

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?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Careuk247 Home Care Cambridgeshire is a domiciliary care agency and supported living service. At the time of our inspection 122 people were being supported in their own home, 99 of whom were supported with personal care. The service provides support to younger and older people, people living with dementia, people with a physical disability and people with a sensory impairment.

Not everyone who used the service received personal care. The Care Quality Commission (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

Some medicines administration records had not been documented correctly, and not all safeguarding incidents had been reported to the local authority or the CQC. Some staff did not comply with measures designed to reduce the risk of infections spreading, such as wearing Personal Protective Equipment (PPE) before entering people's homes, unless there was a specific need, such as for certain contagious infections. No person had been harmed but this put people at risk of harm.

The registered managers addressed these matters promptly, but until we highlighted these, actions had not been taken. Staff however were clear on how to safely support people with their medicines, and lessons had been learned following incidents.

Staff supported people effectively with equipment to keep them safe by using an appropriate number of suitably skilled staff at a time that matched people's needs.

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 relative told us how they had supported staff to learn typical English meals. The registered managers had addressed food preparation concerns with pictures of what cooked foods should look like.

Staff focused on and promoted people's equality and diversity, supporting, and responding well to support people to have good quality care. A person said, "I feel safe, as staff are very good to me. I take all my [medicines] morning and night and staff watch me to make sure I haven't dropped any." Where people had concerns about the skills staff had or lacked, the registered managers were increasing staff skills by providing additional training.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this. Although, some people felt staff were rushed, improvements had occurred in the past 3 months with more staff being recruited.

A person was very pleased with communication from the management team and said that when they had

an accident, staff were quick to respond with advice to seek healthcare support which they did. This meant the communication to staff supported good quality joined up care.

Staff put people's wishes, needs and rights at the heart of everything they did. People were in the main, supported with their preference of care staff. People, relatives, staff, and health professionals had a say in how the service was run. Most quality monitoring systems were effective in identifying risks such as with care plans, learning lessons and implementing effective changes. In the main, the service worked well with others involved in people's care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 10 May 2021).

#### Why we inspected

The inspection was prompted in part due to concerns we received about staffing, safeguarding and risks to people, the culture and management of the service. A decision was made for us to inspect and examine those risks. We found some evidence that people were not always safeguarded and some records were not accurate. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Careuk247 Home Care Cambridgeshire.

Please see the safe and well-led section of this report. The overall rating for the service has remained good. This is based on the findings at this inspection.

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 information we receive about the service until we return to visit as per our reinspection 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 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

#### 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and 2 Experts 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 and supported living agency. It provides personal care to people living in their own houses and flats and supports people who need support to promote more independence. This service provides care and support to people living in their own home.

Inspection activity started on 22 November 2023 and end on 5 December 2023. We visited the location's office on 22 November 2023. We provided feedback about our inspection findings on 5 December 2023.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. On the 24 November another registered manager registered with the service. This meant both registered managers were now equally

responsible for managing the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the previous inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 20 people who used the service, 19 other people's relatives and a person's friend by telephone. We also spoke with 14 staff during our site visit or by telephone. These staff included both registered managers, senior care staff, field care supervisors and 9 care staff.

We reviewed a range of records, this included 6 people's care records. We looked at these people's medicines' records and 6 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, staff training records, compliments, complaints, quality monitoring processes, and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was good. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse

- The registered managers and provider had not always report safeguarding concerns or allegations to the local safeguarding team or the CQC. Although internal investigations had occurred with learning had, the lack of reporting created a risk of missing opportunities to learn, such as from the local safeguarding authority. We discussed this with the registered managers and they now understood when allegations needed to be reported.
- Staff were trained about safeguarding procedures. However, due to the deployment of staff who did not fully understand safeguarding procedures had resulted in a safeguarding matter. The provider acted on this oversight. However, a lack of effective processes to ensure only suitable staff were deployed meant another incident occurred. No further incidents of this nature had occurred and people were now satisfied with their care staff.
- People in the main, were satisfied with the safety of their care and how it was provided. A relative told us, staff had recently noticed a red area of skin on their family member's leg. Staff acted on this and resolved the matter in conjunction with the community nursing team, keeping the person safe.
- Staff knew what the signs and symptoms of abuse were, what action to take and to whom they would report such concerns, but did not always do the right thing. A staff member said, "If I saw any unexplained bruising or a person being scared, I would contact the [registered] manager. And then, if no action was taken I would contact the CQC."
- Staff we spoke with were confident the registered managers would take any concerns seriously and effectively act on them. A staff member told us, "If I raise any concerns with [either registered] manager, I am confident they will take actions. They have done previously when I raised concerns."

Using medicines safely

- Not all people's medicines administration records (MARs) were complete or accurate. Where people were supported with medicines that had to be administered before food, the time they had been administered had not been recorded. This meant if people had food less than 30 minutes after administration, the medicines would not be as effective. Staff, however, knew how and when to administer these medicines.
- Staff had been trained to safely administer medicines and staff's competency to do this had been regularly assessed. Records showed the medicines people had been administered and what the medicine was for. A person told us, "[My care] couldn't get any safer. [Staff] give me my tablets and watch me take them."
- People were supported to independently administer their own medicines as much as practical. A relative told us they ensured all the medicines were in place and care staff always administered them. The relative said, "[Staff] always make sure [family member] gets them."
- The registered manager told us they reminded staff of their responsibilities to follow medicines

administration guidance. A staff member said, "We have training and we have to show we know what we are doing. A senior staff member or the [registered] manager checks on us and observes our medicines administration practices."

#### Assessing risk, safety monitoring and management

- Staff knew what action to take regarding people's safety and wellbeing, and policies were in place to manage risk should people make unwise decisions.
- Staff were clear about how to support people with their moving and handling, pressure sore prevention, and eating and drinking, such as when food needed to be a softer consistency or drinks with thickener. ● Risks to people such as those for preventing pressure sores, choking, being out in the community and medicines administration had been identified and staff safely managed these risks. In addition, where people needed to have food that was at a safe temperature, staff always ensured they did this.
- A relative told us that their family member's care was safe since the registered manager had taken appropriate action.

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 MCA 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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. A person told us, "[Staff] never do anything unless they ask me first. They make me feel like I have control. [Staff] say things like, Shall I help you or do you want this or that?"
- Staff understood how to apply the key principles of the MCA. A staff member said, "I always offer a choice, I respect people's decisions. If someone needs help I would show a few different clothes, food or try again after a few minutes."

#### Staffing and recruitment

- Enough staff were in place and staff had been safely recruited. Checks were in place such as for photographic identity, employment references and gaps in staff's employment history had been explored.
- Other checks were undertaken including police criminal records checks for staff employed from outside the UK. Also, a Disclosure and Barring Service (DBS) check was completed for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All staff we spoke with confirmed all necessary checks including health conditions and evidence of staff's good character had been completed.
- Although some people or their relatives told us some staff rushed the provision of care, we saw the provider had addressed this matter through their electronic care planning system to alert any short care visits. Other matters relating to care visits were addressed with actions taken for relevant staff. People who preferred female staff could have this, and staff they preferred not to have was respected.
- Following changes to the staffing roster system staff were now deployed effectively to ensure they could spend enough time with people and safely meet their needs. A person's relative said their request for a



consistent staff team had been facilitated. This meant the person only had 2 to 3 care staff and had developed a good rapport. A staff member told us, "We have enough staff to support people. I can request additional staff, such as if a person's care was taking longer as they were less independent."

### Preventing and controlling infection

- Staff were trained to support good IPC practices and they used personal protective equipment (PPE) correctly and effectively. A relative told us how staff always wore their PPE and disposed of it safely.
- However, some staff did not adhere to their training or the provider's policy, such as when putting on their PPE before entering people's homes. This created a risk of cross contamination. The registered managers had reminded staff about this and were undertaking more observations of staff with recent appointment of 2 field care supervisor staff.
- Policies and procedures were in place to help ensure infection prevention and control (IPC) and systems were in place to respond effectively to risks and signs of infection.

### Learning lessons when things go wrong

- In the main, all incident records and lessons' learned had been documented and shared across all relevant staff teams. A registered manager provided us with the investigation record for an incident involving a risk of harm. In another instance learning was had, but this took longer than planned due to an oversight in staff deployment. People were now able to choose staff they preferred.
- No further such incidents had occurred and staff had implemented safer ways of working to support people. The registered managers had introduced stricter controls over which staff were deployed and when.
- The staff team were kept up to date about incidents, such as medicines administration and safeguarding incidents. This was through various means including, staff handover records, individual supervision, and general information during team meetings. A staff member told us, "I do feel listened to. If I need to contact the [registered] manager(s), they act on this and make changes that mean an incident is not likely to happen again." A relative said, "There was an incident with my [family member], but since changes have been made to the staff, no further incidents have occurred."

# 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 our last inspection this key question was good. At this inspection the rating 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used their monitoring and quality and assurance policies and processes to drive improvement. They used a variety of approaches, such as analysis of feedback and concerns to help identify opportunities to improve or change aspects of people's care, such as more training for staff cooking skills.
- Most quality audit and monitoring processes were effective in identifying and enabling improvements. However, 1 reportable incident had not been reported to the local authority or CQC where people were at risk of harm. The registered managers were both aware now of what incidents to report to the CQC and had previously always reported incidents. A registered manager told us the incident which had not been reported to the local authority was dealt with as a complaint and lessons had been learned. No further such incident had occurred.
- Audits of the electronic care records systems had not yet identified that staff were not always recording the time they had administered medicines where this could affect people's safety. A registered manager showed us the task added to the care records system so staff had to record the time they had administered medicines. The provider acted swiftly on the issues we fed back to them.
- Staff, however, knew people well, medicines were administered as prescribed and care plans were detailed and up to date. Staff were knowledgeable about identifying risk and mitigating this with effective support to help manage risks, such as diabetes and pressure sore prevention.
- The provider reviewed a variety of records including incidents to help monitor the quality of care provided. Additional unannounced spot checks to observe the quality of people's care were being rolled out to help ensure staff adhered to the provider's policies and procedures.
- People, relatives and staff told us the provider always acted promptly to any concerns raised and then checked everything was working well after changes were made. A relative told us there had been an incident some time ago, and ever since then staff have ensured their family member was safely supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 managers had developed a strong and positive culture within the staff team. The newly appointed registered manager had also brought a depth of experience, such as with health conditions.
- The provider's electronic care records system alerted the management team in real time; and as soon as issues were identified, prompt actions could be taken. For example, reminding staff to wear PPE according to people's needs and to record care notes in more detail.

- The registered managers were both passionate about ensuring people lived a good quality of life. An example which evidenced this was by a person saying, "The care provided is excellent." And a relative who told us, "[Staff] are pleasant and kind when they come. They know how to help me and I'm getting the care I want."
- A registered manager showed us how incidents were monitored for trends including care visit issues, medicines administration and if incidents were linked to a particular theme or trend. They told us, "We encourage staff to be open with us so we can share better learning and stop concerns from escalating, and be careful to prevent repetition. Staff can report incidents confidentially."
- The provider had identified a need for, and appointed, more management staff as the service had grown. There were staff now in place to support better oversight in support of both registered managers.
- Staff in the main, were aware of the service's values to uphold and maintain high quality care. Most of those we spoke with would recommend the service to others needing support at home.
- The provider and staff understood the need to be open and honest when things went wrong and were, in the main, knowledgeable about the incidents they needed to report to us. They also implemented changes that prevented incidents reoccurring. For example, to the care visit monitoring system, recording of medicines and taking effective action where staff spoke in their own language.
- Various recent compliments sent to the provider praised staff for the consistent quality of their care. An example following a review of care by a social worker stated, "[Person] is extremely happy with the 2 [staff] that visit [person] on a regular basis." The person stated staff were, "Wonderful, brilliant and fantastic." Complaints were used to help identify what had not worked quite so well.
- Staff were clear about their roles, and explained these to us. For example, a detailed knowledge about people's health conditions and supporting people living with dementia to make informed choices. A staff member told us how they had supported a person with a health condition, helping them to understand risks and putting measures and processes in place to ensure the person live more independent.

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

- People were involved as much as practicable in how the service was run. People contributed, or with agreement of their relative in the person's best interests to the overall quality of care and support.
- Relatives and people's views were sought in a variety of ways including an annual quality survey, phone calls, in person through spot checks of staff and e-mails. A relative told us a member of the management team rang them every 2 weeks to make sure staff were arriving on time. They said, "I would have no issues reporting any concerns as previously they have all been sorted. Staff have developed a really good strategy to help my family member gain further independence."
- Staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. Both registered managers were approachable, listened to feedback and took action, such as introducing pictures of common English meals and acting where any care fell below expected standards.

Working in partnership with others

- The registered managers and staff team worked well with various organisations, such as speech and language therapists, social workers and GPs. Although, there were some missed opportunities to work with local safeguarding authorities where they had not always been involved.
- Guidance from health professionals and social workers was implemented and adhered to and used to help improve people's care.
- The registered managers responded well to incidents where independent oversight was needed. A relative told us their involvement was increased by using the provider's care records App saying, "I like it that I can go on the App and keep a check on what's happened (with the provision of care)." However, several relatives we spoke with were not aware of this facility.

