

Care UK Community Partnerships Ltd

# Care UK Specialist Care at Home

## Inspection report

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18 September 2019  
20 September 2019  
27 September 2019  
10 October 2019

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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

Care UK Specialist Care at Home is a service that provides personal care to people in their own homes. It specialises in the care of people who live with dementia. Not everyone who uses the service receives 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.

The service was providing personal care to 90 people at the time of the inspection, most of whom were living with dementia.

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

People and relatives said they or their loved one felt safe with staff. There were enough safely recruited staff, including agency staff, to provide the care people needed. Staff understood their responsibilities for safeguarding people. Risks to people's safety and wellbeing were assessed and managed. Staff supported people safely with medicines.

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.

A holistic assessment of people's needs formed the basis of their bespoke care plans. People were confident in the abilities of their staff. Staff felt well supported through training and supervision. People were supported to manage their health needs. Staff referred promptly to the appropriate professionals where there were concerns about a person's wellbeing.

People and relatives praised the manner of care staff, who treated them with dignity and respect. Wherever possible, people had a small team of staff for continuity. Staff promoted people's independence and supported them to have their views heard.

People and their relatives were happy with their care. They knew how to raise complaints or concerns and felt comfortable to do so. The service had received compliments about the way care had helped people's lives improve. Complaints were investigated and acted upon.

There was good communication. Staff were enthusiastic about their roles and shared the service's ethos of person-centredness. Things that went wrong were treated transparently and as a learning opportunity. Quality assurance processes included regular audits and spot checks. Appropriate action was taken if shortcomings were found.

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 4 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Care UK Specialist Care at Home

## **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 team was made up 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 10 October 2019. We visited the office location on 18 and 27 September and 10 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met two people who used the service and spoke on the telephone with two relatives of people who use the service, to discuss their experience of the care provided. We spoke with three care workers, two office-based staff and the registered manager. We viewed four people's care records and multiple medication records. We also viewed a variety of records relating to the management of the service, including two staff files.

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they or their loved one felt safe with the service's staff and the way they worked.
- Staff had training in safeguarding. They understood signs that might indicate someone was experiencing abuse and knew how to report concerns.
- Where necessary, the registered manager had referred safeguarding concerns to the local authority. They had also worked in cooperation with the local authority to investigate these.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed. These were discussed with people, and their relatives as appropriate, and were addressed in care plans. Risk assessments included risks relating to moving and positioning, falling and risks associated with using equipment such as bed rails.
- Risks people's home environments might pose to staff were also assessed and planned for.
- Where people could sometimes be challenging for staff to support, their care plan clearly and respectfully documented this. This gave staff strategies to ensure people had the care they needed in a way that was acceptable to them.
- People's care records were stored securely once returned to the office. Senior staff checked records of care given to ensure they were legible and complete.
- Staff reported accidents and incidents, using a straightforward process. The registered manager or delegated senior staff reviewed each report to ensure all necessary action had been taken for people's safety and wellbeing.
- The registered manager and provider reviewed accidents and incidents to identify trends that might indicate changes in practice were necessary. Learning from accidents and incidents was shared with staff, for example, through supervision.

Staffing and recruitment

- Whilst staff recruitment was ongoing, the service used agency staff in addition to its own to provide people's care.
- People and relatives said staff generally stayed the full length of the visit.
- Staff confirmed timetabled care calls were long enough for them to provide all the assistance people needed. They said travel times between calls was generally reasonable as they usually worked within a local area.
- Staff had regular training in key areas such as moving and handling and first aid.
- Strict recruitment procedures helped ensure staff employed were of good character and suitable for their role. These included obtaining a full employment history, taking up references and obtaining Disclosure and

Barring Service clearance.

- There were checks that agency staff had Disclosure and Barring Service (criminal records) clearance and current training in key areas such as moving and handling.

Using medicines safely

- People's care plans set out clearly any support they needed from staff with their medicines.
- Staff who assisted people with medicines had regular training in handling medicines safely. They were observed at least annually to ensure they followed safe practice with medicines.
- Senior staff prepared each person's medicines administration record (MAR), listing what medicines people were prescribed, any instructions from the prescriber and when in the day they took them. Other senior staff checked the MAR to ensure they had been typed out correctly.
- People's MAR were returned to the office at the end of each medicines cycle. Senior staff checked them for any gaps where staff had not initialled a dose that should have been given; they followed up any discrepancies.

Preventing and controlling infection

- Staff had regular training in infection prevention and control and handling food safely.
- Staff knew how to use personal protective equipment such as disposable gloves and aprons. They had ready access to these.



# 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

- Each person's physical, emotional and social needs were assessed holistically before they received care. This formed the basis of a bespoke care plan that set out the care to be provided.
- Assessments and care plans were kept up to date. For example, care plans were reviewed if there had been a change in a person's circumstances.
- Care plans contained details of any equipment people needed to assist them in their daily life, such as mobility aids. Where staff suspected a person might benefit from the provision of further equipment, the service discussed this with the health and social care professionals who were involved and sought appropriate referrals.

Staff support: induction, training, skills and experience

- People had confidence in the abilities of the staff. A relative told us, "The carers are all very good." A recent compliment from a person who used the service read, "Your care people are very good with exception of [name of worker] who is a whole lot more than brilliant."
- Staff felt well supported through training and supervision. They said they had regular training and that it was easy to get the courses they needed. A care worker commented, "The training is really thorough, really thorough, and really well thought out."
- There was a variety of online and face-to-face training. Staff were reminded when online training was due. The management team oversaw training to ensure it was kept up to date.
- New staff had training in key topics and those new to care worked towards the Care Certificate. The Care Certificate represents nationally agreed standards for health and social care work.

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

- Where staff helped people with preparing food or to eat and drink, people and their relatives were satisfied with this aspect of their support.
- Staff understood and respected people's food likes and dislikes. They encouraged people to choose what they wanted to eat.
- Staff recognised signs of swallowing difficulties that could put a person at risk of choking. Prompt referrals were made for assessment and advice in relation to this. Care plans contained details of safe swallow plans devised by the NHS speech and language therapy team.
- Care plans identified where people were at risk of malnutrition and needed a higher calorie diet to slow down weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's care records contained current details of their health and social care professionals.
- Care plans set out people's known health conditions and support they needed from staff to manage these.
- Staff flagged up concerns about people's health with senior staff in the office, who promptly contacted the appropriate professionals for advice or to arrange an appointment. This included concerns about medication. For example, where staff were concerned that a person might be having difficulty managing their own medicines, the service discussed this with the GP and also with the person's social worker.

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.

- Staff, including the management team, had training in applying the MCA in their work. They understood people's right to make decisions for themselves unless they lacked the mental capacity to do so.
- People who were able to said staff only provided care with their consent. Where a person had legally delegated consent to someone they trusted, or where the court had appointed someone to give consent on the person's behalf, details of this were recorded in the person's care records.
- Where there were concerns about a person's ability to consent to some aspect of their care, staff undertook a decision-specific mental capacity assessment. Where the person was found to lack capacity, staff recorded a decision about how to provide care in the least restrictive way possible. The process for mental capacity assessments and best interests decisions followed MCA requirements. This included consulting with close friends and family, as well as health and social care professionals where appropriate.

# 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 and relatives spoke highly of the manner of care staff. Comments included: "The carers are very friendly", "Oh yes I have heard the carers how they speak to [person] and how kind and caring they are when I visit", and, "[The care workers are] very polite... I get on well with them all".
- We observed a care worker speaking in a friendly, clear and respectful way with the person they were supporting. Office staff had a similar manner on the telephone.
- Wherever possible, people had a small team of staff for continuity. The registered manager monitored whether this was being achieved. Where agency staff were needed because of staff vacancies, these were agency staff who worked regularly for the service.
- Staff had a good understanding of the people they supported, including what was important to them and how they liked their care to be delivered.
- Where people had communication needs, such as a hearing impairment or not being able to speak, staff adapted their communication accordingly. For example, a person who used a hearing aid said they were easily able to understand what staff said to them.

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

- There was an emphasis on people, and where appropriate their relatives, having a say about their care and being involved in decisions that affected them. They were involved in reviews of their care plan.
- Staff understood when people found it hard to put forward their views. A care worker had reminded nurses to focus on a person with limited speech, not the care worker. A care worker went to assist when a hospital consultant had difficulty understanding a person who used the service.
- The service was organised to promote choice, as staff had the flexibility to return later if the person did not initially want care. This meant, for example, that people could have a lie in in the morning or stay up and watch television a little longer.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff always treated them with dignity and respect.
- We also heard and saw staff promoted independence. For example, a care worker was careful to consult the person and enable them to do what they could for themselves. Another care worker told us: "For someone who's been through so much you'll never meet a more independent person."
- A compliment reflected that a person had had their first shower in several years. The person had consistently declined personal care. They eventually trusted staff enough to express their fear of being naked or cold, and planned with staff how they would like to be supported.

- Another person had returned home unable to walk after a two-week respite stay. The service liaised with occupational therapists, and a small team of staff provided care. With support from staff the person recovered their ability to walk and so was able to attend the day centre, which they loved.
- During a summer heatwave, the registered manager recognised that people might be uncomfortable and at risk of dehydration. The service arranged for staff to deliver an ice-cream or lolly, depending on their dietary needs, to every person who used 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 outstanding. At this inspection this key question has now deteriorated to good. 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 and their relatives said they had the care they needed, when they needed it. They were happy with their care. A person told us that apart from occasional issues with their rota, they were very happy with the service, which they described as changing their life.
- The service had received similar compliments from people and their relatives. One read: "Thank you very much for the way you are looking after [person]. We visited last Saturday and were so impressed at how clean and tidy the house was, and the evidence of your care for him. He looked in good shape, smart, clean and tidy... It gives me peace of mind to know that he is in such good hands."
- Professionals had also complimented the service regarding the care people received. A social worker had written to the service saying, "It is really pleasing to know [person] has had a shower after so many years. Thank you to your team for your hard endeavours in supporting them." A GP had shaken a care worker's hand, saying the service was doing a great job having enabled a person to stay in their own home.
- The registered manager and staff had exceeded the expectations of people, relatives and professionals during a period of ice and snow. They had operated a 'snow patrol', coordinating staff, liaising with social services and the police, and keeping in touch with people and their families. Staff walked to people's houses to provide care, including extra calls to provide lunch and hot drinks as day centres were closed. A person's compliment read: "You really are so caring and kind, but please remove your boots as they are icy, and you will get frostbite."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continued to encourage people to maintain hobbies, interests and social relationships. Staff got to know what people found meaningful and enjoyable and wherever possible promoted this as part of the person's package of care.
- On occasion, people had had trouble getting to activities because of their rota. A person explained: "When they [staff] come they come [sometimes] at a different time to the rota... The different times is the only problem, you're tied a bit." However, they confirmed they were always able to get to their day centre. The service had apologised and revised the rota a couple of months before for someone whose times made it difficult for them to go to church.
- The staff rota planners were aware of people's preferred times for calls and endeavoured to accommodate these, although people sometimes accepted a service whilst waiting for their preferred time to become available. Arrangements for paying staff meant there was a degree of flexibility such that if people did not want care when staff first arrived, staff could return later. The rota planners monitored whether there was a pattern in this and if so changed the pattern of calls accordingly.

- The service recognised how people's pets contributed to their wellbeing. Staff supported people as necessary with pet care; for example, a care plan instructed staff to check a person felt able to feed their cat. Someone had complimented the service for everything staff did to help them and their cat. The service had rearranged the person's care calls to accommodate veterinary treatment.

#### 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.

- Care plans clearly flagged people's communication needs. For example, a person unable to talk had a care plan that set out how they communicated and how staff should support them with this. The registered manager and staff had a clear understanding of the person's communication style.
- The service provided its literature in alternative forms when this was requested. These included large print, audio and braille. For example, people received rotas in large print, if they required this.

#### End of life care and support

- No-one was anticipated to be approaching the end of their life during the inspection.
- Many people had been receiving care from the service for a long time; their preferences were well known and were recorded in their care plans. This included preferences in relation to the end of their life, where people and their families had these.
- Care plans contained details of people's cultural needs and preferences.
- Staff had training in end of life care. This was part of their core training.
- Staff liaised with health professionals when there were concerns about a person's deteriorating health. Care plans were reviewed when someone was identified as coming towards the end of their life, to ensure the right support was provided. This involved working in cooperation with other services.

#### Improving care quality in response to complaints or concerns

- People or their relatives knew how to raise concerns and complaints. They felt comfortable to do so if it was necessary.
- The service had listed 11 complaints in 2019, and nine in 2018. It had responded promptly, thoroughly and openly, following the provider's complaints policy and procedure. Concerns, which people had not wanted treated as a formal complaint, were also taken seriously and investigated.
- Where complaints investigations highlighted the need for any changes, these were put in place.
- The registered manager and provider monitored complaints for lessons learned and any themes that might show further improvements were 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke highly of the service. One said they were unsure as to whether the service was well led, "but the carers are good". Another said they thought the service was well managed. People could not identify anything that could be improved, apart from one person's issue with rota times.
- Staff were enthusiastic about their roles and shared the service's ethos of person-centred, respectful and inclusive care. Comments included: "I'm excited to come to work every day... The clients are so well looked after, and the staff are brilliant, the staff get along together" and, "I don't think you'd get such a well-oiled machine, the staff working together, if it didn't come from the top".
- The office staff and on-call staff were supportive of care workers when they rang in. On-call staff had ready access to information about people's care.
- There was clear communication within the service and good teamwork between staff. A care worker said, "We all work pretty well at communicating" and, "We're working together even though we're not together constantly".
- Staff confirmed the registered manager operated an open-door policy, saying they could always speak to her when they needed to. They were familiar with the provider's whistleblowing procedures and felt comfortable to raise concerns with the registered manager.
- Staff also knew and respected the registered manager's line manager, who was present during part of the inspection.

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; Continuous learning and improving care

- The registered manager recognised their duty to respond openly and honestly to complaints, concerns and incidents, including safeguarding concerns. They took these seriously and responded promptly, providing explanations and apologising as necessary to people and their families.
- Things that went wrong were treated as an opportunity to learn and improve. The registered manager shared learning through discussions and supervision with individual staff, at team meetings and through messages across the service.
- Accidents, incidents including safeguarding allegations, and complaints were reviewed monthly by the registered manager and provider for any trends that might be developing.
- Staff confirmed there were regular spot checks of their work, where a senior member of staff would turn up unannounced at one of their care calls and observe how they worked. They received feedback at the time and this was discussed in supervision as necessary.

- There were regular audits of various aspects of the service, including medicines recording, care recording, rotas and staff continuity. The provider oversaw health and safety and financial audits, as well as quality checks. Where audits revealed shortcomings, these were promptly and thoroughly addressed.

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

- The registered manager in post during the inspection left had since left and applied to cancel their registration with CQC. The provider has appointed a service manager to replace them.
- The provider had assigned an operations director and regional manager to oversee the work of the service. Quality assurance processes included regular reporting to the provider, a programme of audits by the registered manager and senior staff, and the provider's governance audits at least annually.
- The service had notified CQC about significant events, as required by law. CQC uses this information to monitor services and ensure they respond appropriately to keep people safe.
- Staff had regular supervision meetings with their manager to discuss their work and review their performance. They described this as supportive and said it encouraged improvement. Staff comments included: "Supervisions are great" and, "If there's anything we can improve on or change they'll tell us. They are quite supportive".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives confirmed the registered manager or senior staff contacted them on occasion to check they were happy with the service. A relative said this usually happened as part of a care review. A person told us, "The boss always comes to see me", mentioning the registered manager by name.
- The provider sent out "voice of the customer" surveys on occasion. People and relatives could not recall having received a questionnaire from the service, although they had received them from the local authority who commissioned their care.
- The service used the local authority monitoring results towards its quality assurance and improvement process. The management team had regular meetings with the local authority contracts team. They also liaised regularly with the local authority brokerage team and with people's health and social care professionals.
- Commissioners had complimented the service for ensuring people received essential care during a period of severe weather. There were also compliments from health and social care professionals regarding the difference care from the service had made for people.
- There were annual anonymous staff surveys for staff to give their views on the service and how it was managed. The most recent survey had a high response rate and reflected high staff satisfaction.
- There were team meetings every two months that promoted team working relationships, communication, open sharing of concerns and best practice. Staff received the provider's 'Our Voices' newsletter for staff, and a member of staff was a representative at 'Our Voices' meetings with the provider.