

Care UK Homecare Limited

Southampton Community Care Services DCA

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

The service provides personal care and support to people over the age of 18 in their own homes. The service was providing a service to approximately 160 people who needed support with personal care. People had a range of health issues such as living with physical disabilities, dementia and diabetes.

The inspection took place on 4 and 11 June 2015.

At our last inspection on 30 April and 1 May 2014, we found three breaches of regulations. The service was non-compliant with the management of medicines, staffing levels and auditing the quality of the service. During this inspection we found action had been taken and improvements made.

There was not a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like 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. The previous registered manager had moved within the company and recently deregistered. A new manager was running the agency on the first day of our inspection but management changes meant the previous manager resumed managing the service on the second day of our inspection.

Staff underwent a period of induction and training and were supported through supervision and annual appraisal.

People had risk assessments in place but the purpose of them was not understood and forms were not completed appropriately. People's mental health needs had not been risk assessed. Staff received training in safeguarding adults but not child protection for when they came into contact with children. The recruitment procedure did not ensure all the relevant checks were completed.

Staff ensured personal information about people was kept safe and not accessible to others if it was lost. People received support with their medicines as appropriate and staff were trained in the correct procedures to follow.

Staff were responsive to people's assessed needs which were detailed in care plans. Care plans showed people had been involved in care planning and care plans reflected people's individual choices. Staff were clear that people had the right to make their own choices and they respected their choice.

People were supported to eat and drink when needed and staff contacted healthcare professionals such as the GP when necessary. People felt the care staff who supported them were kind and treated them with respect.

Some people said they were not listened to when they tried to sort out complaints with the office staff. However, there was a complaints procedure in place and complaints were responded to promptly and with an apology. The manager had a system of audits which monitored the quality of the service delivered regularly, which had resulted in improvements to the service provided. However, the audits did not highlight the concerns we found during our inspection.

We identified two breaches of regulations. You can see what action we have told the provider to take at the back of this report.

We have made a recommendation about staff training in child protection.

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.

The purpose of risk assessment paperwork was not understood and forms were not completed appropriately.

Staff received training in safeguarding adults but not child protection for when they came into contact with children. The recruitment procedure was not robust.

Staff ensured personal information about people was kept safe and not accessible to others if it was lost. Staff were trained and assessed as competent to support people with medicines.

Requires improvement



Is the service effective?

The service was not always effective.

People did not always receive consistent care and support from the service.

Staff completed a period of induction which included training considered mandatory by the provider. Staff were supported through supervision and appraisal.

People were supported with eating and drinking and staff contacted healthcare professionals when people became unwell.

Requires improvement



Is the service caring?

The service was caring.

People spoke highly of the care workers who supported them. People said staff treated them kindly and with respect.

People were provided with a leaflet which outlined what they could expect and how they would be involved in their care and support.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always cover all aspects of people's needs. Some people said they were not listened to when they tried to sort out complaints with office staff.

People received personalised care and support and could choose whether to have male or female staff.

Requires improvement



Is the service well-led?

The service was always not well led.

Requires improvement



Summary of findings

There was not a registered manager in place. The management arrangements changed during our inspection.

Systems were in place designed to monitor the quality of the care provided but did not identify breaches in regulations. Staff had a clear idea as to the values of the agency but were not clear whether management sought their views on the service provided.

Southampton Community Care Services DCA

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 was planned to check 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.

We last inspected the service on 30 April and 1 May 2014 when we found three breaches of regulations. The service was non-compliant with the management of medicines, staffing levels and auditing systems.

This inspection took place on 4 and 11 June 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. We

found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law and our previous inspection report.

The inspection team consisted of two inspectors and an expert by experience in domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with fifteen people who used the service, thirteen staff, the manager, a senior manager who was managing the service on the second day of our inspection, a healthcare professional and a representative of the local authority. We looked at eleven care plans, five staff recruitment records and a range of records regarding the management of the service, such as audits.

Is the service safe?

Our findings

Risk assessments did not cover every aspect of a person's health and wellbeing, for example, the risk assessment did not assess people's mental health needs where this was appropriate. For example, a person who was living with dementia did not have this identified in their risk assessment which meant the care plan did not contain information following on from this, such as how dementia affected this person's abilities to communicate. Further, one particular part of the form was either not filled in or completed incorrectly as the point of the form was unclear. One person's risk assessment had identified a serious risk, albeit temporary, but the information had not been written into the care plan which was needed to protect the person as well as staff.

The failure to risk assess all people's needs was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given information about how the agency safeguarded people and advised how an allegation or concern could be reported to the office. Staff had received training in safeguarding adults and were aware of the potential signs of abuse. However, the training did not cover child protection and whilst the agency did not provide a service to children directly, staff did come into contact with children in households where they provided a service.

At our previous inspection we found there was a breach of regulation in relation to management of medicines. We set compliance actions and the provider sent us an action plan stating how they would meet the requirements of the regulations. People were not protected because errors in recording were not always addressed in a timely way to ensure medicines were administered safely. We set a compliance action and the provider sent us an action plan stating how they would meet the requirements of the regulation.

During this inspection we found action had been taken in line with the action plan. Medication Administration Records were completed accurately where staff supported people to take their medicines. The records were audited regularly and action taken as soon as possible if any errors or concerns were identified. If medication was missed, this was logged as a medication error and was investigated.

People had confidence in care staff to assist them with their medicines and collecting their prescriptions. People told us their independence was respected and they managed their own medicines where possible.

Staff were trained to support people with taking their medicines and were clear what they could and could not do. For example, staff would not give injections. Some staff supported people with more complex medicines and they had received extra, specialist training. After training, staff were regularly assessed in medicines administration to ensure they were competent. The manager told us of a situation where a training need had come to light, the staff member had further training, had undergone one competency assessment and would receive another several weeks in the future. This was to ensure the learning was embedded into practice so people received their medicines safely.

Staff demonstrated their understanding of the procedures they had to follow. They were aware of the importance of spacing medicines out through the day. One staff member told us they had recently noticed a one off situation where two visits had been rostered too close together, so they contacted the office and the times were changed.

At our previous inspection we also found there was a breach of regulation in relation to staffing numbers. We set compliance actions and the provider sent us an action plan stating how they would meet the requirements of the regulations. New staff had been recruited and systems put in place to improve the continuity of staff. A staff member responsible for organising staffing rotas said they had enough staff to cover the care packages they already had and would not take on new packages unless they had the staff. Where people expressed a wish for their "favourite" care staff, they tried to accommodate this, as well as looking at the geographical area and gender preference of people using the service. Once the matching was completed, care packages could be "templated" for the future. This meant the carer's rota would roll over, week by week to ensure people received the same staff. This project was ongoing so had not yet been applied to every person using the service.

The agency had a whistle blowing procedure in place and staff were given their own copy. The whistle blowing policy had been discussed with staff, who had been encouraged to feel able to speak out, should they have concerns with practice.

Is the service safe?

Systems were in place to prevent avoidable harm from breaches of security. Staff ensured personal information about people was kept safe and not accessible to others if it was lost. People said staff always wore their uniforms and badges.

The provider had a recruitment procedure in place which included checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The manager undertook the pre-selection work and interviewed prospective staff. Once selected, the recruitment team based in the company's head office requested references and the DBS check. After the checks

had been completed, new staff could start work. The majority of staff files we looked at had the relevant checks in place. However, one file showed the DBS check had been undertaken fifteen months before the person started work. When we brought this to the attention of the person overseeing the service, they investigated and concluded the DBS check was for a different person and that there was not a check in place for this staff member. They took immediate action to ensure people were safe.

We recommend that the service consider the inclusion of child protection issues within the safeguarding training and good practice with regard to recording information about people.

Is the service effective?

Our findings

Staff received core induction training and annual updates for topics the provider considered mandatory. The provider ensured staff completed all their training through the use of a computer programme which would not allocate staff to work unless they had completed their training. Staff were aware that they could not work unless they were fully trained, which meant they attended training when updates were due. Other training was available on an ad-hoc basis and could be requested by staff, however, more specific training to support staff manage people's specific needs and conditions was not routine. The manager said staff did not routinely get further training in how to support people living with dementia.

One person said staff were "knowledgeable and skilled at supporting all the family...they are, without exception, brilliant." Staff were supported in their roles, starting with five days of induction training for new staff, plus two days shadowing experienced staff. If a new staff member did not feel comfortable to start work after this period, they could ask to shadow for longer. The provider ran an induction course every month as new staff were continuously recruited. Induction training included information about the agency's policies and procedures as well as practical training in areas such as moving and positioning, dementia awareness and mental capacity. Staff undertook a competency assessment before they were considered safe to support people with moving around their home.

Staff received regular support through a system of spot checks, supervision and annual appraisal. The spot checks took the form of a home visit assessment and were used to observe staff supporting people. The visits were then discussed with staff during supervision.

Most people were positive about the service they received and this was particularly so when they had reliable and regular care staff who knew what they were doing. One person said, "I'm made up with them...I've never had any problem in all the years I've had them. I have the same people...one I had for thirteen years." However, some

people said they were receiving care from a number of different staff. Comments included, "The people that come are gorgeous but I don't know today's from Adam, just lately everything's changed", "Their rota is often different from ours and I think they chop and change amongst themselves too," and, "I'm always getting different people, they're always taking on new people and they don't know what to do and then they don't stay." Some people told us they were frequently opening their doors to staff they did not know, or that the timing was an issue. This was either staff being late, or the call being at the wrong time to meet their needs, such as the time they preferred to go to bed.

Staff understood and had a working knowledge of the key requirements of the Mental Capacity Act 2005, in which they had received training. They also understood it was people's right to make what could be considered an unwise decision if they had capacity to do so, for example, with regard to their personal care.

Staff supported some people to eat and drink as part of their care plan. This support was focussed around microwaveable hot meals and snacks such as sandwiches. One staff member explained how they supported people to make a choice at breakfast time, by offering a visual choice. Records showed what meals had been provided for people. Some people had special dietary requirements, such as thickened drinks. Staff told us in this situation, people had a tin of thickener in their kitchen together with instructions which they followed. Staff were also aware of people's needs if they were diabetic. One staff member said they did shopping for one person and tried to buy lower sugar options. They said the person was happy with this and told them if they did not like a food item. People we spoke with said they did not have any concerns about this aspect of their care plans.

Staff contacted healthcare professionals such as the GP when necessary. One staff member said they telephoned the doctor after seeing someone had suddenly become confused. Staff took action to ensure the person received the attention they required in the way that best met their needs at the time.

Is the service caring?

Our findings

People spoke highly of the quality of care provided by the care workers, naming different individuals as being particularly helpful. Comments included, “I’m blind but I still knit and I go to a knit and natter group across the road...then I drop stitches and mix the colours up...my usual lady [staff member] who comes this morning sorts it out for me before I go across the road” and, “The carers I have are extremely kind, they put up with me being emotional, I’ve never met more considerate, kind and helpful people. I wouldn’t be here today without them, they’re always willing, encouraging, they know my mood and emotions.” One person described their relationship with a particular staff member as being “more friends than anything” as they had a laugh together. Other people described the care staff as “magic, first-class, “excellent” and “fantastic”.

People were provided with a leaflet which outlined what they could expect and how they would be involved in their care and support. Staff talked to us about the importance of people making their own choices within their daily routines, such as what to wear and how they liked to be supported with personal care or their daily routines. Staff were able to give good examples of people living how they wished to live and records confirmed this.

Everyone said staff treated them kindly and with respect. One person received support to dress each day. They said, “They partially dress me and I ask them about the colours as I can’t see.”

Staff explained how they respected people’s privacy and dignity, particularly when supporting them with personal care. This included shutting curtains and doors and covering them up with a towel whilst they were washing.

Is the service responsive?

Our findings

At our previous inspection we identified a breach of regulations regarding the lack of an effective response to complaints. We set a compliance action and the provider sent us an action plan stating how they would meet the requirements of the regulation. During this inspection we saw the detailed action had been taken.

However, although records showed the service listened to and learnt from people's experiences, concerns and complaints, some people told us this was not their experience. One person said "I'd improve communication between the office and the carers... I don't call the office often but if I do I have to leave a message for someone and they never ring back". Another person said "The main carers I'm happy with but the office staff I'm not." Some people said they called the office repeatedly about the same situations, which would be sorted for that week and they would have to go through the same process the next week.

The provider had a comprehensive complaints policy in place and a shortened version was given to people using the service. Both policies outlined the timeframes within which complaints would be investigated. The complaints log book mainly showed complaints about missed calls but not the complaints we were told about. Complaints had been acknowledged and investigated within the timeframes and letters included an apology. The investigation process included a section to review any learning points from the complaint.

People's needs were assessed by agency staff visiting them in their own homes and talking with them. People told us they recalled staff visiting them at home and agreeing a care package with them. This process resulted in a 'daily routine' which was a care plan detailing the support people needed with their preferences for how this was delivered. Care plans showed a detailed outline for people's daily care and support needs. However, the format used did not include details of how to support people with their mental health needs, such as agitation or communication needs for people living with dementia. Information on physical health needs such as diabetes were not included in care plans to enable staff to support people or to recognise health issues relating to this.

The failure to ensure care plans included all aspects of people's needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood what was meant by personalised care. Comments included, "It is about caring for people as individuals, respecting their preferences and views and not treating people all the same", "care is centred around the person themselves" and "We fit in with their daily lives".

People were asked if they had a preference for male or female care staff and this was taken into account when organising the staff rotas. We spoke with females who used the service who confirmed they all had female care staff support them with personal care, although they were happy with male staff for domestic tasks and for social visits. One person said they loved their "domestic" who is male, but they didn't allow him into their bedroom as that would feel wrong. Males using the service were also happy with the staff who supported them, male or female.

People said if they had expressed a wish not to have certain care staff visit them again, different staff were arranged. One person said, "We've had a few ups and downs with the rotas but I find the lady who sorts them out brilliant... she's very professional... she works very hard to accommodate my needs." However, some people said they had experienced problems with the rotas which meant they had not been supported by their usual trusted staff who knew what they were doing. One person, for whom it was important to have everything in the right place, said they had made arrangements with the office to send a particular staff member, which they had, but a different person had visited the next week.

A healthcare professional gave us positive feedback about the care provided to one specific person. They said the care plan was detailed enough for staff to be able to support that person and that staff were on time and were the same staff.

People's care packages were reviewed regularly. One person said, "There is a quality review questionnaire at least once a year but I also get phone calls every three months asking questions. I have a meeting once a year with the supervisors to review my needs and you can have a meeting when you like if you think your needs have changed."

Is the service well-led?

Our findings

We asked people to tell us what they thought about the way the agency was managed. Eight people said they thought communication with the office staff needed to be improved. They gave a range of examples as to why, including their view that office staff were rude, dismissive and did not pass messages on. One person said, “I asked the office if my good compliments could go on the record when the carers have gone above and beyond for me but they didn’t pass it on...they don’t do enough to promote their value.”

Care staff had mixed views about communications with the office staff. Two felt uncomfortable at the office, however, one staff member said, “I get a good response when I ring the office, they help as much as they can...helped me through situations”. Another staff member said office staff were “helpful, willing to listen and discuss, but there can be lack of communication with messages not passed on”.

Some staff could say what they felt were the values and culture of the company, others could not. One said the culture was to “try to give the best quality care and help to maintain independence and dignity in people’s own surroundings where they feel most comfortable.” Another said the values were about “enabling people to live in their own homes independently and helping them live their lives in a healthy manner”.

Staff were not aware as to how the provider sought their views on the service. One said they would feel able to make suggestions but had not completed a staff questionnaire. The manager said a staff questionnaire had been undertaken before they started working at the agency, but did not have any records to support this statement.

This provider was open and transparent about the outcomes of our inspections. Visitors to the provider’s website could access our last inspection report.

Staff were positive about the management of the service, in relation to the manager who was in post at the start of our inspection. One staff member said “I can go to the manager with anything” and another said “the manager really supported us with a recent incident, they came out to the person’s home and stayed with us”.

However, one staff member said there had been a “number of different managers in recent years, you get used to one

and then they change”. The recent manager had been in post since January 2015 and had made an application to the Commission to become the registered manager. The provider’s website had not been updated to reflect the change of manager and showed the previous registered manager’s name, even though they had de-registered. Between our two visits, the management of the service unexpectedly changed again.

Systems were in place designed to monitor the quality of the care provided. The manager told us they had made improvements to the service following the last inspection. We saw evidence of improvements which included better record keeping, monitoring of staff competencies and auditing systems. However, we noted some use of language in records and conversation which did not positively reflect people’s individual situations. People were said to be “wheelchair bound” and “bed bound”. A more positive way of describing this in care plans would be “wheelchair user” or “cared for in bed”.

The manager had undertaken a ‘quality assurance monthly review’. This was a self-assessment which resulted in an action plan. This looked at areas such as missed calls, risk assessments and staff files, however the audit sampled records to look at and the breaches we found were not identified. Relevant staff were able to attend team meetings and field care supervisor workshops which were used to reflect on good practice issues. Staff had access to external national training programmes which assisted them in developing ways of delivering quality care and support.

A representative of the local authority gave us verbal feedback which was positive about the way the service was managed and the support people received.

The person in charge of the agency during our second visit said people using the service had been sent a corporate questionnaire last year. The results had been analysed externally and the results sent to the local office. If there were individual issues which needed to be addressed and the respondent had included their name, the paperwork would be sent to the branch so action could be taken to rectify the situation. The paperwork could not be found for us to look at but we were told there had not been any action identified from the last survey.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment.</p> <p>People's needs were not risk assessed adequately. Regulation 12 (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Person-centred care.</p> <p>People's care plans did not include information about all their assessed needs. Regulation 9 (3)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.