safe. We found that people were protected from abuse. Staff were trained to recognise and report any concerns about people's welfare. Hazards in relation to people's safety, for example when moving around their home, were assessed. Plans were then put in place to reduce the risk of falls and other accidents. This helped keep people safe.

People said they received their medicines safely. This was because the provider had good arrangements in place to assess and meet people's needs in relation to support with their medicines. People only received assistance with their medicines from staff who had been trained to ensure their competency. The provider checked that care workers had completed people's medication records correctly. This ensured that there was clear information to confirm that people had received all their medicines as prescribed.

People told us that their care workers 'knew what they were doing' and provided them with the support they needed. Staff told us that the provider supported them to develop their skills and knowledge and they received regular supervision. All staff received training in key areas such as care planning and dementia care. Their knowledge was tested after they received training. There were robust arrangements in place which ensured all staff received follow up training at the intervals specified by the provider.

People told us that they were asked what assistance they needed with food and drinks when the provider assessed their needs. Care workers were trained to recognise nutritional risks to older people. They told us they would report any concerns they had to ensure that people's family and health professionals were involved in helping to ensure people's nutritional requirements were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us that they felt safe. One person said "my care worker is so trustworthy." The provider had well developed arrangements to minimise the risk of abuse and neglect. All staff received training on recognising and reporting abuse. They knew how to protect people by reporting concerns appropriately.

Peoples' safety was promoted. The circumstances of people using the service were assessed and plans put in place to reduce any identified risks. People's rights were protected because the service had ensured that staff understood their responsibilities in relation to people who lacked mental capacity.

People told us they received good support with their medicines from well trained staff. Checks were made to ensure that people had received their medicines safely and any errors were addressed effectively.

Are services effective?

People told us that their support was reliable and enabled them be as independent as possible. They said that regular staff assisted them for the agreed length of time and delivered all their care and support as planned.

People's needs were assessed when they first started to use the service. Information was obtained about people's background, preferences and the assistance they required. From this a support plan was developed. This specified exactly what tasks the service would undertake and when and how people's support would be provided.

People received support that met their current needs because their support was regularly reviewed to ensure it was effective.

People's health and wellbeing was promoted because staff knew how to respond to changes in people's needs and deal with medical emergencies. When required, they had taken action to ensure people accessed appropriate health care support.

Are services caring?

People were positive about their care workers who they said treated them with courtesy, kindness and respect. Staff understood how to treat people with dignity and respect.

Summary of findings

People said they had a positive relationship with their care workers who "cheered them up." People told us they mainly had regular care workers who knew them and understood their individual needs and preferences.

Are services responsive to people's needs?

People, and those acting on their behalf, told us they were fully involved in making decisions about their support. They said they were given information about the service and knew what to expect in terms of their support visits.

People said they knew how to make a complaint and received regular calls from the Care UK office to ask them if they required any changes to their service. Some people told us their complaints and queries were handled well but others said that the administration of the service could be improved.

Are services well-led?

People told us they received a good service from Care UK and would recommend it to others.

There was a registered manager in post. Staff told us the organisation gave them support and training which enabled them to meet people's needs.

The organisation gathered information from people who used the service, from staff and from incidents and complaints. This information had been used to identify areas for improvement. For example, action had been taken to ensure people always received their medicines safely.

Summary of findings

What people who use the service and those that matter to them say

We spoke to 19 people. They were all positive about their care workers who they said were reliable, respectful, pleasant and hard working.

They said their care workers supported them appropriately and any inexperienced care workers were partnered with one who 'knew the ropes'. They said care workers `clocked in and out' by phone at the beginning and end of their visits. They told us that this meant they received their support as planned.

People told us they felt safe. Those whose care workers shopped for them said they were completely honest and trustworthy. A person said "I have absolute confidence in them."

Some people told us their care plans included the provision of support with their medicines. They said care workers had given them the correct dose of medicine at the right time. This meant their health was promoted. A person told us "I have quite complicated needs – and a lot of medication – the care workers have the right skills and I believe Care UK monitors their suitability to do difficult tasks."

People said the service was effective and caring. The wife of one recipient of care, who has dementia, said that the care workers were well trained and most importantly cheered her husband up a great deal. She said "they have a laugh a joke with him whilst they are helping him."

A man told us "my wife has depression. The care workers are always cheerful which helps raise her mood. They are really kind and understanding."

People who completed the questionnaires made differing comments about the responsiveness of Care UK. One person said "it is a first class service – if I complain there is a reaction and my problem is usually resolved quite quickly." Another person said "I made a complaint and the problem was cleared up with an apology – the communication was good if a bit slow."

Some people said that they were not informed when carers were running late. "I have no complaints about the care workers; I've been with Care UK for 6-7 years. There is room for improvement however – better admin. and communication would make the world of difference."

Care UK Homecare Limited (London Bridge)

Detailed findings

Background to this inspection

Care UK provides support, including personal care, to approximately 700 people in their own homes. It operates in several London boroughs and provides assistance to people privately as well as those referred by the local authority. The service also assists people living in extra care housing schemes.

The last inspection of the service was on 8 January 2014 when it was found to be meeting the required standards. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process.

An inspection visit by the lead inspector took place at the service's office. 30 people's care records and 13 staff files were checked. The expert by experience telephoned 19 people who used the service. We sent a questionnaire to 45 people who used the service and received a response from 15 people. The lead inspector spoke to ten members of staff and received information from two local authority commissioners.

During the inspection the lead inspector checked records from 2013 and 2014 in relation to the outcomes of complaints and adult safeguarding incidents. The registered manager was interviewed about the arrangements in place for ensuring staff received induction and follow up training in line with the provider's standards.

The registered manager and quality manager were interviewed to clarify how they ensured people received their planned care. For example, they explained the arrangements for ensuring people's planned visits were covered in the absence of their regular care worker.

In addition, they explained to us the systems used by the provider to check that Care UK (London Bridge) complied with their standards. The service was required to report each month information on, for example, the provider's standard in relation to the completion of quality monitoring visits to people.

Are services safe?

Our findings

All the people we spoke with and received survey information from reported that they felt safe from abuse and harm. A person said "my care workers are trustworthy." The provider had taken steps to minimise the risks to people of abuse and neglect. For example, staff received regular face-to-face training on recognising and reporting abuse. Their knowledge was evaluated on this subject by means of a written test.

Staff we spoke with were knowledgeable about the signs of abuse and neglect. They were aware of the organisation's adult safeguarding policies and procedures and knew how to put them into practice. For example, they understood how to raise a safeguarding alert to protect a person from abuse and the role of the local authority and the police in relation to investigating incidents.

The provider had reminded staff of their duty to report any concerns about how the organisation was safeguarding people by use of the 'whistleblowing procedure'. Staff we spoke with were aware of this procedure and how to put into practice. They told us they understood the importance of protecting people by raising concerns outside the organisation when necessary.

People's records confirmed that staff had recognised and appropriately reported any signs of possible abuse or neglect. This meant that appropriate multi-agency action could be taken to safeguard people. The registered manager maintained an overview of any safeguarding issues and had kept records of the actions taken in partnership with other organisations, such as the local authority, to protect people from harm. A local authority worker told us the service worked cooperatively with them to ensure people were safe.

The service had taken steps to protect people from the risks of financial abuse. Staff we spoke with understood the organisation's procedures in relation to any financial transactions. For example, when a care worker undertook shopping on a person's behalf records were made and receipts kept. These records were checked each month by staff at the main office. We saw that the service had taken action when there were any concerns or discrepancies to ensure people were protected.

Staff recruitment records showed that appropriate pre-employment checks had been carried out on staff. For example, two references and a Disclosure and Barring Service (criminal record) check were obtained. This meant people received support from people who were of good character and risks of harm were minimised. People confirmed that they felt with their care workers and told us "they are the right type of people for the work."

Risks to people using the service and staff were assessed before people started to use the service. Suitable plans were then put in place to reduce the risk of harm. For example, an environmental assessment took place in relation to the service user's home. If an issue, such as a trip hazard from a loose carpet, was identified appropriate action was taken to reduce the risk for example, by contacting the person's family or landlord to arrange a repair.

People's health and mobility needs were assessed in order to identify and reduce risks. For example, when a person used a wheelchair there was detailed information about how the person was assisted to position them self comfortably and safely in it. This meant that people were supported to maximise their independence and any risks to their health associated with using the wheelchair were reduced. People told us that the service promoted their independence as well as keeping them safe.

Staff told us they received training in moving and positioning people safely and there was a system in place to ensure any equipment used was serviced regularly. These measures reduced the risk of people being accidentally harmed whilst being assisted by staff. Records confirmed that risk assessments were updated annually or sooner if the person's circumstances changed. For example, a person's records showed that when their needs had increased due to ill health, risks had been revaluated. A revised plan was then put in place to ensure they were safe.

There was a computer based system in place to ensure that people received all their planned support visits. Staff used a telephone based 'logging in' and 'logging out' system for home visits. Although some people said that their care workers were sometimes late for their support visits, they all said their visits were covered.

The provider ensured that staff understood the key principles of the Mental Capacity Act 2005. They received

Are services safe?

regular training on this subject and on working with people who may lack mental capacity due to dementia. Staff were able to explain to us how they put the Act's key principles into practice when they supported people.

A care worker told us "I always try and speak plainly when helping people with dementia to reassure them and if necessary I repeat things." Another care worker said they used non-verbal communication and signs when offering people choices in terms of what they wore and what they ate. People's relatives and informal carers told us they were appropriately involved in making decisions on behalf of those who lacked mental capacity when it was appropriate to do so. People's records confirmed this. For example, a relative told us the service involved them in discussions about the content of a person with dementia's care plan. They said the service had subsequently telephoned them to ensure the person's care was being delivered as planned.

People's needs in relation to support with their medicines were well managed. A person told us "I have quite complicated needs – and a lot of medication. The care workers have the right skills and I believe Care UK monitors their suitability to do difficult tasks."

Assessments were undertaken to clarify whether people required assistance with their medicines. Their records showed that people had a choice about whether they managed their medicines independently or if they wished to be prompted to take them by their care worker. Where people did not have the mental capacity to make this decision a relative had been involved in making the decision. When people opted for 'full assistance' from the service, staff took complete responsibility for ordering and administering their medicines. Peoples' care plans set out how and when people would be supported with their medicines and people we spoke with confirmed they had a choice about how much assistance they were given.

Staff told us they received regular training and updates on this topic. Training records confirmed that their medication practice was observed and they undertook written tests to ensure they supported people to the required standard. Staff told us they felt confident to assist people with their medicines. For example, when a person required 'full assistance' with their medicines the service ensured there was a medication administration record (MAR) chart in place. Staff told us they had been trained in how to complete these and their competence to do so had been assessed. Staff records showed that the service had followed up on any concerns about a care worker's medication practice. Appropriate action had been taken to ensure people were safe.

Are services effective?

(for example, treatment is effective)

Our findings

All of the 15 people who completed the questionnaire about Care UK said they received support and care that helped them be as independent as possible. They also said staff treated them with dignity and respect and their care worker completed all the care and support that they should on each visit. A person told us "it is a first class service." The two local authority commissioners who gave us information said that from their contract monitoring processes the service was effective and delivered care as planned. They said people had told them they were happy with the service.

People's needs were assessed during a home visit when they first started to use the service. People told us they had been asked about their needs, choices and preferences. From this information the service had developed a support plan. This specified exactly what support the service would undertake and when and how people's support would be provided. For example, for those people who received an early morning call each day to assist them with personal care and breakfast, there were details of how this should be done. There was detail of how they should be assisted to get up and dressed and what food and drink should be prepared. People, or a relative acting on their behalf, had signed the support plan to indicate they agreed with how their support was provided.

People we spoke with told us they received their care as planned. They were all positive about their care workers. A person said of their care workers "they always treat us with courtesy and cheer us up. We get on." The registered manager told us that people were able to change their care worker if they wished to. This ensured people's wellbeing was promoted as they received support from staff who they were compatible with.

Care workers kept a record of the support undertaken on each visit and made other relevant observations about the person's health and wellbeing. People's records showed that when necessary staff had taken action to ensure they accessed appropriate health care support. For example, family members and the GP had been contacted when a person was unwell. A care worker told us "I have been to be able to get people the help they need. On occasion I have had to ring for an ambulance." People's records were kept in their home and relatives told us that it was reassuring to be able to read them to ensure people's care had been delivered safely.

People told us their care workers were well trained and understood how to support them. A person told us "they understand what they have to do to help me. They do things properly." People told us they had observed that new staff were "taught the ropes" by more experienced staff and this meant they received support from staff who understood how to support them. People said staff were skilled in working with people with dementia and mental health problems and "cheered them up."

The provider had well developed systems to ensure people received support from staff with appropriate skills, knowledge and experience. New staff received training on key topics such as infection control and dementia awareness. They were tested after training to ensure they knew how to apply their learning when providing support to people. The registered manager explained the processes that were in place which ensured all staff received the required induction and update training at the appropriate intervals. This meant work could not be allocated to staff unless they had completed their required training.

We checked the service's arrangements in relation to protecting people from the risks associated with nutrition and hydration. People told us they were asked about their needs in relation to this when they started to use the service. All the people we spoke with told us they did not have complex needs in relation to this area, if they did, a nutrition assessment was undertaken. Some people said that they did have the need for help with meal preparation and the provision of drinks. A person told us "I was asked about the help I needed with my meals, I told them and it was set up." Records showed that people had received help with meals and drinks in accordance with their care plan.

Are services caring?

Our findings

All of the 15 people who completed the questionnaire about Care UK told us they were happy with their care workers who they said were caring and kind. Additionally, people we spoke with told us that they enjoyed the company of their care workers during support visits which 'cheered them up'.

People we spoke with confirmed that in general they received support from care workers that they knew. A person said "I have been with Care UK for the last eight years. I have very good care worker, who I would not part with and the young lady who has been taking over when my care worker is on holiday is coming along nicely."

The registered manager told us the service was aware from complaints and feedback that sometimes people were not informed when their regular carer was off sick or running late. A local authority commissioner also told us that people had reported this to her. The registered manager told us the provider had recruited field based senior care workers who started in post in March 2014. He told us this was with the aim of improving communication and support to people.

People we spoke with confirmed that care staff understood their individual needs and preferences. The provider evaluated job applicants' communication skills and their ability to understand a care plan. People said their care worker's understood them and their needs. Staff said that they had got to know the people they supported and wanted to do the best for them. A care worker told us "I help a person with dementia. They are still interested in football, so we always have a little chat about that."

Staff told us their training had covered how to treat people with respect and how to ensure their privacy. They said this meant that they understood they had to respect people's choices. For example, a care worker explained how they worked with a person with dementia to clarify his wishes and ensure he agreed to the support that was provided. They said they repeated their questions when necessary and interpreted the person's non-verbal communication.

Care staff explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, they ensured that no one else was able to see such care taking place. People we spoke with confirmed that they were treated with dignity and respect. All of the 15 people who responded to the survey also said this.

People were supported when they moved between services. We spoke to the Care UK manager of an extra care housing scheme. She said staff ensured people's needs were met when they moved between extra care and hospital. They followed a protocol to ensure the hospital was given appropriate background information about the person. Thereafter, the service maintained regular contact with the hospital and the person's family to facilitate their safe discharge back to extra care. If the person's needs had changed a reassessment took place to ensure that their support from Care UK was changed in response. People received coordinated care when they returned home from hospital.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People and those acting on their behalf told us they were fully involved in making decisions about their support. They said they were given information about the service and knew what to expect in terms of their support visits. Care UK carried out checks to ensure people had full information about how to contact the service and people told us they knew how to do so.

People received personalised care that met their needs. People's records demonstrated that they had been asked about their background and preferences. Staff were able to explain to us how they read people's support plans and checked with them how they wished to be supported in order to meet their diverse needs. A person told us "I have complex needs and the care workers know how to help me properly."

People told us they generally received their support from regular care workers. The provider explained the systems in place to ensure that people received 'cover' for all their visits from a group of care workers who knew them well and understood their needs.

In the extra care units where Care UK provided support we were told by the provider that a range of activities such as communal meals were on offer to protect people from social isolation. The seven people we spoke with who lived in extra care units confirmed this.

We saw from records that people were telephoned each six months and received an annual face to face visit when their needs were reassessed. People told us they were asked whether their support met their needs and whether any changes to their care arrangements were required. We saw that some changes had been made such as adjustments to the times of support visits.

People told us they knew how to make a complaint and received regular calls from the Care UK office to ask them if they required any changes to their service. We confirmed this from people's records. Additionally, an annual postal survey took place. This showed the provider encouraged people to report any concerns and complaints in order to improve people's experience of the service.

We looked at the files of 23 people who lived at home whose support from Care UK had been commissioned by their local authority. The registered manager said that all visits were for at least 30 minutes. People told us that they received their planned care within the allotted time and carried out all the specified tasks on each visit. Care UK said that when people's needs changed they contacted the local authority to ask them to review their needs.

The registered manager had an efficient system in place to log and respond to complaints. This showed the dates and action taken by the provider in response to the complaint. We saw copies of complaint investigation reports which were detailed and objective. Two local authority commissioners told us that the service had responded to complaints effectively and taken appropriate action when necessary to improve people's experience of the service.

Some people told us that their complaints had been effectively managed. One person said "if I complain there is a reaction and my problem is usually resolved quite quickly." However, other people said that the responsiveness of the service could be improved. One person said "better administration at the office and better communication would make the world of difference."

Another person who completed a questionnaire said "generally I have the same worker each time but when they are unable to attend or running late I have to ring the office to find out what is happening."

Are services well-led?

Our findings

There was a registered manager in post who was responsible for ensuring the service met the required standards. Staff told us they thought that managers were generally fair and open with them. They said it had been made clear what standard of work was expected of them. They told us they were trained to treat people with dignity and respect. A number of staff were 'dignity champions' with the role of ensuring that staff always treated people with respect and compassion. They said staff meetings were held and here were regular briefings to explain what was happening.

They said they had received an annual appraisal which set out their training needs. A care worker told us "we do get a lot of training which helps us with our work." Staff were positive about the on-going support that was available to them. They told us they could easily a 'duty manager' system out of normal working hours. A care worker told us "if you know what to do about a difficult situation or a person is not well you can easily get advice.

The senior management of Care UK received regular information from the registered manager about the

London Bridge service's performance in relation to staff recruitment and training, care planning and complaints. This information was collated in a 'quality dashboard' each month, which enabled the provider to compare information from different Care UK locations across the country.

For example, it was identified that a relatively high number of medication errors were occurring at the Care UK London Bridge service. The registered manager implemented an action plan which included further staff training and closer monitoring of people's medicines from day to day. This had resulted in people receiving safer assistance with their medicines.

There were systems in place to prevent missed calls and to ensure all visits were allocated to alternative care worker if their regular care was off work. People told us they received all of their planned visits. A person said "I have been with Care UK for the last eight years. I have very good care worker, who I would not part with and the young lady who has been taking over when my care worker is on holiday is coming along nicely."

Two local authority commissioning staff told us that that their contract monitoring had identified that the service had improved in the past year in relation to the support people received. They said people had told them they received their care as planned. They also informed us that the service worked effectively in partnership with the local authority and other agencies to safeguard people from the risk of harm.

The provider had a quality monitoring team in place. People received a six monthly telephone quality review which asked what they thought about the service. There was regular auditing of people's records to ensure that staff had documented that they had supported people in accordance with their care plan. The provider organised regular staff meetings and sent out regular briefings on training and other issues.

There were processes in place to service ensure there were adequate staff available to provide care to people. Any shortfalls in terms of staff availability were identified and actions put in place to arrange temporary cover from another part of the service and when necessary recruitment of new staff. He said that the provider had invested in computer systems which had improved the quality of the service. For example, the computer system assisted in the urgent reassignment of work when a care worker was off sick. This ensured people received all their planned care visits.

The registered manager stated that at his request, the provider had made available additional staff resources in terms of field based senior care workers who started work in March 2014. He said it was evident from complaints and survey feedback that people were not always informed about last minute changes to their care arrangements. For example, if their care worker was sick or running late they were not always told when and how their planned visits would be covered. The aim of these new posts was to improve people's experience of the service by enabling better communication with them about any changes to their care arrangements.