

UKG Lifestyle Limited

# UKG Care Havant

## 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

UKG Care Havant is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 40 people at the time of the inspection, including older people and those living with dementia, people with a physical disability and younger adults.

Not everyone who used the service received 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. 15 people were supported with personal care at the time of the inspection.

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

People and their relatives told us the service was safe and staff understood and acted on any risks to them. Some records about risks needed further guidance for staff, however people were mostly supported by familiar and consistent staff who knew them well and cared for them safely. The provider did not ask staff for their full employment history when they were recruited. This information is required to protect people from the employment of unsuitable staff. The registered manager told us they would ensure this happened in future. People's medicines were managed safely, and people were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

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. However, records and information about people's mental capacity, legal representatives and legal consent required improvement to ensure people's legal rights were upheld.

Systems were in place to monitor the safety and quality of the service; however, these had not been effective in identifying the shortfalls we found. The providers and registered manager were working together with staff to promote an open and positive culture in the service. Improvements were being made to the service and further initiatives were planned to ensure people and staff contributed to service development. People told us they were happy with the service they received.

People's needs were assessed, and staff completed a robust induction process and on-going training to give them the skills and knowledge to meet people's needs effectively. Staff were supported in their role and their competency to deliver care was checked. People told us they received the support they needed with food and drink and the service supported them, when necessary, to access healthcare support.

People and their relatives told us staff were kind and caring and treated them with dignity and respect. People were involved in decisions about how their care was delivered and were regularly asked about their experience of the service by the provider.

People's needs at each of their care calls were described in their care plans and people told us their needs were met. Care plans were being updated to include more person-centred information, this is important, so staff understand people's needs and preferences when they may not be able to express them. People and their relatives told us their concerns were dealt with promptly and the registered manager welcomed feedback. No one was being supported with end of life care at the time of the inspection. However, care plans and staff training were in place or being developed to ensure staff could meet people's needs at this time.

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 20 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the application of the Mental Capacity Act (2005) and safe recruitment practices. Please see the action we have told the provider to take at the end of this report

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# UKG Care Havant

## 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 was carried out by one inspector and one 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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 5 November 2019 and ended on 12 November 2019. We visited the office location on 7 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the providers, registered manager, senior coordinator and team leader.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with three care staff by phone. We continued to seek clarification from the provider to validate evidence found. We received updated care records from the registered manager and we looked at policies and procedures and quality assurance records. We sought and received feedback from the local authority who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Staffing and recruitment

- Not all the required checks were in place to ensure people were protected from the employment of unsuitable staff. Applicants were not asked to give their full employment history as required in the regulations.

The failure to ensure all the information as specified in Schedule 3 was available for each person employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection. They confirmed all existing staff and new applicants had been asked to give their full employment history and this check was now included in the provider's application form.

- Other pre-employment checks were carried out and included character and previous employment references and a Disclosure and Barring Service (DBS) check. These checks help providers make safer recruitment decisions.
- The service had improved their recruitment process to ensure candidates were clear about the requirements of the role. In addition, the registered manager said, "Interview questions are now more focused about why they want the job, their motivation, getting to know them and whether they are passionate about care."
- There were enough staff available to meet the needs of the people currently supported by the service. People we spoke with confirmed they had no missed calls and staff were generally on time.

### Assessing risk, safety monitoring and management

- People told us staff had a good understanding of their needs and any risks to them. A relative said "[staff] are very careful with my mothers' feet, alert to any red marks, very vigilant I believe they understand diabetes."
- Risks assessments were in place in relation to the environment, the use of flammable emollients (creams), medicines controlled by law, dysphagia (difficulty swallowing) and the use of bedrails. Other risks to people were identified on a risk assessment checklist.
- We found some information about risks required further guidance for staff as to how the risk should be minimised. For example; for a person who was at risk of skin breakdown there was no assessment of this risk or the actions staff should take to minimise the risk. Although several risks had been identified by the local authority assessment for a person who required support with their catheter care, there was no recorded risk

assessment in place to guide staff about the management of these risks.

- People were mostly supported by familiar and consistent staff who understood how to support people safely and how to manage these risks, however should unfamiliar staff need to rely on these records they required further detail.

We spoke to the registered manager about this who told us people's care plans were being updated and further detail would be added to ensure risks were known and staff had clear recorded guidance about risk management.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe from the risk of harm or abuse.
- Staff completed training in safeguarding, knew how to report their concerns and were confident these were acted on by the registered manager. Minutes of a team meeting showed staff had recently discussed safeguarding to check staff understood the reporting process and how to recognise the signs of abuse.
- Records showed concerns had been reported to the local authority and CQC appropriately.

Using medicines safely

- Some people were supported with their medicines and care plans included details of the support they required.
- Staff completed training and were checked as competent to administer medicines safely.
- The Medicine Administration Records (MAR's) we saw had been fully and accurately completed, these were audited by the senior worker or team leader and checked by the registered manager.
- The administration of any creams or patches applied to the skin, medicines administered 'as required' such as pain relief and medicines controlled by law were separately recorded. This system provided clear guidance for care staff.
- Arrangements were in place to safely dispose of medicines when required.

Preventing and controlling infection

- Staff we spoke with told us they used protective equipment such as gloves and aprons and understood the importance of good hygiene. This was checked by supervisory staff during spot checks.

Learning lessons when things go wrong

- Incidents were recorded onto the providers system and were monitored by the registered manager to check appropriate actions had been taken and to identify any changes required. The registered manager said, "I'm looking for patterns and trends and measures we can put in place, like if a client had a fall I would be flagging that up to social services and the falls team. When accidents and incidents occur, we look deeper into it why did it happen? And can we stop it happening again?"
- We discussed an example of how a person now had access to equipment which meant they could be supported more effectively by care staff and reduced their need for emergency services.



## 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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found some contradictory information in the care plan of a person living with dementia who had been assessed by the local authority as 'unable to reliably communicate their needs.' The person's care plan stated they did not have a legal representative and there was no evidence of any legal authority for a relative to give consent on their behalf. However, their relative had signed their consent to their care and other decisions. Consent can only be signed on behalf of a person who lacks capacity if they have the specific legal powers to do so.
- When specific decisions had been made such as managing a person's medicines in their best interests, there was no recorded mental capacity assessment and best interest decision to show the MCA had been followed.
- In another person's care plan who had the capacity to consent, their consent documents were signed by their emergency contact. The registered manager told us this was the person's choice. If a person with capacity has a physical disability and are not able to sign, someone can sign on their behalf in their presence. However, there was no explanation as to why the person had not signed, or whether they had witnessed and authorised the other person to sign on their behalf.
- We found no evidence that decisions had been made other than in people's best interests. However, the records and information about people's capacity, their consent and their legal representatives required improvement to ensure they were accurate and met the requirements of the MCA.

The failure to provide care and treatment with the consent of the relevant person and to act in accordance with the MCA (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated

The registered manager told us they would act to address these concerns.

- People were asked to give their consent in general to being supported by care workers under 18, 'multi-cultural' care workers and male or female staff. People should be asked to consent when they are receiving care from a person under 18. However, people's preferences and needs about the culture and gender of staff could be more appropriately explored during their needs assessment so the provider can determine if they are able to meet these. People's consent could then be sought in relation to specific decisions when these preferences or needs could not be met.
- No one being supported by the service was subject to a deprivation of their liberty by the Court of Protection.
- Staff completed training in the MCA and understood how to promote the principles in practice such as offering people choice and respecting people's decisions. Staff revisited these principles in team meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service and used to develop care plans and daily routine plans to guide staff on how to meet people's care needs.
- Policies, procedures and training were used to inform and guide staff on delivering care in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

People told us they thought staff had the skills to meet their needs.

- Staff new to care completed the Care Certificate. The Care Certificate is a set of standards which set out the knowledge, skills and behaviours expected of care workers. This formed part of a robust induction process including five days classroom-based training. The registered manager told us staff then completed "30 hours in field training to make sure they are putting this into practice."
- A staff member said, "I would say training was of a good standard, it was very thorough, and I felt I knew what to expect and the shadowing really helped me as well."
- Staff were supported to achieve professional qualifications in health and social care and supported in their development through regular supervisions and annual appraisals.
- An ongoing programme of annual refresher training ensured staff updated their knowledge and skills and their practice was checked through competency assessments and spot checks.
- Staff completed training to meet people's needs such as; catheter and stoma care, end of life, epilepsy and dementia training.

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

- People who were supported with their food and drinks told us staff offered them a choice or food was pre-prepared by their family or a caterer.
- People's care plans included information about their meal preferences and dietary needs.

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

- Staff we spoke with told us they acted on any issues of concern to ensure people received the support they needed. For example; calling an emergency service or reporting concerns to the office so the necessary support could be requested.
- The service had worked with district nurses, GPs and occupational therapists to meet people's healthcare and support needs.
- Important information about people's healthcare needs was shared via a 'red book' kept in people's

homes so that other staff and carers could pass on key information.

- People told us staff had acted to get them the support they needed.

# 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 Outstanding. At this inspection this key question has now deteriorated to Good. 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 told us they were happy with the care and support they received from the service. Their comments included, "They are very friendly in the way they speak to me, not grumpy and we have a chat." "Yes, very willing, will do anything I ask them to do" and "Very thorough, reliable, they ring if any problems and never let me down." A relative said, "Yes, very good some obviously better than others, some will do extra tasks without asking, bring washing down and put in washing machine put out dustbin, they will stay longer if they don't have another appointment."
- The registered manager told us how staff had demonstrated a caring attitude toward people by providing additional support such as; helping to rehome a person's dog when they needed to go into hospital, taking a person out for an ice-cream in the summer and another person for fish and chips. They said, "The staff are amazing and little pieces of gold I would happily have my grandparents cared for by them."
- Staff comments included "I've been told I am bubbly and smiling all the time, I don't get moody and I try to lift their spirits if they are feeling down." "I never leave anywhere until I am happy, and the client is happy I wouldn't like to leave unless I had done as much as I possibly can for that person."
- Spot checks on staff were carried out regularly to assess staff whilst working in people's homes. These checks included observing whether the staff member was friendly, personable and professional as well as their communication skills with people.
- Reviews with people were carried out every eight weeks and this enabled people to give feedback about the staff who supported them. In the reviews we saw feedback was positive and a person had commented "[Staff] are helpful, chatty and good for a laugh as well."
- People were not asked about any needs they may have in relation to the protected characteristics under the Equality Act 2010. This is important to ensure care and support is delivered in line with legislation and helps prevent discriminatory practice. We raised this with the registered manager who told us they would include this on the need's assessment.

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

- People told us they and family members were involved in planning their care. People confirmed the service regularly reviewed their needs so changes could be made if necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by the provider's staff. Their comments included "Yes [staff] are very respectful, never say anything out of place, I am pleased with them." "Goodness yes, they place a towel across my lap to preserve my dignity."

- People said their independence was supported and staff encouraged them to do as much as they could for themselves.
- Staff we spoke with knew how to provide care that was respectful, and this was checked during spot checks and reviews by the team leader and senior care staff. The provider told us their key message to staff was to "Treat the client how you would want to be treated."

# Is the service responsive?

## Our findings

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

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

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

- People and their relatives told us they received care that met their or their relatives needs. A person said, "They do what I need doing they are very helpful indeed."
- People said staff were responsive to their needs and this included office staff, who responded to requests for changes when required. For example, a relative said they asked for a change of time to accommodate their relatives needs and this was promptly organised.
- People told us staff had a good understanding of their needs including healthcare needs such as diabetes care and stoma care.
- People's care plans included clear guidance for staff about the tasks they should complete during each call. This included people's preferences for their care such as what they would like to do for themselves and what they required help with. We found the care plan for a person living with dementia, who was unable to express their needs and preferences could include more person-centred information to guide staff who may not know the person well. The registered manager acted to improve this immediately. They told us they were in the process of updating care plans.

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.

- Risks to people regarding their speech, hearing, sight and memory were assessed, and the registered manager told us if a person asked for information in a specific format they would provide this.
- Whilst the registered manager was able to give us examples of how people's information needs were met, some records required more detail to ensure guidance was clear for staff. The care plans were in the process of being updated.

Improving care quality in response to complaints or concerns

- People and their relatives were informed about the provider's complaints procedure during their initial assessment and in the client handbook. The registered manager told us staff were trained to encourage people to contact the office if they had a concern and to promote openness and transparency. Staff confirmed they would encourage people to contact the office or raise any concern themselves.
- A person's relative said "They listen to my concerns, when I raise a concern, its dealt with quickly, no nastiness. I think that they are really good."
- We saw the records of complaints and one complaint, received a year ago was investigated and responded

to appropriately. The registered manager said, "I would respond as soon as possible, I have always seen them as a positive and would check and follow up to ensure any measures [to improve] have continued."

#### End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Some staff had completed training in end of life care and the registered manager confirmed these staff would support people if this was required. All staff were planned to complete training as the provider had now included this on their mandatory training schedule.
- An end of life care plan was in place for people to discuss their specific care needs, preferences and wishes if they chose to do so.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the management systems in place to support the delivery of high-quality, person-centred care required improvement.

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

- A system was in place to monitor the quality and safety of the service. However, the system had not been effective in identifying the shortfalls we found regarding the application of the MCA and safe recruitment checks, this has resulted in two breaches of Regulation. Following our feedback discussion with the registered manager they have submitted evidence to show some actions have already been taken.
- Although we found some improvements were required in people's records, we did not find people had experienced any harm because of these shortfalls. The registered manager confirmed records were being updated.
- The provider's system enabled them to monitor care calls and any issues were flagged so they could be resolved by the team leader daily. Checks included the times and duration of calls.
- Audits were carried out to monitor daily care notes, MARs and care files. The registered manager had a system to check reviews and spot checks and staff training were completed. Actions were checked by the registered manager for completion.
- Notifications of incidents were submitted to CQC as required.

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

- The providers told us they were focused on shaping the culture of the service by engaging with staff, in particular the senior team to develop positive staff behaviours and attitudes. The providers told us their mission was, "To put a smile on our clients faces." Their approach to achieving their mission was through conversation, training and coaching. A staff member said, "One of [the provider's] most important things is that people who work for the company are happy and upbeat and if they are upset they leave it at the door. Your focus is what you are doing at that point – it comes across."
- People and their relatives told us the communication from the office staff was good. Their comments included, "No problem whatsoever", "Yes, very helpful, there is always a response, [senior coordinator] gets satisfaction, it's all sorted within five minutes."
- Staff spoke positively about the registered manager. A staff member said, "I think management is a lot better than previously, just because [registered manager] is so approachable, and she will get things done and if you are worried you can talk to her on the phone or in the office it's never an issue – it's nice to have a manager like that."
- There had been changes at the service with a number of staff leaving and a change of registered manager. Changes in organisational policies were being embedded and new staff recruited. During this time the



provider had to hand back care packages to the local authority as they were unable to meet some people's needs. The registered manager told us they would not accept new care packages until they were sufficiently staffed to meet them. Some people mentioned these changes but did not feel they had been unduly affected. A person said, "They were short of staff, but someone always came – not left in the lurch." People and their relatives told us they thought the service was "well managed."

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 provider and registered manager understood their responsibilities under the duty of candour to be open and transparent about incidents. They told us that where necessary an apology would be made. They had not had to act on this in relation to this service.

Continuous learning and improving care

- The registered manager had a 'continuous improvement plan' This showed the areas they had identified for improvement, whether implemented and the impact this had achieved. For example, a monthly newsletter was sent to all staff this had improved communication with staff about organisational changes, legislation changes and their roles.
- Other improvements had been made in the management of medicines, risk assessments for flammable creams and the staff recruitment process.
- Some improvement initiatives had been suggested by staff or based on their feedback. These included improvements to the care people received such as always offering to empty bins, washing up and laundry as part of the care call. Using part of the monthly team meeting to discuss people's care and ensuring staff were always briefed about the needs of new people.

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

- The provider was carrying out satisfaction surveys with people at the time of our inspection. People confirmed they were asked for their feedback at regular reviews. Records showed people's feedback was recorded, a system was in place to check people's comments, but staff had not always recorded what action had been taken. The registered manager told us they would address this.
- Plans were in place to increase people's and staff involvement in service development through focus groups.
- The minutes of team meetings showed staff had been invited to raise concerns and suggest improvements and these had been acted on. For example, staff had requested paid travel time, and this was implemented.
- The provider monitored the equality characteristics of their staff, this can support employers to promote inclusion and equality in the workforce. Policies and procedures were in place to support the human rights of people and staff.

Working in partnership with others

- The service worked with other health and social professionals to support good outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to provide care and treatment with the consent of the relevant person and to act in accordance with the MCA (2005). Regulation 11 (1)(3)(4).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure all the information specified in Schedule 3 was available for each person employed. Regulation 19 (3)</p>