Care UK Homecare Limited

Care UK Homecare Limited (London Bridge)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This announced inspection took place on 26 and 27 March 2015. Care UK Homecare Limited (London Bridge) provides personal care to 1,221 people living in their own homes. The service supports people in several London boroughs. Some people live in extra care housing units and receive care and support from a team of Care UK Homecare Limited (London Bridge) staff who are based in the unit. Most people's care from the service was commissioned by local authority staff who had specified the amount and type of support people should receive.

Care UK Homecare Limited (London Bridge) was last inspected in April 2014 during the initial testing of the Care Quality Commission new inspection methodology and the service did not receive a published rating. It met all the regulations checked at that time.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to this inspection, relatives and a local authority commissioner told us that Care UK Homecare Limited (London Bridge) had not safely met the needs of some people with complex needs living in one extra care housing unit. During the inspection we confirmed that in the past year a small number of people living in this unit had repeatedly received unsafe and inappropriate care and support.

We found the registered manager had not ensured that staff fully understood the risks posed by people's health conditions and how these should be taken into account when delivering people's care and support.

Staff training did not adequately explain how risks to people should be assessed and recorded, so the guidance available to staff did not always contain important information about people's needs.

Staff had not always received regular supervision and support and we could not be certain that they had the knowledge and skills to meet people's needs.

During the inspection, the registered manager told us she was making changes to improve the service to people living in this extra care housing unit. A local authority social worker told us previous plans to improve the service people received had not been implemented. Therefore, it was too early to say whether these latest improvement plans would ensure people would consistently receive safe care and support.

The scope of the registered manager role at Care UK Homecare Limited (London Bridge) was broad due to the large number of people using the service and the fact that the service operated across several London Boroughs. Local authority commissioners told us this had an impact on the registered manager's availability to implement improvements to the service people received.

Improvements were required by Care UK Homecare Limited (London Bridge) in relation to safeguarding people from the risk of unsuitable support; ensuring staff were competent to provide appropriate care and the leadership and development of the service.

We found breaches in relation to care and welfare, staff support and training and quality monitoring. You can see what action we told the provider to take at the back of this report.

This inspection also checked the quality of the service the majority of people received from Care UK Homecare Limited (London Bridge). People told us they were happy with the quality of the service when the same staff regularly supported them. However, they said when these staff were unavailable they were not always informed who would provide their care and support. Three local authority commissioners told us people gave them variable feedback on the reliability of the service.

People said staff were pleasant and friendly and treated them with respect. People said they were involved in planning their care. They said staff had assessed their needs and devised plans of care which staff followed. People told us they received appropriate support with eating and drinking and to access healthcare. People were telephoned or visited by staff from the service at regular intervals and were asked for their views of the service. Some people told us the service had made changes in response to their views about their care and support but other people told us the service did not keep them informed about changes to the members of staff who delivered their care.

The registered manager responded to complaints people made. Staff said their managers were supportive and records showed staff received regular training updates. The competency of staff to administer people's medicines was checked.

The registered manager had some systems in place to monitor the quality of the service. For example, the quality of daily record keeping was checked and there were computer based systems to monitor the delivery of support visits. However, systems to monitor the quality of care planning and risk assessments were not yet in place. The registered manager had not carried out checks on the regularity and quality of staff supervision.

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. Risk management plans were not consistently completed and staff did not have all the relevant information about people's needs. Some people with complex needs had not been protected from the risk of inappropriate care and support. Checks were made to ensure staff were suitable when they were recruited.

People told us they received their medicines safely as prescribed. Staff had received training on how to protect people from abuse and neglect.

Requires Improvement

Is the service effective?

The service was not always effective. There was a risk that people were receiving care from staff who did not have the skills and knowledge to support them effectively.

Staff did not always receive regular supervision and observations of their work practice. Managers did not routinely check that new staff were competent to support people with moving and positioning in their own homes.

People told us staff supported them to eat and drink and access the healthcare they needed. Staff understood how to provide care and support to people who may lack mental capacity to make decisions.

Requires Improvement

Is the service caring?

The service was caring. People said the staff who supported them were kind and friendly. They said staff treated them with respect.

People said they had care which reflected their preferences. Staff communicated well with people.

Good

Is the service responsive?

The service was not always responsive. People's support plans did not always have all the relevant information about their health needs.

People told us the service had not always informed them when different staff provided their support. They said it was sometimes difficult for them to speak with office based staff at the Care UK Homecare Limited (London Bridge) office.

People were given information about how to make a complaint. The registered manager sent a written response when people complained about the service.

Requires Improvement

Summary of findings

Is the service well-led?

The service was not always well led. The registered manager had a broad range of responsibilities due to the large size of the service and the fact that it operated in several London boroughs. Plans to improve a part of the service had not been effectively implemented.

There were some processes in place to monitor the quality of the service. For example, daily records and medicines administration record charts were checked to ensure they were completed appropriately. However, improvements were required to ensure care plans and risk assessments had been effectively completed and checks took place on the quality of staff supervision.

Requires Improvement

Care UK Homecare Limited (London Bridge)

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 checked 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 inspection took place on 26 and 27 March 2015 and was carried out by two inspectors. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to sure the registered manager was available.

Before the inspection we reviewed feedback we had received about the service from people's relatives and local authority staff. We spoke with a local authority commissioner. We read the completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed statutory notifications we had received from the provider about significant incidents that had occurred at the service. We used this information to plan the inspection.

During the inspection we spoke with the registered manager and the area manager for the service. We read records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service. We checked the arrangements for managing people's medicines.

We reviewed 17 care records and 10 staff records at the main office. We spoke on the telephone to 40 people using the service and 10 care staff. We visited an extra care housing service and reviewed a further four people's care records and observed how people were supported during a social activity and whilst they ate lunch.

After the inspection we spoke with two local authority commissioners and a local authority social worker.

We obtained people's permission to use the quotes in this report.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection, a local authority commissioner and relatives told us they had concerns about the safety of the care and support provided by Care UK Homecare Limited (London Bridge) to some people with complex needs living in one extra care housing unit. They said there had been a high turnover of staff at the unit and people had not received safe care and support. For example, a social worker told us that a recent safeguarding investigation found that a person had not received appropriate support with their medicines and to eat on several occasions and this had placed their health at risk.

Risk assessment documentation was inconsistently completed. Guidelines for staff about supporting people with moving and positioning did not always include full details of the implications of people's medical conditions in relation to how they should be safely supported. For example, a person with very complex needs had a medical condition which meant they were at additional risk when staff supported them to move or change position. Staff did not have full information about these risks to the person on the guidelines they used when supporting the person to move or change position.

The registered manager had not protected people against the risk of receiving unsafe care. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people we spoke with during the inspection told us they felt the service provided them with safe support and care. For example, a person said, "I've never come across a member of staff I didn't like or trust." Another person told us, "My regular carer is very trustworthy and I feel safe with them."

Most people's care records included some up to date information about their medical conditions, the risks they faced in different situations (such as when transferring from their bed to a chair) and the support they received from staff to enable them to be safe. Plans were in place in relation to how staff should support people with their mobility. These included information on the task (such as a transfer from bed to chair) and the equipment staff should use (such as a hoist or sliding sheet).

The provider had taken steps to reduce the risk of people experiencing abuse or neglect. Staff we spoke with demonstrated their knowledge of safeguarding procedures. They told us how they would recognise if a person was being abused or neglected and the actions they would take to keep them safe. Care records showed that staff had appropriately reported concerns about people's safety to the local authority. Staff told us they followed procedures to ensure the risk of financial abuse was reduced. For example, when staff supported people with their shopping, they obtained receipts and kept a record of money spent. Staff understood the service's whistleblowing procedures and what to do if the service was failing to protect people from harm.

People told us they received the support they required to manage their medicines. Care records showed people's needs were assessed in relation to this. A person told us, "They asked me about medicines and I said I do that fine on my own." Another person said, "The staff manage my medicines for me, they do a good job and it's all written down. I have no worries about that."

Staff told us they had been trained to follow the service's procedures in relation to the management of medicines. Care records made it clear what support, if any, people received from staff to take their medicines. Staff had completed medicines administration record (MAR) charts when people required full support to receive their medicines. Staff had correctly completed these charts and it was clear people had received their medicines as prescribed.

Staff records included a report by their supervisor on their observations of the member of staff's practice when supporting a person with their medicines during a support visit to the person's home. It included details of the staff member's skills and confirmation of their competence to safely administer people's medicines and accurately complete the MAR chart.

During the inspection most people told us they had received their care and support from specific members of staff who they had got to know. However, some people said their support had been provided by a lot of different staff. A person said, "Just as you get to know someone they go." Local authority commissioners told us, from their monitoring of the service, people's support visits were sometimes delivered later than planned and on occasion missed completely. They also told us that the situation had

Requires Improvement

Is the service safe?

improved recently. The registered manager told us she acknowledged that further improvements were required to ensure people always received their support consistently. She said new systems were in place to track people's support visits to ensure they received their support as planned. She said the service had an on-going recruitment process to ensure more staff were available. Two local authority commissioners told us there had been recent improvements to the reliability of the service.

Records showed new staff had completed an application form, detailing their skills and experience and had demonstrated their suitability for their work role at interview. Two references and a criminal records check had been obtained. Care UK Homecare Limited (London Bridge) had implemented safe recruitment procedures to protect people from the risk of receiving support from unsuitable staff.

Staff told us they had been trained to respond to emergencies and how to ensure people were safe. For example, they all understood what action to take when there was 'no reply' when they made a support visit. This ensured that if a person was unwell, or had fallen, they received appropriate help.

Requires Improvement

Is the service effective?

Our findings

During the inspection, 37 people told us they received care and support from staff who had the knowledge and skills to carry out their roles effectively. A person told us, "They are well-trained, they know what to do." Five people told us they sometimes received care from staff who seemed new and inexperienced. For example, a person said, "My regular carer has the right qualities. They know what to do but some of them who come to cover need more training."

Records showed new staff received five days training which included sessions on dealing with emergencies, safeguarding adults from abuse, meeting the needs of people living with dementia, managing people's medicines, the principles of the Mental Capacity Act 2005 and infection control. Staff told us they received regular updates to their training and records confirmed this. During their induction staff received practical classroom training in using equipment such as hoists to assist people with manual handling. The trainer evaluated each member of staff's competence using such equipment through written tests of their knowledge and through observation of their skills using the equipment in the classroom.

However, managers did not routinely check that new staff were competent to support people with moving and positioning in people's own homes. The registered manager told us that staff competence to assist people with moving and positioning in a person's home was checked by their colleagues. However, there were no records available to confirm this. Therefore we were concerned that staff may not have been fully aware of how to ensure they delivered care appropriately to a person in their home environment. For example, their competence to understand and implement a person's individual care plan and fully implement risk management procedures in the person's home was not fully assessed.

Staff files included some copies of one-to-one supervision sessions they had received from their manager and records of observations of how they delivered people's care and support. However, it was clear that not all staff had received a supervision or observation of their practice every three months in accordance with the Care UK Homecare Limited (London Bridge) supervision policy. People were at risk of receiving unsuitable care and support from staff who had not received appropriate training and support.

Staff training did not fully explain how guidelines for staff should be written to ensure they fully understood people's needs and how to safely support them. Training materials we reviewed showed staff had received written information on the factors to take into account in relation to people's needs. This covered whether the person was in any pain, their communication needs and if they had any vulnerable areas such as their skin or joints. However, staff training did not explain in sufficient detail how risk management plans should be completed. For example, there were no 'specimen' moving and positioning guidelines for a person with complex needs which staff could refer to in order to ensure the consistency and quality of such records.

We could not be confident that people always received care and support from staff who were competent to do so. This placed the safety of people, particularly those with complex needs, at risk. The registered manager had not protected people against the risk of receiving care from staff who did not have the appropriate training, skills and experience to meet their needs. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people had the mental capacity to make decisions about how they were supported. People told us they were fully involved in discussions about the arrangement of their care and support. Staff understood and put into practice the key principles of the Mental Capacity Act 2005. A member of staff told us, "We are trained in working with people with dementia and have learnt ways of making sure they are involved in making decisions." Care records demonstrated people were always asked for their consent in relation to the care and support they received. A person told us, "(The staff) do not do anything I don't want them to. It was all discussed at the start."

People told us they were asked about their needs in relation to any support they required with eating and drinking. Most people said they chose what to eat and drink from the food they had in their home. Staff assisted some people with shopping and meal preparation. Staff supported some people to eat and drink .For example, a person's care plan said, "Prepare (person's name) a sandwich for their lunch with a filling of their choice." During the inspection we observed some people receiving support from staff to cut up their food to eat their lunch.

Requires Improvement

Is the service effective?

Staff told us they had received training in the health and nutrition of older people. Care records evidenced that staff had appropriately reported any concerns about people's eating and drinking to the person's family or GP so action could be taken to ensure their needs were met.

People told us they received support which enabled them to keep as healthy as possible. They told us they trusted the staff who supported them to recognise when they were unwell and ensure they accessed appropriate healthcare. A person said, "They [the staff] have contacted my family to make sure my GP came out." Staff said they had received training in the prevention of pressure sores. Care records showed staff had appropriately obtained and followed advice from the district nurse or GP in relation to any concerns about damage to people's skin.

Good

Is the service caring?

Our findings

People told us that they were treated kindly by the staff who supported them. A person said, "[The staff] make me tea when they are here to help me and they are nice. I haven't had any problems."

Most people told us that usually regular staff provided their support. A person said, "The staff are lovely. They come and help me." Another person said, "[Staff member] is very nice. They give me privacy when needed".

We observed how staff interacted with people during a social activity at an extra care housing unit. People were offered choices by staff in relation to what songs they wanted to sing and asked what they wanted to drink.

Care records demonstrated the service had asked people about their preferences. For example, a person's records stated, "I prefer to have my breakfast after my shower." Staff told us they always asked people how they wanted to be supported on each visit. People confirmed this. People received care and support in line with their wishes.

People told us staff treated them with dignity and respect. A person said, "Nothing is too much for [member of staff]. They are very pleasant and respectful." Another person told us, "The staff are so helpful. They'll close the door when I am having personal care." People said staff asked them what they could do for themselves and encouraged them to be as independent as possible. A person said, "I manage most things myself but the staff support me with what I want them to. It was all discussed with me and it happens as I want."

Staff told us they were trained to treat people with dignity and respect. A member of staff said, "We are expected to treat people as we would wish to be treated. It's as simple as that." Another member of staff said, "I help people do what they can't do for themselves. I wait outside the bathroom to give them their privacy. When they are getting dressed I close the door." and "I ask permission before I do anything. When doing personal care I cover people and ensure I give them choice."

Records showed that supervisors checked how staff treated people during their observations of home visits. For example, a report of an observed visit stated, "[Member of staff] was very pleasant and friendly with [person's name] and asked whether they were happy whilst providing their support." Daily records completed by staff included comments on the conversations they had with people. For example, records showed that staff had asked people how they were feeling and discussed topics of interest such as sports and TV programmes.

During the inspection we observed that staff were patient and friendly when they communicated with people.

Requires Improvement

Is the service responsive?

Our findings

People told us they received care and support which met their needs. Care records showed people had been referred to the service by their local authority. Care UK Homecare Limited (London Bridge) was contracted by the local authority to provide each person a specified care package. For example, the service was asked by a local authority to provide a person with a 30 minute support visit each day to help them with washing, dressing and breakfast preparation. Staff from Care UK Homecare Limited (London Bridge) had then met with the person to undertake an assessment of their needs and ask the person for relevant information about their background, interests, health and how they wished their support to be provided.

The majority of records we looked had very brief details of people's background and their medical conditions and how they affected them. A member of staff who carried out assessments of people's needs said that people were sometimes reluctant to give a lot of information about their situation as they had already explained it to a local authority worker. People then received a care plan from Care UK Homecare Limited (London Bridge) which set out how and when their care and support would be delivered. For example a person's assessment of need stated, "I would like support to help me shower and dress and then give me toast and tea." The person's support plan set out how Care UK Homecare Limited (London Bridge) would deliver their care and support in accordance with their needs and preferences.

Staff kept daily records which showed that people received their support as planned. For example, a person's daily record's included the date and time of the support visit and stated, "[Person's name] was OK on arrival. Made breakfast –porridge and cup of tea, washed up and put away. [Person's name] did not want his feet washed, made bed, had a chat, all OK on leaving."

Care records showed that people's support was regularly reviewed by means of a telephone call or a home visit. When staff made a home visit to review people's support they checked whether the person knew how to make a complaint, if their support plan was up to date and if the person's care records had been completed appropriately. Records of telephone calls staff made to people showed they were asked if they were happy with the service they received and whether they got on well with the members of staff who supported them. A person said, "Care UK ring me twice a year to check I'm happy with the service. Last year I told them I needed regular staff as I was getting different ones every day. I have regular staff now." People also completed a postal questionnaire once a year.

Some people told us the service was responsive to complaints and concerns they had raised. For example, a person said, "I haven't made a complaint as such but in the past I had a member of staff supporting me who I didn't like and I told the office and they never sent them back." The service had a system for recording formal complaints. Records showed that people's complaints were investigated thoroughly and detailed written reports were sent to complainants.

A relatively high proportion of the formal complaints received were about the quality of care and support Care UK Homecare Limited (London Bridge) had delivered to people with complex needs in the same extra care housing scheme where here had been a relatively high number of safeguarding concerns. The registered manager was in the process of implementing an action plan to improve this part of the service.

When we previously inspected the service, in April 2014, people said they were not informed by Care UK Homecare Limited (London Bridge) office staff of changes to their support and their visits were sometimes late or missed. At this inspection people said that this was still an on-going concern. For example, a person said, "Sometimes they call to say the member of staff is going to be late, but mostly I have to ring them to find out what is going on."

The registered manager said new management arrangements and call monitoring systems were being introduced at the time of the inspection. These developments were aimed to improve the responsiveness of the service and address the issues of people not receiving appropriate information from Care UK Homecare Limited (London Bridge) about which member of staff would provide their support. It was too early to say if these new arrangements would prove effective. People were not always given appropriate information about how their care and support would be delivered. Improvements were required.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. Three local authority commissioners told us they thought the registered manager had a wide brief because of the large number of people who used the service and the fact that the service was used by several London Boroughs. For example, they said it was sometimes hard for them to obtain a swift response from the registered manager in relation to improving the service to people in their local area.

The registered manager said management arrangements were due to change to provide more management oversight of the service provided to people living in extra care housing units. However, at the time of the inspection the changes had not yet been made and it was too early to say whether they would be effective.

Records showed the quality of some aspects of the service was monitored and improvements were made if necessary. For example, management reviewed staff record-keeping in relation to daily reports on the delivery of people's care and support and the administration of people's medicines. We saw that supervisors had taken action to improve how staff completed daily records. For example, staff had been given further training on this subject and further checks were then made on their performance to ensure it was satisfactory.

At the time of the inspection the quality of care planning and risk assessment was not being effectively monitored. People were at risk because their care records may not have been fully and accurately completed. In addition, the frequency and quality of the supervision received by staff was not monitored. Consequently, the registered manager had not identified that there was a risk that some people were receiving support from staff who may not have had the appropriate skills and experience.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were clear about their roles and responsibilities and understood how they should treat people and respect their choices. They told us there were regular meetings and briefings. They said that their supervisors asked them to make improvements to their work if this was necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People were not protected against the risks of unsuitable care and treatment because risks to them were not thoroughly assessed. Regulation 12 (2) (a) (b) (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: People were not protected against the risks of receiving care from staff who lacked the appropriate skills and experience to meet their needs. Regulation 18 (2) (a).

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People were not protected against the risks to their health and welfare because arrangements to identify risks and improve the service were not effective. Regulation 17 (1) (2).