

Care UK Homecare Limited

Care UK Homecare Limited Norfolk

Inspection report

1,6,7 Wensum Mount Business Centre
Low Road
Norwich
Norfolk
NR6 5AQ
Tel: 01603 309270
www.careuk.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection was announced and started on 14 January 2015.

At the last inspection on 16 and 17 June 2014 we asked the provider to take action to make improvements to the care and welfare provided to people, staffing levels, support and training for staff and effective systems that

monitored the quality of the service. At this inspection we found the action required by the provider had been taken. However, on-going improvements were still in progress for recruiting staff.

This is a domiciliary care service providing care and support to approximately 270 people living in their own homes across the county of Norfolk. It did not have a

Summary of findings

registered manager at the time of this inspection. However, a manager had recently been recruited and informed us they had started the process of being registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People receiving a service from Care UK told us that they were supported safely by staff who were kind and courteous. Potential risks were assessed and action was taken to minimise or reduce the risks.

Staff were aware of potential abuse, knew the signs to look for and would act appropriately if they had any concerns abuse may be happening.

The service had a robust out of hour's system to cover any emergencies that may occur. Staff were fully aware of the system and had access to a duty officer whenever required.

The service had a shortfall in the number of care staff required and another care agency was covering the shortfall. However, the manager was in the process of recruiting to ensure enough staff were employed in the future to deliver the service required.

People who required support with taking their medicines were assisted by staff who were competent and trained in the administration of medicines.

People were supported by staff who had the skills to support them properly. Staff received induction and training to enable them to carry out their roles effectively.

Staff had a clear understanding of the Mental Capacity Act and knew what to do if they felt a person was being deprived of their liberty. The majority of staff held a recognised qualification in care.

The service had improved the support to staff by providing more localised and accessible access to office facilities and senior staff contact.

Meals prepared by staff were offered with choice and people were supported to eat and drink sufficient amounts.

Staff had access to health care professionals with all phone numbers recorded on individual care plans to use as and when required.

The staff who supported people regularly were praised highly by the people using the service and their relatives. Where there was inconsistency of staff people were not benefitting from consistency in care support provided.

The majority of staff were supporting people appropriately and effectively by offering the individual care required to promote good health and offer reassurance when people were a bit apprehensive. The minority of staff provided were not always effective and improvements in staff recruitment were required.

Some improvements recently made were evident at this inspection. New methods had been introduced to monitor the quality of the service provided. The manager was at the centre of all the activity taking place and was aware of any concerns or complaints. They ensured that improvements were being made and that timely action taken.

The improvements recently introduced, the sharing of information and the openness within the whole staff team had improved the working relationships within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The majority of people receiving care and support from this service felt safe. However, some people felt the care provided was inconsistent and unsettling.

Staff knew signs of abuse and knew what to do if they had any suspicions of abuse.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used Care UK.

The service had a system in place to cover emergencies that all staff had access to.

Requires Improvement



Is the service effective?

The service was effective.

Staff were supported, trained and skilled to do the job required and meet people's needs.

Staff had a clear understanding of the Mental Capacity Act and knew if a person who lacked capacity was being deprived of their liberty.

Meals and drinks were supplied with choice to people who required them. Staff ensured they left sufficient food and fluids between visits for people to eat and drink as they wished.

Contact with external health professionals was made by staff when required and contact numbers were readily available for when needed.

Good



Is the service caring?

The service was caring.

Staff were kind, polite and caring with examples given of how individual support was offered to meet the individual needs.

Good



Is the service responsive?

The service was not consistently responsive.

The majority of people were supported as they wished. The minority of people were not supported as they wished.

Concerns and complaints were listened to and acted upon swiftly. Action taken by the management, in respect of concerns previously identified, had improved since the last inspection with no complaints received recently by the Care Quality Commission.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well led.

Improvements had been made on the monitoring of the quality of the service provided but further improvements were still to be made.

Shortfalls in the service had been identified and acted upon such as staffing levels, monitoring of the care provision, complaints, training and staff support.

Recent changes had made a difference to how the service was provided and some improvements were evident. However, further improvements were still required.

Requires Improvement



Care UK Homecare Limited Norfolk

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.

The provider was given 48 hours' notice prior to the inspection visit which took place on 14 January 2015. Phone calls to people in receipt of care and support from this care agency were carried out during the week beginning 19 January 2015 in order to gather their views of the service provided.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information that was gathered and reviewed before the inspection such as the action plan received from the provider following the last inspection, complaints and notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with 31 people who received support from this care agency and four relatives. We spoke with six care staff, one care co-ordinator, the manager and regional manager. We looked through six sets of care plans, six people's risk assessments, six medication records charts and a large number of daily record notes.

Since our inspection in June 2014 we had made contact on a regular basis with the social care quality monitoring officers from the local authority, who were working with this agency to ensure the improvements required were made accordingly.

Is the service safe?

Our findings

At the last inspection in June 2014 we found the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were insufficient numbers of suitable staff to meet people's needs. At this inspection in January 2015, we found that in most areas of the county covered by Care UK staffing was no longer of concern. People told us they had regular staff who were capable and trained to do the job required. Relatives we spoke with told us that the staff knew their family members well and that consistency of staff was reassuring. One relative said that they were reassured when leaving their loved one in the care of a staff member they trusted. However, there was a minority of people receiving a service who said they needed more stability with the staff team who were providing their care and support to ensure they felt confident with the care support they were receiving. Out of 31 people spoken with we found three people who were not happy with the care staff who supported them. They said this was due to too many different care staff who did not always know their care needs. One person said they were fed up of having to repeat to staff what was required. A second person said it was unsettling when another new face arrived.

Staff we spoke with told us that in some rural parts of the county Care UK was having difficulty in recruiting and retaining staff. We were told that the service was reliant on staff from another agency to cover Care UK staffing shortfalls. People, who were reliant on this other agency told us they were receiving a service but said it was not as consistent as they would like and the times staff arrived would sometimes vary. They said this left them worrying if a carer was going to arrive. The manager told us that a recruitment drive was taking place at the time of this inspection to reduce and eventually stop the use of another agency. The majority of people who used this service told us they felt safe with the care and support provided by their team of carers.

The staff we spoke with gave clear examples of what abuse would be and also what action they would take if they had any suspicion that a person receiving the service was being abused. They told us about the providers 'no secrets' policy and said that they would not hesitate to report their concerns to management. The manager gave us examples

of recent safeguarding concerns that had been raised, reported to the correct authority and were acted upon appropriately. We saw records to clarify this and noted how the concerns were quickly responded to.

Risk assessments were in place to identify risks that may affect people receiving care and support. The action required to reduce or remove the risks was seen on records in the office and both staff and people using the service told us the information was also in people's individual homes. Two relatives told us that the supervisor for this service would review the risk assessments regularly when reviewing the care plans to ensure they were still relevant or if they required updating. One relative told us that they only had to pick up the phone regarding any potential risk and the supervisor would be there straight away to assess the situation and then update the records. For example, when their relative became unwell and needed extra support.

The manager told us a robust on call system was in place over 24 hours every day to cover emergencies. Staff told us they often had to call the on call officer who they said responded straight away. For example, when they were unable to get into a person's home or found someone unwell. The care coordinator and manager told us that each on call person and each supervisor had access to all records via a secure computer system and could act quickly to support staff with emergencies when required.

People were supported by staff who were recruited using safe recruitment procedures. Staff we spoke with told us about the recruitment checks they had been through prior to starting work with the agency. The manager told us about the recruitment process. On the day of this inspection a prospective staff member was being interviewed and we noted they were going through the process as described by the manager. We saw the paperwork they had brought with them to the interview to prove their identity and for a police check to be completed prior to starting work.

Where medication administration was required staff were able to do this safely. The majority of people we spoke with told us they managed their own medicines but that staff would prompt them. Staff we spoke with told us they received comprehensive training and regular updates to ensure they were competent when administering medicines. They talked through the process and said that all medicine administration records (MAR) charts were

Is the service safe?

signed when medicines were given. In the office we noted that all MAR charts, where staff had administered medicines, were returned at the end of each month. The charts were then checked and any action required was acted upon and signed by senior staff.

Is the service effective?

Our findings

At the last inspection in June 2014 we found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as staff were not provided with support and training. We found at this inspection in January 2015, that staff were supported and given the training required to care and support people correctly.

We spoke to staff who had either worked for the agency for a long time or were newly recruited. Staff who had only been recruited in the last year told us of the six days spent on their induction to ensure they were ready to do the job required. All staff told us they felt competent and capable in doing their job. However, some of the long-term staff were behind with their refresher training but told us these were planned to be completed in the coming months. This was confirmed by the manager who showed us the training records and dates planned for refresher training. Staff said they felt supported and able to gain access to more knowledge to assist people when required. For example, we were told about the specific training that had been tailored to meet a person's individual need who had a certain medical condition.

People we spoke with told us that staff were skilled and able to support them suitably with their needs. They said staff knew what was expected of them when they arrived at their home and would do what was required competently. One person told us that when they had been supported by a member of staff who was not appropriately skilled, they reported this to the office. They said they were listened to and that staff member had not supported them since.

The manager told us about the training planned for 2015. We saw examples of the training booked for the coming month, which corresponded with the courses that staff had told us they were booked to do.

The majority of staff we spoke with had obtained a recognised qualification in care. The newly recruited staff told us they had been encouraged by their manager to gain the qualification and had put their names forward for the next course available.

We also heard from staff and the manager about 'drop in' facilities for staff near to the area they worked. We were told that senior staff and the manager make themselves available on certain days for staff to share any concerns,

have one to one support or to have meetings. This facility was still a new idea in some areas and its value still needed to be fully measured. The manager was aware of the shortfall where more support was required and told us they were working towards methods to improve support to staff in all areas.

The manager and staff had received Mental Capacity Act training and were able to tell us about that learning. The staff we spoke with knew of the Deprivation of Liberty Safeguards and gave clear examples of when someone may be deprived of their liberty. They told us this training for staff was now part of the induction programme for new staff. Two staff gave us a clear example of a concern that had been relayed to management. They said a best interest meeting, attended by a senior member of staff, was taking place on the day of this inspection. We spoke with that senior staff member following that meeting who explained why the meeting was held and the outcome achieved. Staff were aware and acted appropriately if they felt someone was being deprived of their liberty who lacked the capacity to make decisions.

A few people we spoke with received support from staff with meals and meal preparation. They told us the staff who helped them gave them choices about what they preferred to eat and would ensure they had available drinks left for them between visits. The majority of those we spoke with had support for meals from family members. However, they did say they were offered a drink by staff when care and support was completed.

The provision of care and support included monitoring people's health. The manager and senior care staff told us how care staff were involved with some of the health care provided, particularly when the district nurses and doctor's were involved. They said they would contact the nurse or GP if they had any concerns about the health of a person receiving support. Staff told us that the contact numbers for all health professionals were recorded on the care plans within people's homes. They said they could act quickly and contact the GP and next of kin if a person was unwell. One person we spoke with told us how the staff had supported them when they were unwell by contacting their GP and waited until the doctor and their family member arrived. A relative said the staff member, who regularly supported their family member, had recognised a change in that family member and called the GP quickly preventing a trip to hospital.

Is the service caring?

Our findings

People we spoke with about the staff team who regularly visited them in their homes were complimentary. They told us how caring and kind staff were. One person said, “The staff are very good. They are very friendly and always offer to help in any way they can.” Another person said, “The three care staff I have are very good and are always very polite.” A third person said, “I am really happy with my carers. They are polite, give me time and are very kind.”

One relative told us the care staff who visited their family member were patient and would wait while the person receiving support took their time in doing the task themselves when they were feeling able to. They told us that their family member had improved with this encouragement and the individual support provided. They said, “Although my [family member] is old the staff treat her well and do not discriminate due to her age.”

One person receiving the service said, “I feel I am treated as an individual, because I like to do things my way and staff respect this even if it is a bit risky.” All the people spoken with said they did not feel their dignity was compromised or their rights denied. They said staff were respectful, listened to them and would do things that they noticed without being asked. For example, empty bins or wash up even if it was not part of their care plan requirements.

The staff we spoke with told us they supported the same people on a regular basis. They told us they knew people’s

preferences and supported them in the way they preferred. They talked to us about the care being centred on the person’s wishes and how they ensured people were individually supported in the time allotted.

The majority of people told us that a visit from a senior staff member happened regularly and that their care plan was discussed with them and altered when required. This was confirmed by the manager who told us that, in all areas where Care UK provided a service, allocated field supervisors had recently been employed. They said part of their role was to ensure records in people’s homes were updated on a regular basis that would ensure staff had access to the most current care and support needs. We saw copies of these monthly records in the office on the day of this inspection. This information was then added to the computer records. This ensured that accurate records were available for all staff so that care could be provided correctly as and when changes occurred. The manager said that people were listened to when discussing their individual care needs. We spoke with a care coordinator and care staff who confirmed that care reviews were completed with people in their own homes to ensure that information was planned and shared with the person receiving the care and support. Records held in the office for monitoring the quality of the service provided showed when reviews were due and when they were completed to ensure people had their care needs reviewed on a regular basis.

Is the service responsive?

Our findings

At the last inspection in June 2014 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At that time people using this service were not provided with appropriate care and support that met their individual needs. At this inspection in January 2015, ongoing improvements were evident and people were starting to receive appropriate care and support with the areas still to be improved upon greatly reduced. Missed calls were no longer a concern, the high staff turn over had reduced and improvements in staff recruitment had addressed some staffing shortfalls.

One person told us about the staff member they had. They told us that, with their support, they had managed to lose a lot of weight and felt much better for doing so. Another person said they needed reassurance that staff were confident when helping them with their hoist transfers now that their mobility had changed. They said, “A senior staff member came to my home to show staff how to use the hoist so I felt better about using the hoist. They listened to my concerns and ensured I was comfortable with how the hoist was used.” A third person said, “I need lots of reassurance as I get very anxious. The care staff I have reassure me. They are nearly always on time and staff from the office will contact me if they are running late. They know I get concerned.” Another person said one staff member was recently a “bit heavy handed” but they reported the concern to the office and action was taken. They said they had not been supported by that staff member since.

However, this was not always the same in all areas of Norfolk. We found that people supported by Care UK to the east of the county were not so well responded to. Due to recruitment problems another care agency was temporarily

being used to cover staff shortages. A minority of people said that the service provided by this other agency was erratic and that various carers arrived who did not know them. One person told us they had to repeat themselves regularly due to different staff arriving from this other agency who did not know them or their needs. Another person told us that they were very happy with the early and lunchtime visits but that later in the day, when Care UK needed to use another agency, the support was not so good. They said it made them feel uncomfortable and that it was not so easy to relate to a stranger. None of those spoken with had a concern about the care and support provided but were unhappy with the inconsistency and sometimes poor time keeping. The manager of Care UK was aware of the shortfall in the staffing required in this particular part of Norfolk and was in the process of recruiting more staff.

People using the service who lived in the area where staff were short said they received a weekly schedule to say which staff were coming on which day. However, this was not a true picture and that often different or new care staff arrived who were not written on their schedule. Although they told us the care they received was okay, they did not like the inconsistency of staff or another agency being used when staffing levels were low within Care UK. The manager was aware of the area in the county where these concerns needed addressing and was working with senior managers to resolve the problems. More staff were being recruited on the day of this inspection and various methods of attracting staff were discussed with us on the day of this inspection.

People we spoke with told us they had a number they could call if they had any complaints and that their concern would be dealt with. One person said, “I was listened to when I complained about a care staff member who now no longer comes to my house.”

Is the service well-led?

Our findings

At the last inspection in June 2014 we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as effective systems were not in place to assess and monitor the quality of the service provided, nor were appropriate actions being taken to address concerns that had been identified. At this inspection, in January 2015, we found that the service had improved in the methods used to monitor the service and that action was beginning to address the areas identified as needing improvement.

The majority of relatives and people using the service told us that they had good contact with the office, supervisors and care staff. They said they could share any concern and they felt assured that it would be acted upon. They also said that, in the past, this had not been the case and that the service had greatly improved in the last few months when dealing with any concerns. However there was a minority of people who felt the service still needed to improve especially where another agency was being used and those concerns had not, to date, been addressed.

Most people using the service told us that they had seen an improvement in the delivery of the service. They said the times the staff arrived were better and that the staff team were more consistent. Some people told us the names of their care staff, as well as the office staff, with whom they said they had regular contact and were happy with. The majority of people we spoke with were positive and happy with the care and support provided. However, there were still improvements required in some areas of Norfolk where people were not receiving a quality service. The manager was aware of this and was working towards improving the consistency for people using the service.

In the main office of this service we noted that any communication or action that was required immediately was addressed each day. We were told how all of the office staff met at the beginning of the day to discuss any shortfalls and determine what action was required to meet that shortfall, for example, where staff had called in sick or where changes had occurred such as people's care needs. The office staff then planned how they were going to address the concern to ensure people still had their care needs met. The manager or office staff then recorded on a

display board in the office that the concern had been addressed. This was to ensure that from the concern being highlighted to the action being taken that all staff were aware of how the issue was being managed.

The manager had moved her desk from a small side office to be central to the main office and told us how she now knew what was going on and who was dealing with any issues that arose.

The quality monitoring officer was fairly new in post and had introduced systems to show what and how the service was monitoring the support to individual people in their own homes. For example, when the care plan was due to be reviewed and which senior staff member was doing this.

We listened to conversations by office staff when they talked with people who used the service and noted that they gave time for the person to talk to them. However, a minority of people using the service told us that the office did not contact them if the care staff member was running late and that they had little or no contact with management about their care plan reviews. This shortfall in the service was being acted upon by the manager and, from the last inspection to this one, we saw where improvements had already been made such as better systems for monitoring quality, improvements in staff recruitment, staff support and improvement in training.

The care staff we spent time with told us that the culture and openness within the service had improved. They told us how much easier it was to talk to management since the arrival of the new manager and that they felt they were listened to. They said they felt more part of a team and that they now had a supervisor they could relate to and have regular contact with.

Although this inspection took place within weeks of the new manager taking up the post it was evident that effective changes and improvements had already started to take place since her arrival. Staff were positive about the way the service was improving. Most people who used the service reflected that the service had improved, although some people were still not so happy with the service and were yet to notice the improvements. However, we found that the concerns were already being acted upon appropriately. Staff were being recruited and deployed where staffing was short and those already employed were beginning to be supported appropriately.

Is the service well-led?

Prior to this inspection, some concerns had been received by us at the Care Quality Commission. We looked at the records held in the office detailing these concerns and noted that they had been completed by the manager. We had not received any further concerns following the action taken by the manager.

Information we had received from the local authority following up on concerns raised with them told us that the new manager was working hard to make the improvements needed. They said when they met her, and they had done on a couple of occasions recently, she was open and transparent, had completed a thorough investigation and then taken any remedial steps.

Due to the changes that had taken place in the service during the past year, an annual questionnaire to people who used the service had not been sent out. However, a senior manager told us this would be done from their central office and that questionnaires were due to be distributed the following month. The previous questionnaires had not been fully acted upon but were now forming part of the improvements by the new manager and the quality monitoring officer for this service. People using the service could be assured that action had already been implemented to improve the quality of the service provided with further improvements planned for.