

UK Case Management Limited

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Inspection report

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Date of inspection visit:
09 January 2023

Date of publication:
10 March 2023

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

UK Case Management Limited is a domiciliary care agency providing personal care to people in their own homes. The service provides support to children, adults and older people who may have sensory impairments or physical disabilities. At the time of our inspection there were 22 people using the service.

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.

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

Right Support:

People were supported by a team who knew them well. However, care plans in place to help guide support workers did not always include the full details of people's care needs. Risks to people had not always been assessed so we could not be assured that all risks had appropriate mitigation in place. Medication management was not always safe, entries were missing from the medication records and records did not follow best practice guidance. People told us they received their medication as prescribed, but this was not reflected by the records in the service. Support workers competencies to complete certain care tasks had not been checked or recorded. We have made a recommendation about this. Governance systems were either not robust or they had failed to highlight the concerns from the inspection.

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; the policies and systems in the service supported this practice.

Right Care:

Training was offered in how to protect people from poor care and abuse; however, support workers did not always escalate concerns in a timely manner. Provider oversight had failed to identify the delay in reporting concerns. Support workers were caring and supported people with dignity and respect. They understood and responded to their individual needs. People felt listened too and told us support workers acted on their wishes and preferences. People had choices in their everyday lives and took control of their care, working with the service to ensure their needs were met.

Right Culture:

The management team were inclusive and encouraged support workers, people and families to be involved in planning their care. Support workers knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People gave positive feedback about the care they received. One person said, "They do a good job." While a family member told us, "[The service] know us as a family. It doesn't feel like a business. It is very responsive, and [person] is at the centre of what they do. They have been with us through some very difficult times. I am very happy."

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide the service with its first rating.

Enforcement and Recommendations

We have identified breaches in relation to the safety of the service, failure to ensure robust safeguarding systems and relating to the governance of the service at this inspection.

We have made a recommendation about the competency and training records for the support staff.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

UK Case Management Limited

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 Health and Social Care Act 2008.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service. We spoke to 5 relatives, 2 people who used the service and 5 staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had not always been assessed, managed or monitored.
- Care plans did not always include guidance on all aspects of people's care needs to ensure support workers were aware of how to provide support safely.
- Identified risks to people were not always identified and record to support staff in how to mitigate these.
- Support workers did not always respond to risk and seek medical assistance in a timely manner.

No harm had come to people at the time of the inspection. However, the failure to assess the risk to the health and safety of service users and doing all reasonably practical to mitigate any such risks increased their risk of harm. This is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support workers knew how to report accidents and incidents and the provider was developing the current system in place to give greater oversight in this area.
- Lessons had been learnt when things went wrong. Action plans were in place where needed, which had been followed up by the management team.

Using medicines safely

- Medicines were not always managed safely.
- We could not be assured people's medication had been administered, managed or recorded safely. Medication administration records had missing signatures for administration, prescribers' instructions were not always included and medications which required a variable dose had not been recorded.
- Protocols for 'When required' medications were not available to help guide staff. Records for the administration of topical medications were not in place.
- The provider was not working in line with their own medication policy. For example, the policy stated, 'a medication care plan should be developed and reviewed for each person.' However, this had not been followed.

The failure to ensure the proper and safe management of medicines is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were not always effective in safeguarding people from the risk of abuse.

- Safeguarding policy and processes had not always been followed by support staff. We identified a safeguarding concern and found there had been a delay in escalating safeguarding concerns which increased the risk of harm to a person.

The failure to establish robust systems to safeguard and protect people from abuse is a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment practices were in place. Appropriate recruitment checks took place to check the suitability of new staff.
- The provider had enough support workers to provide care to the people. Support workers worked well within their teams to cover any staffing shortfalls which meant the use of agency staff was minimal.

Preventing and controlling infection

- People were protected from the risk of infection.
- Policies were in place to guide staff on effective infection prevention and control procedures and staff had knowledge of this.
- People told us support workers wore the appropriate personal protective equipment when needed to help keep them safe.

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.

Staff support: induction, training, skills and experience

- Support staff told us they received the training required to be confident in their roles. However, competency in certain care areas had not been assessed or recorded by the provider.
- A training matrix was in place to record mandatory training. However, records of additional training, which was provided to meet the individual needs of people were not included on this record.

We recommend the provider review the systems in place to ensure support workers have the appropriate competence and skills to provide effective care, and update their practice accordingly.

- Positive feedback was received from people's family members when discussing training. One family member told us, "The training offered is bespoke to [person]." Another said, "We are lucky to have [support worker]. She is well trained."
- Appropriate inductions were in place for newly recruited support workers.
- Regular supervisions had taken place to provide support to the care teams.

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

- People's needs had been assessed, however, the care plans created to help guide support workers were not always effective and did not consider the full range of people's diverse needs.
- Key areas of people's care requirements were missing from the care plans. Information from professionals had been provided but had not always been included in their care plan. From the records provided, we could not be assured all members of the support team were aware of their responsibilities when providing care. Shortfalls with the records in the service have been addressed in the well led domain.

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

- People were supported to drink and to maintain a balanced diet.
- Support staff told us they had a good understanding of people's dietary needs. However, more detail was needed in the care plans to ensure specific dietary advice was recorded.
- Appropriate referrals had been made to other professionals, such as Speech and Language Therapists to help ensure people had the support required.

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

- Support workers worked well with other agencies and supported people to access healthcare services

when needed.

- The service had built up strong relationships with other healthcare professionals. Referrals for additional advice and support were sent without delay.
- Support workers had the time to ensure people attended their medical appointments. One person told us, "They [support workers] are always available to take me to my appointments."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Support was offered by a multidisciplinary team to ensure people were protected.
- Appropriate applications had been made to the Court of Protection when required.
- Training had been provided to ensure support workers understood the principles of the MCA.

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 were treated well and supported by a team who knew them, providing care without discrimination and acted on people's preferences.
- The support workers spoke highly of the people they cared for, respecting their views and choices. One support worker said, "[Person] is the boss, so [person] decides what happens with their care and we ensure we do this."
- Family members told us that staff were caring and they built up good relationships and trust. One family member said, "We trust them implicitly." Another said, "They are perfect, we couldn't get any better."

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

- People were supported to express their views. Case managers regularly contacted the person and their family to ensure they had the opportunity to discuss their care.
- People told us they made their own decisions. One family member said, "[Person] is always present at care reviews and asks questions. [Person] can choose what they do."

Respecting and promoting people's privacy, dignity and independence

- Staff were found to always be respectful, promoting people's privacy and maintaining their dignity when supporting with personal care tasks.
- Staff told us they would always involve the people in their care, asking for consent before starting any task and working in line with their care preferences.
- People were able to talk to their care team and work together to tailor the care required to meet each person's needs, promoting independence and dignity.

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

- Care was personalised and met the needs of people. Care plans did not always include all the details of people's care; however, support workers knew them well and acted to give people choice and control.
- People felt confident in contacting the management team to discuss their care and change was implemented in line with people's preferences.
- Support workers felt well informed about the care needs of people. When things changed in people's care, case managers would ensure all details were passed quickly to the care team. One support worker told us, "The service is very responsive to people's needs. Communication is always good, and they keep everyone up to date with things."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and to follow their interests. People were given choice about how they spent their day and support workers facilitated this. One person told us, "I do what I want. If I want to go somewhere that is my choice."
- Support workers encouraged people to access the community and worked with them to reach their personal goals.
- Relatives were very positive about the support offered to their family members in maintaining an active life. One relative told us, "They constantly encourage [person]. They take him to the gym; he accesses things safely. Golf, cinema and swimming too."

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure was in place. Complaints were investigated in line with the complaints procedure.
- People and relatives knew how to raise a concern and said they had confidence in the registered manager to deal with this appropriately and professionally.
- Support workers reflected an open culture of honesty and learning in the service. They felt able to approach the senior team to raise a concern and improvements were made when required. One support worker said, "We are always listened too, and changes are made quickly if needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to understand the information given to them about their care and the needs of the people currently using the service were met.
- Communication support plans had been developed which outlined people's needs, including any additional communication aids needed to ensure support workers understood their individual communication style.

End of life care and support

- End of life care was not provided at the time of the inspection. However, specific support could be developed should any person require this in the future.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Monitoring systems for quality and safety in the service required improvement. Not all areas of care had been reviewed and audits were not in place for key risk areas, such as medication.
- Audits that were in place had been ineffective in highlighting the concerns raised at this inspection. For example, care plan audits did not highlight missing information or risk assessments about people's care. This meant, we could not be assured managers had appropriate oversight of the care provided.
- Care plans were missing key information which related to people's care.
- Systems to monitor the welfare of the people were not robust causing delays in concerns being escalated and addressed.
- Effective oversight systems had not been developed by the provider to ensure safeguarding issues were reported and addressed without delay.

The failure to ensure effective systems in place to monitor, mitigate risk and improve the quality and safety of the service and the failure to maintain accurate, complete and contemporaneous records is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider worked to address concerns highlighted during the inspection process once these had been identified.

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

- The registered manager promoted a positive culture in the service which was open and empowering.
- Support workers were confident in the management team's ability to deal with any issues which arose and were encouraged to give their opinions on care which helped achieve good outcomes for people.

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 registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff had been asked to provide feedback about the service. Relatives felt involved in the care of their relatives, taking part in care reviews and having input when required.
- The service worked well with other professional, taking their advice on board and acting in line with their suggestions.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risk to the health and safety of the service users and do all reasonably practical to mitigate such risks. The provider failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(a)(b)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to establish robust systems to safeguard and protect people from abuse.</p> <p>Regulation 13 (1)(2)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure effective systems were in place to monitor, mitigate and improve the quality and safety of the service. The provider failed to maintain accurate, complete and contemporaneous records.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

The enforcement action we took:

Warning notice issued to the provider with an 8 week timescale for improvement.