Care UK Homecare Limited

Care UK Homecare Limited Nottingham

Inspection report

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Ratings

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

Overall summary

This was an announced inspection carried out on 14 May 2015.

There was a registered manager. A registered manager is a person who has registered with the Care 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.

Summary of findings

Care UK Homecare Limited Nottingham provides care for people in their own homes. At the time of our inspection the service was providing care for 500 people. The service covered Mansfield, Ashfield and surrounding villages.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had not made reliable arrangements to consistently provide people with the assistance they needed to safely administer their medicines. In addition, they had not always provided staff at the right time to care for people. Although individual complaints had been investigated and quality checks had been completed they had not effectively identified and resolved these problems. You can see what action we told the registered persons to take at the back of the full version of this report.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and abuse. People were helped to avoid having accidents and background checks had been completed before new staff were appointed.

Staff had received the training and guidance they needed to provide people with practical assistance including helping them to eat and drink enough. People had been assisted to receive all of the healthcare assistance they needed. Staff had ensured that people's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when staff contributed to decisions that were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to maintain their independence and to pursue their interests.

People who used the service had not been fully consulted about its development. However, the service was run in an open and inclusive way that encouraged staff to disclose any poor practice. In addition to this, people who used the service had benefited from staff being involved in good practice initiatives.

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 consistently safe.

Medicines were not managed safely.

Staff had not always been provided at the right time to care for people.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

Background checks had been completed before new staff were employed.

Requires improvement

Is the service effective?
The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well.

People had been supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when staff contributed to decisions that were made on their behalf.

Good

Is the service caring?
The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good

Is the service responsive?
The service was not consistently responsive.

Complaints had not always been resolved in an effective way.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to celebrate their diversity and to make choices about their lives including pursuing their interests.

Requires improvement

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Quality checks had not effectively identified and resolved on-going problems.

People had not been fully asked for their views about the service.

There was a registered manager and staff were well supported.

People had benefited from staff receiving and contributing to good practice guidance.

Requires improvement

Care UK Homecare Limited Nottingham

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 registered persons were 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs. In addition to this, we spoke by telephone with 47 people who used the service and with three of their relatives. We also spoke by telephone with 12 members of staff who provided care for people.

We visited the administrative office of the service on 14 May 2015 and the inspection team consisted of one inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with three senior staff who were responsible for organising and checking on the visits completed to people's homes. In addition we spoke with the registered manager and examined records relating to how the service was run including visit times, staffing, training and health and safety.

Requires improvement

Is the service safe?

Our findings

The service did not have reliable arrangements to consistently provide people with the assistance they needed to safely administer their medicines. Although staff had received training and written guidance some staff were not correctly recording when they had dispensed medicines. In addition to this we noted that there had been a small number of occasions when medicines had not been dispensed. These mistakes had usually occurred because a visit had not been completed. On other occasions records showed that medicines had not been given in accordance with the prescriber's written instructions. There had been a variety of reasons for these events including visits not being completed at the correct times, miscommunication between staff and individual mistakes. Although the number of occasions when medicines were not correctly dispensed was small, each instance had increased the risk that people would not benefit from receiving the medicines they needed.

These shortfalls in managing medicines had increased the risk that people would not safely receive all of the care they needed to promote their good health.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered persons had established teams of staff in each of the two main geographical areas covered by the service. Staff said that there were enough of them to reliably complete all of the visits that had to be completed. However, a majority of the people using the service with whom we spoke said that they were concerned about the way in which staff were organised. In particular, they said that too many visits did not take place at the right time and that some calls were not completed at all. A person said, "When the staff get here they couldn't be nicer but you never quite know when they're going to arrive. They can be late, or very late or early."

We looked at computer records that showed the times visits had been completed for three people over a period of three days. Out of a total of 56 visits there were 37 occasions when staff were either early or late. In addition, of this number there were 21 times when the visit missed its correct start time by more than one hour. Records showed that since August 2014 there had been 56 occasions when staff had not completed a visit at all. The reasons for incorrectly timed and missed visits varied but usually involved a combination of shortage of staff, miscommunication between staff and poorly organised administrative systems. On a small number of occasions mistakes with visits had resulted in people experiencing actual harm. On the majority of occasions the mistakes had been inconvenient for people, caused them anxiety and had increased the risk of them not receiving the assistance they needed to be safe at home. The mistakes had continued without any significant reduction in their frequency and this was because effective action had not been taken to address most of the problems that were causing them.

These shortfalls in providing staff at the right time had increased the risk that people would not safely receive all of the care they needed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that the registered persons had taken appropriate action when there had been concerns that someone might be at risk of harm. For example, the registered manager had alerted the local authority when a person who used the service appeared to have lost some money without there being an obvious explanation for how this could have happened.

People said that they felt safe when in the company of staff. A person said, "I really want to emphasise how genuinely helpful the staff are. I know there are problems with visit times but the staff just couldn't be more genuine." Relatives were reassured that their family members were safe. One of them said, "I know that my relative is completely safe with the staff because they look forward to seeing them and talk about them almost as being family."

Staff had identified possible risks to each person's safety and had taken action in conjunction with other health and

Requires improvement

Is the service safe?

social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from special hoists, walking frames and raised toilet seats.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, staff had noted that a person had been placed at risk by having a slippery ramp leading to their front door. The registered manager had contacted the person's relatives who had arranged for a new more robust ramp to be installed.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

Staff had regularly met with a senior member of staff to review their work and to plan for their professional development. We saw that most staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to assist people who experienced reduced mobility, who lived with dementia or who needed extra help to eat and drink enough. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, "Although I'm never quite sure which member of staff will turn when it's my regular team they know me really well and I get just the right care. If it's someone else they're still nice but I'll have to explain what I want."

When necessary people had been provided with help to ensure that they had enough to eat and drink. Staff had arranged for some people to have meals delivered to their home because they were having difficulty catering for themselves. Records showed that some people were being given gentle encouragement to eat and drink regularly. They also showed that healthcare professionals had been consulted when people had not been eating well or had a problem with managing their body weight. For example, a person who was overweight had been provided with a special hoist to enable them to be more mobile around their home.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted in order to promote people's good health.

The registered persons and senior staff were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that staff support people to make important decisions for themselves. For example, these decisions could refer to the management of someone's finances or significant medical treatment. This involves helping people by providing them with information that is easy to understand. For example, this includes breaking complicated information into smaller pieces and using tools such as pictures, drawings and colour to bring it to life. When people are not able to make decisions at a particular point in time, staff are expected to regularly check that this remains the case.

We found that staff had worked together with relatives and other health and social care agencies to support people to make important decisions for themselves. They had consulted with people, explained information to them and sought their informed consent. For example, when a person who lived with dementia had been unhappy living at home staff had contacted the relevant care manager (social worker) to inform them about the issue. This action had enabled the care manager to discuss with the person and their relatives various options about how accommodation and care services could be provided in the future.

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, "I've got to know my care worker really well. I look forward to seeing her each day. She helps me and we have a good chat." Another person said, "I like how things are relaxed. My care worker is herself and we talk about things going on in the town, her family and things like that. I know it's a paid-for service but it feels more like friends."

People said they were treated with respect and with kindness. A person said, "The care workers if they're not too busy do extra things for me like getting a bit of shopping in for me which they do in their own time." Another person said, "My care worker often stays for a bit longer than she has to because she knows I like to have a cup of tea and a good natter."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative said, "My mother is always very positive about her care worker who will sometimes leave me a little note to tell me if mother's running low on something and needs some shopping done."

Staff also gave people the time to express their wishes and respected the decisions they made. For example, a person described how staff knew that she liked to buy a particular television guide each week and did this for her so that she had it at the start of each week.

Most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services which could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

Staff had received training and guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example, staff said that they never used social media applications for these conversations because anyone would be able to access them.

Records that contained private information were stored securely in the service's computer system. This system could be used remotely by senior staff using laptop computers. However, staff could only access the system when they had an authorised and unique password.

Requires improvement

Is the service responsive?

Our findings

People who used the service had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. In addition, the registered persons had an internal management procedure that was intended to ensure that complaints could be resolved quickly and effectively. Records showed that since August 2014 the registered persons had received 72 formal complaints. Nearly all of these complaints referred to the consequences of incorrect visit times and missed visits. Records showed that on each occasion the registered persons had investigated what had gone wrong and had courteously responded to the people who had been affected.

Records also showed that steps had been taken to try to prevent mistakes from happening again. For example, in relation to late or missed visits staff had been reminded to carefully check their work rosters and senior staff had been asked to more carefully check the completion of visits. However, we noted that improvements were often not sustained and that further action had not been taken until a further complaint was received. A person said, "To be honest when it comes to visit times I've stopped bothering complaining because it doesn't seem to make any difference." This shortfall had reduced the registered persons' ability to resolve complaints in a way that effectively developed the quality of the service that people received.

Each person had a written care plan. People said that they had been invited to meet with senior staff to review the care they received during each visit to make sure that it continued to meet their needs and wishes. A person said, "One of the senior staff come around to see me every now and then. They ask me if I'm alright and how well my care is going." However, a minority of the people we spoke with said that they were not convinced that their reservations about visit times always resulted in effective action being taken. A person said, 'Yes the office staff do come to see me and I tell them about my visits often being late or very late and nothing ever seems to get done about it so in the end you stop bothering to say about it."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive in their care plans. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I like to do as much as I can for myself be as independent as I can be and the care workers don't try to take over." We examined records of the tasks three different staff had completed during 15 recent visits and they showed that people had received all the practical assistance they needed.

Staff were confident that they could support people who had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, a member of staff described how a person pointed to a picture of their daughter and to a calendar to indicate when their relative had last called to see them. In addition, staff knew how to effectively support people who could become distressed. For example, a member of staff described how when a person became upset they reassured them by going out into the garden with them for some fresh air.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people wanted to have quiet time to watch religious services on television. We saw that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. For example, a person had been supported to go shopping. Other examples involved staff assisting people to post letters so that they could order things they wanted to buy from catalogues.

Requires improvement

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks that were intended to ensure that people reliably received the care they needed. These checks included examining the records staff completed each time they called to someone's home to show which tasks they had undertaken. We saw that although these quality checks had been completed they had not been wholly effective in preventing problems recurring. For example, the reasons for mistakes being made in the administration and recording of medicines were well known but had not been effectively addressed.

There were additional shortfalls in the arrangements that were used to check visit times. Although there were detailed computer records that showed exactly what time each visit started this information was only used for working out people's bills. There was no system to use these records to identify the scale of the problem of incorrectly timed visits and to respond accordingly.

We were told that an external auditor from the company who runs the service had completed an annual check of how well the service was meeting people's needs. However, records showed that these checks were not being completed in a robust way. This was because they had not ensured the resolution of the on-going problems we found with missed visits, incorrect visit times and the unsafe management of medicines.

People had been invited to give their views on the service by completing quality questionnaires. However, there was no provision for people to receive a reply to their comments. A person said, "I have completed a questionnaire to give feedback but I'm not completely sure Care UK is listening that carefully because no one has got back to me about things I've said." Although a majority of the people who sent in questionnaires were satisfied with the service they received, we noted that people had not been asked to comment in detail about the arrangements made for them to receive visits at the correct time. This oversight had reduced the opportunities people had to give feedback about this important part of their experience of using the service.

These shortfalls in receiving feedback about the service and in completing quality checks had increased the risk that people would not reliably receive care that met their needs and expectations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people said that they knew someone senior in the service who they could speak with if they needed advice. During our inspection visit we saw the registered manager and senior staff speaking by telephone with people used the service, staff and care managers. The registered manager knew about points of detail such as which members of staff were based in which local teams and how each team worked in practice. This level of knowledge helped them to manage the service.

Staff were helped to develop good team working practices that were intended to ensure that people consistently received the care they needed. There was a named senior person in charge of each team. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. The records that staff kept of the care they had provided during each visit helped to ensure that the next member of staff could be alerted to anything new. In addition, staff telephoned each other and senior staff if there was a more significant problem that needed to be addressed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to enable staff to deliver care in a coordinated and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered persons had shown a commitment to developing aspects of the service in line with good practice guidance. For example, they had worked in partnership with local healthcare agencies to provide special assistance for people who were near to the end of their lives and who wished to be cared for at home. This had involved establishing a team of staff who had received additional

Requires improvement

Is the service well-led?

training that enabled them to contribute to the care of people who had complex care. This development had helped to ensure that the people concerned benefited from being able to remain living at home because staff knew how to care for them.

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 The registered persons had not ensured the proper and safe management of medicines Regulation 12 (2) (g).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered persons had not ensured that sufficient members of staff were deployed to reliably meet people's needs for care. Regulation 18 (1) .

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided. Regulation 17 (2) (a) (b)