

Care Packages UK Limited

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## Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Care Packages UK Ltd is a domiciliary care service providing personal care for people living in their own homes. At the time of inspection seven people were receiving support from the service.

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.

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

The provider did not always have effective systems in place to monitor the quality and safety of the service. Current systems had not identified issues we found at inspection, for example in relation to missing details in one person's care plan, recruitment and complaint procedures.

The majority of people and relatives raised concerns about either time of calls or short calls being experienced. Whilst people had not experienced harm the quality of their care had been compromised. The registered manager acknowledged that management reports to analyse call times and call lengths had not been completed.

The provider completed employment checks to ensure care staff were suitable to deliver care and support before they started work. They needed to strengthen the process further and ensure a full employment history was completed for all staff.

Safeguarding policies and procedures ensured people were protected from the risk of harm and abuse. People we spoke with told us they felt safe with the care staff who supported them. Where people were supported with medicines this had been provided safely.

Staff had received a robust induction and ongoing training, the care staff we spoke with felt they had effective knowledge and skills to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been assessed holistically and support plans developed to ensure people were supported effectively. People had been supported to maintain their health and wellbeing and had access to healthcare services when required.

People were supported by care staff who were caring and compassionate. Staff showed respect for people's rights, privacy, dignity and independence. People were supported by regular care staff to aid consistency of care and ensure positive relationships were maintained with people.

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

#### Rating at last inspection

The last rating for this service was good (published 12 May 2017).

Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Care Packages UK Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 November 2019 and ended on 8 November 2019. We visited the office location on 6 November 2016.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also contacted the local authority for feedback about the service. 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.

#### During the inspection

We spoke with the registered manager and care co-ordinator. We reviewed a range of records. This included

three people's care records and multiple medication records. We looked at two care staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We also spoke with two care staff.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment

- There were sufficient care staff available to meet people's needs and keep people safe, but we received some mixed views about calls being on time. One person told us, "They are very rarely late, and only if traffic is really bad which is understandable." However, another person told us, "Call times- can be all over the place, can be at six or seven, I prefer six as I like to go to bed early." One relative commented, "I am never quite sure if they are coming at 10-00 or 10-30, it would be nice if they let us know."
- We found some calls were shorter than the allocated call length. For example, care records showed that some people had received some calls that were less than half of the agreed time. One person told us, "When I have staff [name] she is very good, but the other carer always does short calls, is usually only there for ten minutes and then goes." One relative told us, "When [staff name] comes, I know care will be good, she takes the time but with the other staff she might only be here five minutes then rushes off. How can you wash someone properly in five minutes?"
- The manager acknowledged that some calls were often of short duration but informed us this was often due to relatives already providing the required care to people or asking staff to leave.
- We looked at the recruitment records of two new care staff. The provider needed to strengthen their recruitment process and ensure a full employment history was completed for all staff.
- Checks had been completed prior to staff beginning employment. This included, appropriate references and disclosure and barring service checks (DBS). A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and relatives we spoke with told us they had no concerns about their family members' safety. One person told us, "I feel very safe with staff."
- People were supported by care staff who understood the signs of abuse and appropriate action to take should they have concerns.

Using medicines safely

- Care staff were trained in medicines management and competency checks were undertaken to ensure staff administered medicines safely.
- People received their medicines, as prescribed. One person told us, "They [care staff] give me my medicines- as I would forget to do it myself."

#### Preventing and controlling infection

- Care staff had appropriate training and access to personal protective equipment which supported them to prevent the spread of infection. One person told us, "Staff always wear gloves when needed."

#### Learning lessons when things go wrong

- Due to the small size of the service the registered manager informed us there had not been any significant incidents.
- The registered manager told us that any accidents or incidents would be analysed, including any themes or trends so that lessons could be learnt.



# 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 good. At this inspection this key question has remained the same. 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

- Assessments had been completed to identify people's needs and preferences. When there were changes in people's need these were reviewed. One person told us, "I'm consulted about my care. Anything I need they do for me." They also commented, "I have a care plan- you would think they are writing a novel about me."
- The provider considered any protected characteristics as defined by equality legislation at the time of assessments.

Staff support: induction, training, skills and experience

- Care staff received an induction before they started to provide care work. New staff also undertook initial shadow shifts, whereby they worked alongside a more experienced staff carrying out care tasks. One care staff told us, "My induction has been thorough."
- Care staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development. Care staff confirmed they received the training and support they needed.

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

- Not all the people who used the service required support with eating and drinking. People's dietary needs were clearly documented in their care plans and this was understood by staff.
- Care staff were aware of the importance of promoting a balanced diet and providing appropriate support to people to access their chosen food and drink. One person told us, "With my meals- they [care staff] ask me what I want. They will clean my fridge out of old stuff, so I am eating fresh things."

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

- Care staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required to ensure people's health and well-being improved.
- People were supported by staff who were aware of their healthcare needs. However, for one person their care plans did not contain detail and guidance for care staff to follow regarding a specific health condition. The registered manager told us they would ensure this was rectified.
- Care staff knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions.

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 and found they were. People told us they were involved in any decisions about their care.
- People were asked their consent before any support was provided to them and their rights were respected.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had a regular group of care staff who supported them. One person told us, "I get the same three staff, I have built a good rapport with all of them."
- People and relatives told us care staff were kind and caring. One person told us, "Staff are kind and caring in approach."
- Care staff spoke with kindness about the people they supported. One care staff told us about the importance of providing social contact for people, as for some people the care staff may be the only people they see. They commented, "It's not just about tasks."
- Care staff had received training on equality and diversity issues.

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

- Care plans were developed with input from people and their family members.
- Conversations with care staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Care staff understood how to provide care in a way that respected people's dignity and independence and we saw ways in which this was to be maintained was detailed in people's care plans. One person told us, "I have support with washing- they [care staff] are very good at promoting dignity."
- People's confidentiality was maintained; records were kept securely in the office of the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued. One person told us, "An assessment was done prior to service starting they took account of my views."
- We saw that where reviews had taken place, the person's input into what they were happy or unhappy with had been recorded and changes made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans.
- The provider was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required. We were shown an example of some information being available in large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly. One person told us, "I feel able to raise any complaints but never had any." Another person commented, "I would feel confident to raise any concerns, they are very approachable."

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection. We were informed that when needed, staff would work with people and palliative care professionals to ensure people's end of life needs were met.

## 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not always have effective systems in place to monitor the quality and safety of the service. Current systems had not identified issues we found at inspection, for example in relation to missing details in one person's care plan and recruitment procedures.
- The provider's complaints procedure made no reference to a person's right to approach the local government ombudsman (LGO) in the procedure. The LGO look at individual complaints for all adult social care providers (including home care agencies). The provider said they would add this to the procedure.
- The majority of people and relatives raised concerns about either time of calls or short calls being experienced. Whilst people had not experienced harm the quality of their care had been compromised. The registered manager acknowledged that management reports to analyse call times and call lengths had not been completed. They told us they were aware of some short calls taking place but did not feel this was a concern as this often 'evened out' with other calls that were longer than the scheduled call times.
- We saw that one person had received frequent short calls. Records did not indicate these had been discussed and agreed with the person or their relative. The registered manager explained the rationale for the short calls but confirmed they had not discussed these with the local authority.
- The provider had a quality monitoring system in place, however the last dated quality monitoring report only covered up to March 2019. This meant there was no recent monitoring of the service. The registered manager told us these were not up to date as they took so long to complete.

There were insufficient systems in place to monitor and improve the quality and safety of the service. These issues constitute a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us that the registered manager was approachable. One person told us, "The manager is nice."
- The provider engaged with people who used the service through phone calls and spot checks. The provider also completed a number of personal visits to gain feedback directly from people receiving care.
- The service would benefit from more formal systems to seek feedback. One person could not recall receiving any calls to seek her feedback. A relative told us, "I cannot recall having any reviews or telephone

calls to seek my feedback." The registered manager told us questionnaires and surveys were available to establish people's views about the service, but these had not been used due to the small number of people.

- Regular staff meetings ensured the values of the organisation were reinforced.
- Care staff told us they felt supported by management and could approach them with any concerns. One care staff told us, "Any issues, I can call the office number at any time, they always get back to you very quickly."

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

- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- The provider displayed their CQC as required so that people would have access to this information.

Continuous learning and improving care

- The registered manager and care co-ordinator were receptive to feedback and enthusiastic about making improvements with their systems and records.

Working in partnership with others

- The registered manager worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and district nurses.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were insufficient systems in place to monitor and improve the quality and safety of the service.