

UKG Lifestyle Limited

UKG Care Havant

Inspection report

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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 well-led?

Good



Summary of findings

Overall summary

About the service

UKG Care Havant is a domiciliary care agency which provides support and personal care to people living in their own home. 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 our inspection 118 people were receiving a regulated activity from UKG Care Havant.

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

Risk assessments were completed for people which identified any risks but required further detail to ensure staff had the information they needed to mitigate risks

People told us they received safe care and treatment. Care staff understood the importance of safeguarding people, and they knew how to report any signs of abuse, or any accidents and incidents.

Staff had completed training in the safe administration of medicines and had their competency re-assessed annually. People were encouraged to maintain their independence to self-administer their own medicines, where possible. People who required support to administer medicines, were happy with how they were supported.

Staff received an induction into their role and had received appropriate training that equipped them to support people. Safe recruitment procedures were in place to help ensure only suitable staff were employed.

Staff felt they were supported by the management team. Although had felt stretched over the last year, with the need for more staff, they told us they felt things were improving.

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 care needs had been assessed and they were involved in decisions about how they wanted to be supported. Care records were written in a sensitive and person-centred way.

The management team had processes for monitoring visits and endeavoured to ensure that office staff contacted people when care staff were held up or were running late for visits.

People were supported to maintain good health and well-being, and staff supported people to access their GP when needed.

Systems and processes were in place to monitor the service and identify and drive improvement. The manager had developed an action plan to ensure they were able to make any improvements needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to poor leadership, care plans, medicines, staff allocation and complaints. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for UKG Care Havant on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

UKG Care Havant

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 conducted by two inspectors and two Experts by Experience [ExE]. 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.

There was no registered manager at the service at the time of the inspection. The last registered manager left the service in May 2021. There was a new manager who had made an application to the Care Quality Commission and was waiting for CQC to assess their suitability. The provider is 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 approximately 18 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 21 July 2021 and ended on 02 August 2021. We visited the office location on 21 July 2021 and spoke with people, their relatives and external professionals on the telephone, between 23 July 2021 and 02 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including previous inspection reports and notifications. Notifications are information about specific important events the

service is legally required to send to us. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff including one of the providers who was also the nominated individual, the manager, office staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the last inspection the provider failed to ensure all the information as specified in Schedule 3 was available for each person employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvement had been made and the provider was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with vulnerable people.
- There were sufficient staff employed to safely meet the needs of the people who used the service. However, staff told us they often had to work additional hours as the service was currently recruiting to staff positions. One staff member said, "There isn't quite enough staff just yet, but I know the management are working on it." Another said, "I don't think the staffing levels have a negative impact on the service users." We discussed this with the manager and provider who told us there had been challenges with recruitment of staff over the last year, but they had worked to address this and felt things were now improving. They were employing a new staff member to solely concentrate on the recruitment and retention of staff.
- People and their relatives told us staff arrived on time and stayed as long as was needed. Comments included, "I would say there are enough staff considering the current situation. They have never not arrived", "They [care staff] are on time and will ring me if they are going to be late. They have never not arrived" and "[Person] is never rushed and I can hear the carers chatting to [person] all the time."
- The provider had systems in place to ensure staff had enough time with people and for travelling to visits. If people were unwell or had an emergency, staff could stay with them to make sure they were safe, and the office staff would arrange for their next visit to be covered.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people had been assessed. However, the risk assessments in place did not always provide detailed information about people's needs to help mitigate risks. For example, one person had a diagnosis of diabetes. There was no information or guidance for staff to describe the risks associated with the condition or how to mitigate them. This meant the person could be at risk if staff did not recognise when they needed to seek medical intervention. Another person had identified allergies. However, their care plan and risk assessments did not guide staff to how the person may present if they were having an allergic reaction or what action they should take. We discussed this with the manager, who took

immediate action and updated people's risk assessments to contain this essential information.

- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Using medicines safely

- Safe systems were in place should people require support with their medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Care staff recorded when they had administered medicines on their hand-held electronic recording devices. This information was immediately available to office staff who would be alerted if staff had failed to administer prescribed medicines, meaning prompt action to rectify this could be taken.
- Information about topical creams people were prescribed was in their care records and medication administration records [MAR] charts. However, further information was required to ensure staff understood where specific topical creams should be applied. We discussed this with the manager who told us this information would be updated where required.
- People said they had their medicines correctly and on time. One person said, "They [care staff] give me medicines and it's all correctly administered and written up and double checked."

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- The provider and manager were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.
- People told us they felt safe and the staff looked after them well. One person said, "I feel very, very safe with them [care staff]." Another said, "I do feel safe with these [staff] and feel that I can trust them [staff] all."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "If I had any safeguarding concerns, I would report them to the manager or provider. If no action was taken, I would report to the local authority safeguarding team."

Preventing and controlling infection

- People were protected against the risk of infection.
- Staff had access to protective clothing and had received training in infection control and food hygiene.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable masks, gloves and aprons, were available for people and staff to use. The correct use of PPE was monitored during spot checks made by the management team.
- People confirmed that care staff used PPE when necessary. Comments included, "They [care staff] all wear the correct PPE" and "They [care staff] all wear their PPE and I know it's put freshly on as they arrive."
- We were assured that the provider was accessing Covid-19 testing for staff in line with government guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to monitor people's safety. The manager and office team were proactive in monitoring incidents, accidents or issues of concern. Records showed these were analysed so lessons could be learned, with action taken where required.
- The manager knew how to seek support from external professionals when they required additional guidance. Staff informed office staff and relatives of any incidents when things might have gone wrong.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection the provider failed to provide care and treatment with the consent of the relevant person and to act in accordance with the MCA (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a consent policy which clearly described what a person must be able to understand to be able to consent to their care. People signed to show they had consented to the support provided.
- Where people lacked the capacity to make some decisions, mental capacity assessments had been completed and staff followed best interest decision-making principles. The service involved other relevant parties, such as relatives in the best interest process when a person lacked capacity, and this was recorded.
- Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. One person told us, "They [staff] all know what I need and often ask if I want a wash, it's me that will say no, and they respect that and don't force me." Another person said, "They [staff] always ask me for my consent before they do anything."
- The provider and manager understood their responsibilities in relation to MCA. In addition, they were aware of their responsibilities in respect of community deprivation of liberty safeguards (DoLS), although at the time of our inspection no one using the service required one.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. However, as described in the safe section of this report, further information was needed to ensure risks management was improved so staff understood what action to take.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Protected characteristics under the Equality Act were considered.
- Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- People told us they were satisfied with the quality of care they received. One person told us, "They [care staff] do seem to know what they are doing." Another person said, "I have no complaints at all and feel very happy with them [staff] all. They [care staff] are a great help to me."
- People had a review of their needs to check if they were happy with the service and if any changes were needed.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. For example, they had received training in moving and positioning people, infection control, food hygiene, safeguarding and person-centred care.
- The provider employed their own in-house trainer to ensure staff had access to regular training and this had been kept up to date throughout the pandemic.
- People and their relatives were confident in the staff abilities. A relative told us, "I think they are all very well trained and know what they are doing."
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. A staff member told us, "When I started at the service, I completed an induction and all mandatory training."
- Records we viewed, demonstrated staff received supervision and an annual appraisal. In addition, the management team completed spot checks on staff to ensure they were meeting people's needs. This enabled the provider and manager to monitor and support staff in their roles and to identify any additional training required.
- Staff told us they felt supported in their role. One staff member said, "The manager is fantastic and will always call me back if I phone and she's not available or will respond to my emails. I do think things are getting better and improving."

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

- When needed, people were supported to eat and drink enough. One person said, "They [care staff] do my meals for me and always wash their hands before preparing anything. They [care staff] give me drinks as well and during this hot weather they ensure I have plenty of fluids."
- Information about people's dietary requirements was included in their care plans. However, one person required further information adding to ensure staff could meet their needs safely. We discussed this with the manager who told us they would review this person's care plan and update with additional information.

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

- Care plans included information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required.
- People and their relatives were happy with care staff who they told us supported them to access

healthcare services. One person told us, "I feel that I can discuss any health needs with them. A relative said, "If [person] has a new symptom, between them [care staff] and the district nurse it all gets noticed very fast. I take [person] for any appointments they need, but they [staff] will call the GP for us if needed."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider, the manager and senior staff. They were clear about their roles and responsibilities. The manager was responsible for the day to day running of the service and had applied to CQC, to become the registered manager. The provider was supporting the manager and was actively involved in the management of the service at the time of our inspection.
- There were systems and processes to monitor, assess and evaluate the service. The manager had developed an action plan which evidenced where improvement was needed and when the required action would be completed. For example, they recognised the information around risks in people's care plans needed improving, as referred to in the safe section of this report.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.
- The provider had a process in place to monitor the quality and safety of the service. An electronic recording system meant the management team were able to check people's care at any time.
- There was a lone worker system in place, which required staff to log in and out of visits to people, via an electronic application on their phones. This system also enabled the provider to demonstrate if people received their visit within the agreed time and if staff stayed for the time required.
- Audit processes were in place but required further development to ensure themes and trends were identified and action taken where required.
- Where incidents or accidents occurred, staff made records, and this was reviewed, and action taken where needed. Staff were informed of any changes via private social media, text messages, in person or by email.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and manager had a comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care. For example, people's care plans contained good person-centred information that captured people's individual likes and wishes. One person's care plan described how they liked to sit near a window so they could hear the birds singing and another person's, described the impact of losing their spouse and how due to poor memory, they could not recall this. Care plans described how staff should support individual people and demonstrated the importance of each person's individual needs and the

impact on their wellbeing.

- People and relatives were very happy with the service provided. Comments we received included, "They [staff] really understand me. I have had care now for 18 years and these are the best I have ever had", "I feel really safe with them [staff] and like all of them. I would be lost without them, I don't have any problems at all" and "[staff member] certainly gives me the peace of mind when I need to go out, [staff member] really understands my [relative's] needs."
- Although people did not all know who the new manager was, they knew who to contact in the office, if they needed to. The manager had written to everyone when they started in the service and introduced themselves, sharing their contact details.
- People were positive about the management team. One person said, "I know the owner [provider's name]. She is lovely and very approachable. They [office staff] communicate brilliantly about anything such as the times they are coming, and I am really happy with them."

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 provider and manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation within their practice.
- The management team promoted a culture of openness were committed to ongoing service development. Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault.
- Throughout the inspection the manager and provider were honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- People were asked to share their views about the service through annual surveys to assess people's level of satisfaction with the service. The last client survey completed in 2020 showed that 95% of people were happy with the service received. Most people and their relatives we spoke with were positive about the service. In addition, people had care review meetings and 'spot checks' were also carried out. During spot checks the manager or senior staff observed staff practice and approach, to ensure staff worked safely and displayed a respectful attitude.
- Staff told us they felt supported by the new manager and the provider. Most staff told us they enjoyed working for the service and felt improvements were being implemented by the new manager. One staff member said, "I would recommend the service, there is an amazing team of carers who go above and beyond." Another said, "I love my job, the clients make it what it is. It's a great company with great ethics." A third said, "I would recommend the service, there is an amazing team of carers who go above and beyond."
- Staff recognised people's care plans still required further information. However, they felt information was improving. One staff member said, "The care plans are beginning to improve and are beginning to provide staff with more information to allow them to give appropriate care to people."
- People and their relatives told us they felt staff knew what they were doing and were kind and caring. One relative said, "They [staff] are very proactive in making sure their side of things is being done properly. I would give them 10 out of 10!"

Working in partnership with others

- The manager and provider kept up to date with developments in practice through working with

local health and social care professionals.

- The manager told us they were developing positive partnership working with external professionals to agree any changes and assess people's needs. Any issues were identified promptly, and medical intervention sought when required.