

UK Home Care Limited

UK Home Care Limited - Carshalton office

Inspection report

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Date of inspection visit:
23 January 2020

Date of publication:
18 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

UK Homecare Limited - Carshalton office Limited provides care for people who live in their own homes. 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. At the time of inspection there were three people receiving personal care. The provider also provided staff to care for people who required companionship and escorts and these are outside the scope of registration with us.

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

The provider did not always confirm relatives had legal authorisation to make decisions for people using the service and we made a recommendation for the provider to improve in relation to this. Because of this people were not always supported to have maximum choice and control of their lives and staff could not be sure they supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The provider carried out suitable recruitment checks on staff and there were enough staff to support people safely. The provider assessed risks relating to people's care and put in place guidance for staff to follow to reduce the risks. Staff received training in infection control and understood how to reduce the risks to people.

Staff received a suitable induction with ongoing training and supervision to support them. The provider recorded the support people need in relation to their healthcare needs and staff were available to support people on appointments if necessary. Staff were matched to meet people's cultural, ethnic or religious needs and preferences where possible. Staff understood people's needs and preferences relating to eating and drinking.

People and relatives liked the staff who provided support and good relationships had developed. Staff knew people well and people received consistency of care from the small number of staff who worked with them. Care was personalised to meet people's needs and preferences. Information could be provided to people in alternative formats to meet people's communication needs if required. People were informed how to complain and a suitable complaints process was in place.

People, relatives and staff were positive about the leadership and management of the service by the registered manager who was also a director. The registered manager personally oversaw all aspects of the service and worked closely with staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and follow up

This new service was registered with us on 25 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

UK Home Care Limited - Carshalton office

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

Our inspection was completed by one inspector.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and the registered manager is often out working with people. We wanted to make sure someone would be available to meet with us.

The inspection site visit took place on 23 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we

received from members of the public, the local authority and clinical commissioning groups (CCGs). We did not request the provider completes a 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager who was also a director. We reviewed a range of records. This included two people's care records and risk assessments and records relating to staff recruitment, training and support. A variety of records relating to the management of the service were also reviewed.

After the inspection we spoke with a person using the service, relatives of two people using the service and two support workers.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider carried out recruitment checks on staff. This included checks of criminal records, identification, any health concerns and employment history. The registered manager explored gaps in employment records but did not always record these. The registered manager improved their records immediately when we raised our concerns with them.
- The registered manager told us there were sufficient staff to support people safely and they received consistency of care from the same staff each week. People and relatives did not raise any concerns about staff timekeeping and there had been no missed visits.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people using the service, such as any environmental risks or those relating to moving and handling or falls. Risks to people were low level and the provider told us they would use more comprehensive assessments for any people with more complex needs. Sufficient guidance was in place for staff to follow to reduce any risks. Staff understood the risks to people. Relatives told us, "I feel safe when the carers are with [my family member]" and "Our carer knows what they are doing and it feels safe."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse, although no allegations had been raised in the past year.
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding adults and staff received training to keep their knowledge current.
- The registered manager told us there had not been any accidents or incidents, although they told us they would analyse these to check people received the right support and to reduce the risk of reoccurrence.

Using medicines safely

- Staff received training in the safe administration of medicines before they could support people in relation to medicines. The registered manager told us they would introduce annual competency assessments to check staff remained suitable to administer medicines to people.
- Medicines administration records (MARs) were completed as required and there were no unexplained gaps in the records.
- The registered manager told us they would review national guidelines on managing medicines in community care and put suitable medicines risk assessments in place.

Preventing and controlling infection

- Staff received training in infection control and prevention and staff had sufficient personal protective equipment (PPE) to use during personal care. A person told us, "Staff wash their hands and are professional. They always use gloves."

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.

This is the first inspection for this newly registered service. This key question has been rated 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We identified one person may lack capacity in relation to the care they received. Relatives indicated they had legal authorisation to make decisions on behalf of the person although the provider did not confirm this. This meant the registered manager had not followed the MCA in assessing their capacity and making decisions in their best interests. After the inspection the registered manager confirmed relatives did not have legal authorisation to make decisions on the person's behalf and carried out the necessary MCA assessments.

We recommend the registered manager follows best practice in relation to the MCA for all people using the service.

- People and relatives confirmed staff asked for consent before providing care. Care workers received training in the MCA and our discussions showed they understand their responsibilities in relation to this Act.

Staff support: induction, training, skills and experience

- Staff received a suitable induction and training in a range of topics to meet people's needs. A relative told us staff were sufficiently trained. Comments included, "Our carer is trained in dementia so they understand [my family member] well" and "The carers are trained enough and know what to do."
- Staff received regular supervision to review any concerns and training needs with annual appraisals

scheduled to review their performance.

- The registered manager checked staff cared for people as agreed by monitoring their performance each month.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The provider assessed the support people needed in relation to their healthcare needs and recorded this in their care plans for staff to refer to. Staff were available to accompany people to healthcare appointments if this was an agreed part of their care.
- Staff were available to prepare or reheat meals for people in line with their preferences and any religious or cultural requirements as far as possible.

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

- The registered manager met with people and their relatives before they began using the service to check they could meet their needs and find out what support they required. The registered manager also reviewed any professional reports.

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

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives spoke positively about staff. Staff spoke about the people they cared with kindness and respect. Comments included, "I feel blessed the carer is so nice and friendly... she always talks to me and I like that... My carer always tells me what they are doing before they do it" and "It's an excellent service, they take care of my [family member] very well" and "My carer is very, very caring. She is very happy and she tries to keep [my family member] very happy."
- People received consistency of care from the same staff each day. One relative told us, "It's always the same carers who come." Staff developed good relationships with people and knew them well.
- Staff received training in equality and diversity to understand people's needs relating to any protected characteristics such as their age or any disabilities.
- The registered manager provided staff to meet some people's religious, cultural and ethnic needs, including staff who could speak people's first languages and prepare cultural foods. A relative told us, "It is very good. We need a carer who speaks [a particular language] and they provided that."

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

- People and relatives told us staff gave people time to make their own choices and respected their decisions relating to the care they received at each visit.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and dignity when carrying out personal care, including closing doors and curtains.
- Staff knew how to maintain people's confidentiality and had received training in this.
- Staff supported people to be as independent as they wanted to be by involving them in their care as much as possible. This included encouraging people to be involved in their own personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised to meet their individual needs and preferences and reflected how they wanted to receive their care and people received care based on their needs and preferences. A person said, "The registered manager came to meet me. She asked me everything that I need and she wrote it down. Then she sent me the care plan and I read it." The person told us how the registered person also took time to help them identify suitable activities they could occupy themselves which they appreciated. A relative told us, "They take care of [my family member] perfectly."
- The provider reviewed people's plan regularly so they reflected their current needs and were reliable for staff to follow.

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.

- The provider was able to provide information about the service in alternative formats if required.
- People's care plans reflected their preferred methods of communication for staff to refer to. This included information about any communication aids and any support required in relation to these.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints since the service began. People were informed how to complain and the complaints procedure was appropriate.
- People had confidence the registered manager would investigate and respond to any complaints appropriately. One person told us, "I would go to the [registered] manager but I've never needed to. [The registered manager] always listens to me."

End of life care and support

- The registered manager told us no one using the service at the time of our inspection was on end of life care. However, training in relation to end of life care was available for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager personally oversaw all aspects of the service and worked closely with staff.
- The registered manager developed and reviewed people's care records, oversaw staff recruitment, induction, training and support and observed staff practice through regular spot checks.
- The service was led by a registered manager who was also a director. The registered manager was an experienced director and manager of home care services. People, relatives and staff were positive about the registered manager and found they managed the service well. One person told us, "The communication is very good. They are very flexible and I am happy. There are no problems at all." A second person told us, "[The registered manager] is very good, she always listens and asks if I need any more help. She is good in nature, a good human being."
- The provider understood their responsibility to submit statutory notifications to CQC, although none had been required in the past year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned people's care openly and in partnership with them and their relatives. This ensured care was centred on people's individual needs.
- The registered manager checked people were satisfied with their care by contacting them regularly through phone calls and visits. One person told us, "[The registered manager] comes for spot checks every month and we talk every two weeks on the phone as well. She's doing very well."
- The registered manager communicated well with staff and held occasional staff meetings which staff told us were useful to keep up to date with any service developments and best practice.

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 had systems to involve people and their relatives in any investigations if things went wrong, although there were no examples of things going wrong since the service began operating.

Working in partnership with others

- The registered manager and staff worked with other health and social care professionals involved in people's care whenever necessary.

