

Careuk247 home care ltd

# Careuk247 Home Care Cambridgeshire

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

About the service:

Careuk247 Home Care Cambridgeshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia, people with physical disabilities, younger people and people with sensory impairments. At the time of our inspection there were 29 people using the service.

Not everyone using Careuk247 Home Care Cambridgeshire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Peoples experience of using this service:

People knew how to report any safeguarding concerns affecting them. Staff were knowledgeable about identifying and reporting safeguarding concerns or issues. One person said, "I need to be helped with my mobility. I need two staff and there always are two who are so careful monitoring my skin."

Staff were safely recruited and there was a robust process to ensure there was always enough staff. Medicines were administered and managed safely by competent staff. One relative told us, "I need help to apply some of my medicines. Staff wear gloves and mark on my records when and where they have applied the [medicine]." Lessons were learned when things went wrong and learning was shared across the staff team. Systems were in place that promoted good infection prevention and control practises.

People's needs were assessed and staff with the right skills helped to meet these. One person told us that staff knew them well but respected their choices. Another person told us how diligent staff were in preparing their drinks and meals. However, in both care plans we looked at, they lacked detail around people's care and support. There was no impact on people. The registered manager told us they would add additional information. Staff supported people to access healthcare support to live a healthier life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people in a kind, dignified, compassionate and respectful manner and upheld their privacy. People's independence was promoted and respected. Staff listened to what people said and acted accordingly.

People's care was person centred and based on what was important to them. Records and processes were reviewed regularly to ensure they were current and relevant.

Concerns were resolved before they became a complaint, and actions taken were effective in preventing

recurrences. Policies and procedures were in place for any person who may need end of life care. People benefitted from using technology and this helped promote safety and independence.

The registered manager led by example, demonstrated the values of the service and was aware of their responsibilities. They knew how to discharge these correctly and had further developed a positive, open and honest staff team culture. Staff praised the management team for the positive support received in helping to drive teamwork. Oversight, governance and audits were effective in driving improvements.

People feedback about the quality of their care and had a say in making improvements. The registered manager worked well with others to provide people with joined up care and support. The staff team promoted the provider's equality and diversity policies and treated people equally well. One person needed their care needs recorded and provided in a particular way which had been acted on.

Why we inspected:

This service was registered with us on 11 April 2019. At our focused inspection in December 2020 where we looked at staffing, people's safety and the management of the service, we rated the service as good in safe and well-led. This is the first comprehensive inspection of Careuk247 Home Care Cambridgeshire.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was well-led.

Details are in our Safe findings below.

Good ●

### 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 ●

# Careuk247 Home Care Cambridgeshire

## **Detailed findings**

### Background to this inspection

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 legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Inspection team: Inspection team.

This announced inspection was undertaken by one inspector. We gave the service four days' notice, to ensure the registered manager was in and that people and relatives had consented to us contacting them.

Service and service type:

Careuk247 Home Care Cambridgeshire is a domiciliary care service and provides assisted living support to people living in their own homes. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). 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.

Inspection activity took place between the 6 May and 10 May 2021. We visited the office location on 10 May 2021 to see the registered manager.

What we did before this inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is

required to send us. We used this information to assist with the planning of the inspection.

We sought feedback from the local authority and professionals who work with the service. No concerns were reported. We spoke with four people using the service, four relatives, the registered manager, the nominated individual and four care staff. The nominated individual is the person who has overall responsibility for the quality of service provided.

During the inspection:

We looked at various records, including care records for two people, as well as other records relating to the running of the service. These included one recent staff recruitment file, supervision planning records, training records, medicine administration records, audits and various meeting minutes.

After the inspection

We requested the registered manager send us records to clarify people's medicines administration and risk management plans. This information was provided in the timescales given.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by trained staff who understood how to recognise and report any concerns to the appropriate authorities including the Care Quality Commission.
- Staff had a good knowledge of safeguarding procedures and knew when to alert the registered manager or local safeguarding authority. One staff member told us, "If I noticed unexplained bruising or noticed any unusual changes in a person's wellbeing, I would not hesitate to contact the [registered] manager."
- People praised staff for their attention to detail such as when undertaking moving and handling tasks and ensuring safeguards in place were upheld. For example, an appropriate diet or having a specific time for a care visit. One person said, "I never knew what time my previous care provider would be coming. I do now as it's important for me to have my care visit before 9am for my [safety]."

Assessing risk, safety monitoring and management

- The registered manager identified risks and put risk assessments in place. For example, how to ensure risks to people of choking were safely managed. Records did not always detail what people could do independently, and the support staff needed to provide to manage risk to people and exactly what this was. Although, we found no impact on people or staff. The registered manager told us they would add further detail and information.
- Staff received support with training and shadowing experienced staff how to manage risks safely.
- One person told us how diligent staff were in supporting them with repositioning and that there were always two staff who knew exactly what to do. Relevant health care professional's advice to manage risks was implemented and acted upon.

Staffing and recruitment

- There was a robust recruitment process with checks in place to ensure only suitable, and enough, staff were employed.
- Checks included those for previous employment references, explanations of any gaps in employment and photographic identity. One staff member said, "I did not start work until my criminal records check (DBS) came back clear."
- The registered manager based the level of staffing and support to people on their needs. They deployed staff to ensure people had their care and support at a time most suited to the person. One person told us that they always had two staff members who arrived on time and were never rushed.

Using medicines safely

- People were supported to independently administer their own medicines as far as practicable. This

included technology which helped ensure medicines were taken at the right time.

- Trained and competent staff administered people's medicines as prescribed when this was needed.
- One person told us that staff knew exactly how to apply their topical skin cream and staff always wore gloves whilst doing this. One relative said, "Staff have never missed any medicines. They tell me when stocks are running low.
- Medicines administration records were accurate and provided a clear record. Audits of these electronic and paper records ensured staff adhered to the prescriber's instructions.

#### Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had enough personal protective equipment (PPE), they used this effectively and disposed of it safely. One relative told us, "The staff always wear PPE. They wash their hands after each task, and they change their gloves frequently."
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19. Other ways to manage and prevent infections had been implemented including vaccinations and regular COVID-19 testing by staff.

#### Learning lessons when things go wrong

- There were systems in place to identify when things had gone wrong. Lessons were learned, shared amongst the staff team and improvements were put in place to prevent further occurrences.
- The registered manager told us that the staff team were open and honest in reporting a mistake or incident such as a person falling. One staff member said, "We are supported in a positive way if we identify an issue. It is good that we can all then learn to prevent any other occurrences."
- A social worker told us how effectively the registered manager had implemented changes to a person who was new to the provider's care, and this had prevent recurring safeguarding incidents.

# 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 comprehensive inspection for this 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

- The registered manager ensured people's needs were assessed, and their care delivered in line with current legislation. This included guidance for health conditions, people's prescribed medicines, individual preferences and levels of independence.
- Staff provided care and support that helped people to be more independent. One person said, "I have to be helped in a specific way. Staff are very good at everything. They know me well and I trust them, they do this all the time, I can't fault them."
- A relative told us staff appeared well trained as they applied this training well and took account of their family member's health condition.
- People could choose the care staff who supported them and when they did this. Staff were matched to people such as for male or female staff.

Staff support: induction, training, skills and experience

- Staff received regular training, updates to this and effective support. This included for a range of subjects based on people they supported including The Mental Capacity Act 2005 (MCA), moving and handling, nutrition, safeguarding and medicines administration.
- Staff had a comprehensive induction that included completion of a qualification in care standards known as The Care Certificate, ongoing supervision, mentoring and observations of care practises.
- One person described how well staff knew them. They said, "Staff certainly have the right skills. They check my mobility equipment before use, do exactly as I want and do this safely and carefully."

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

- People dietary needs were assessed and they were supported with their eating and drinking including with the format of food as recommended by a health professional or dietician.
- Staff assisted people, including preparation of a favourite meal, drink or food that was high in calories to minimise a risk of malnutrition.
- The registered manager told us how people, if needed, were referred to the most appropriate professional to help promote eating and drinking enough. One relative told us about the difference staff had made in knowing exactly what food and drinks to prepare, how and when to do this and how much healthier the person had been since returning home.

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

- Staff identified any need to liaise with other organisations such as a GP, occupational therapist or hospital discharge team.

- The registered manager described how they and their staff helped with continuity of care and ensured essential equipment and processes were in place, such as a hospital type bed and pressure sore prevention equipment.

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

- People's care plans included a detailed record of people's health conditions such as skin integrity, hearing, visual or speech impairments and how staff would manage these.
- Staff knew when to request support, such as a change in health condition or other need, including further support from occupational therapist, community nurses or a GP.
- One relative told us how staff had responded well after their family member had fallen by reviewing the person's care and support needs and having appropriate equipment.

Ensuring consent to care and treatment in line with law and guidance

The 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 (CoP) 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 undertook training and familiarisation about the MCA and its five key principles. This included promoting choices and respecting people's decisions. One person said, "[Staff] never assume what I want to eat or wear. They engage with me and ask my permission before doing anything."
- All staff spoken with knew when and how to offer people a choice such as, for the time and duration of a care visit, food, drinks or help with administering medicines. One staff member said, "I would report any concerns about people if they kept making decisions that might not be safe. I did report a person neglecting their personal hygiene and we now have a longer care visit."
- People who had a lasting power of attorney such as a relative appointed through the CoP, had decisions made for them that were in their best interest, such as for finances and health matters.

# 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 comprehensive inspection for this 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's care plans provided staff with relevant and informative guidance about how to support a person in a dignified way. All staff we spoke with and the registered manager told us in detail what people's needs, and support involved, including respecting privacy and independence.
- People and relatives we spoke with were unanimous in praising staff for their kindness and compassion. One person said, "[Staff] are always very courteous. They treat me as a person, are kind to me and they listen. They take as much time as I need. We have developed a good rapport and we do have some lovely laughs. They are however, always professional."
- The registered manager told us how they had recruited staff based on equality and diversity and it was people's choice which gender of care staff they preferred.

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

- The registered manager told us how they put people first and foremost, if independent advocacy was needed or if people had a court appointed representative. People's representatives could also access care plans on-line remotely to maintain involvement but in a secure way.
- People's individual decisions and views about the care they needed was acted on, such as support with social interests, the time of a care visit, the duration of this and the care and support that was needed.
- One person told us, "I was involved from the very start. [Registered manager] came to see me and then followed this up after a week to make sure my care is exactly as I wanted. It is." They went on to tell us how staff always listened to what they said and often had a shared interest such as crocheting or learning some words in another language.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were consistent in their praise of how good staff were at ensuring they upheld people's privacy and promoted independence. One person said, "[Staff] allow me to have my time. I tell them when I am done."
- A relative told us how much better their family member had been because staff ensured they ate and drank well. Staff had placed importance helping prepare a meal and enabling the person to be able to clean their own teeth with support from staff. This made a big difference to people in retaining independence.
- People told us how staff ensured they prepared daily tasks such as having a warm towel after a shower and placing toiletries with easy reach. These small but important touches meant a lot to people.

# Is the service responsive?

## Our findings

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

This is the first comprehensive inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed including preferences for care staff, pastimes, nutrition and communication strategies. One person for example, due to an impairment, had their care plan in large print. This meant not having to repeatedly write out instructions for care staff. These had been identified, acted on and had a positive impact.
- Staff knew people well. One person told us, "[Staff] make it possible for me to live at home. They know the little things that are important to me including talking with me about my favourite TV programme."
- Staff adapted their approach to care, were professional and knew how best to ensure people led meaningful lives. For instance, changes to the timing or number of care visits and having an increased knowledge about people's health conditions. One relative said, "It's important for my family member to look smart in appearance and they always do."
- People and their relative or representative said they had contributed to the planning of their care and support. This included input from the registered manager, relevant health professionals or social worker.

Improving care quality in response to complaints or concerns

- Information was provided to people and their representatives in a format they preferred on how to raise concerns or make a complaint, if needed.
- Concerns were acted on before they became a complaint. One person said, "I have never complained as such. There were a few niggles when I first started with my care, but they were easily sorted. The [registered] manager is proactive. They checked after a few weeks if everything was going alright. It certainly is."
- Compliments showed what the provider did well. One example praised staff for how lovely the staff were and how diligent they were with hygiene protocols. Another complimented staff for being "a godsend who helps me with my eating".

End of life care and support

- At the time of our inspection the service was not providing anyone with end of life care.
- Training on this subject was available for staff. The registered manager told us they, and some staff had previous experience and skills to respond appropriately at a sensitive time for people, their families and care staff.
- The registered manager understood advanced care planning and arrangements for palliative care teams and health professionals. This was for anticipatory medicines, dignity and pain relief.

# 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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their responsibilities and they discharged these in a professional manner. They and the provider had notified us about events when needed such as, safeguarding incidents and actions taken to prevent recurrence.
- They were clear about their expectations for staff to report mistakes, incidents and any matter that had the potential to impact the quality of people's care.
- Staff were supported in a positive way and this had led to an open and honest staff team culture. One staff member told us they felt very supported by the registered manager. They went on to tell us about the mechanisms for support including observations of care practises and one to one supervisions where any issues could be openly discussed.

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

- The management team was passionate about always looking for ways to make improvements and implemented effective changes. For example, electronic staff rostering and care planning systems which highlighted any issues to be acted on. This included if staff had forgotten to sign for administering medicines or appeared to be running late for a care visit.
- Everyone we spoke with only had praise for the quality of care provision, that it was well organised and responded to their needs well. One person said they would not hesitate to recommend the service to anyone, and the registered manager undertook regular checks on them and kept a watchful eye on staff.
- Staff we spoke with felt very supported, worked as a team and were devoted to their role, and shared the same passion to make people's lives as meaningful as possible. One staff member praised the registered manager by saying, "If I am ever not sure of what to do, I ring them and they find a solution, either straight away or very quickly."

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

- People, their relatives or representatives had a say in how the service was run. People's views were sought in a variety of ways including regular spot checks of staff's working practises, and a recent quality assurance survey where every person was satisfied with the quality of their care and its management.
- Comments from people had helped change working practises in a positive way, such as what the service did well and where changes to staff supporting people had a positive outcome.

- The registered manager completed observations of staff's care practice, to help ensure that all staff upheld the provider's values of providing good quality care.

#### Continuous learning and improving care

- The registered manager shared good practice with the staff team including accessing the latest guidance around COVID-19. Also, where learning could be had following an incident such as, a fall, to prevent others in a similar situation from falling.
- The staff team culture had been developed and this aided better learning. One staff member said, "Whenever I report something such as care visits taking longer, or a person not eating, the registered manager is straight on to it. She is always trying to make things easier or better for people."

#### Working in partnership with others

- The registered manager worked well with others including health professionals, social workers and the local authority's safeguarding team. One social worker told us how efficient, responsive and caring the registered manager had been upon taking over the person's care and addressing all safeguarding concerns quickly.
- Guidance and involvement from health professionals was promptly sought, implemented in full and systems were in place to check that these were effective in improving people's lives.