

Umbrella Care (Midlands) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection at The Office at Hollin House on the 11 and 12 January 2018. This was the first ratings inspection since the provider had registered with us in May 2017. We found there were breaches in Regulations 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 the report.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger adults who have a physical or learning disability. Not everyone using The Office at Hollin House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had 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.

We found that the systems in place to monitor and manage the service were not effective. This meant there was a risk that unsafe and ineffective care was not identified.

The provider had not notified the commission of a change to their registration as required.

Improvements were needed to ensure that records contained accurate and up to date information.

The provider was not always following the principles of the Mental Capacity Act 2005. This meant that people were at risk of receiving care that was not in their best interests.

Improvements were needed to ensure people's cultural and diverse needs were assessed and recorded to enable a fully individualised care provision that met people's preferences.

Improvements were needed to ensure staff had guidance to administer and prompt people to take their medicines safely. Improvements were needed to ensure that the provider had safe recruitment procedures in place.

People were supported to eat and drink sufficient amounts and nutritional risks were assessed and monitored.

People's health was monitored and health professionals input was sought where needed.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks

and supported them to remain as independent as possible whilst protecting their safety.

There were enough staff available to meet people's needs in a timely way. Infection control measures were in place to protect people from the potential risk of cross infection.

People were supported by caring and compassionate staff.

People's choices were promoted and respected by staff and staff understood people's individual communication needs. People's dignity was maintained and their right to privacy was upheld.

People's care was reviewed to ensure they received support that met their changing needs. People received care from a consistent staff group which met their individual needs and preferences.

People and relatives knew how to complain and the provider had a complaints procedure in place.

People, relatives and staff felt able to approach the registered manager and provider.

Feedback had been gained from people and relatives which had been acted on to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements were needed to ensure medicine records were available to ensure that staff had guidance to administer and prompt medicines safely. Improvements were needed to ensure that the provider had safe recruitment procedures in place.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough staff available to meet people's needs and infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider was not always following the principles of the Mental Capacity Act 2005. This meant that people were at risk of receiving care that was not in their best interests.

Improvements were needed to ensure staff received training and a system was in place to ensure staff's competency and understanding was assessed.

Improvements were needed to ensure that people's diverse needs were considered in their assessment to enable effective planning of their care.

People were supported to eat and drink sufficient amounts and their nutritional risks were managed.

People's health was monitored and health professionals input was sought where needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and showed patience and

compassion when they supported people. People were supported to make choices in the way their care was provided and their independence was promoted. People were supported in line with their individual ways of communication. Staff treated people with dignity and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People's care was reviewed to ensure they received care that met their changing needs. People received care from a consistent staff group which met their individual needs and preferences.

People and relatives knew who to contact if they had a complaint and there was a complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements were needed to ensure that effective systems were in place to monitor the quality of the service provided. Records were not always accurate and up to date.

Improvements were needed to ensure that staff performance was monitored.

The commission had not been made aware of a change to the provider's registration.

People, relatives and staff felt able to approach the registered manager and the provider. People and their relatives had been asked for feedback and the provider had acted on these.

The provider and registered manager worked in partnership with external agencies.

Umbrella Care (Midlands) Ltd

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 was 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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The Inspection activity started on 08 January and ended on 15 January 2018. It included telephone calls to people and/or their relatives and telephone calls to staff members. We visited the office location on 11 January 2018 and 12 January 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed the information included we held about the service, such as feedback from staff and people. We also checked any notifications we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries, safeguarding concerns and changes to the service provided.

We spoke with one person who used the service. People who used the service had difficulties communicating, so we spoke with six relatives to gain their views and experiences of the support provided. We also spoke with six staff, the registered manager and the provider. We viewed three records about people's care and records that showed how the home was managed. This included training and induction records for six staff employed at the service.

Is the service safe?

Our findings

Relatives told us that staff administered or prompted their relative with their medicines when they needed them. One relative said, "We have never had any issues with missed medicine because staff know what my relative needs and they make sure they have their medicines when they need them". Another relative told us that the provider had ensured that their relative was provided with creams to ensure their skin remained in good condition. Staff we spoke with told us that they felt competent to support people with their medicines as they had undertaken medicines training. The records we viewed confirmed this. Some improvements were needed to ensure that medicines and creams that were prompted were recorded. We saw that entries had been made in the daily log book that people had been prompted with their medicines and creams had been applied but there were no details in the records of the medicines and how often these needed to be prompted. For example; one person had been prompted to take their asthma medicine because they were breathless but there were no medicine records to give staff guidance on how much of their medicine was needed. We also saw that people were assisted with the application of medicinal creams but there was no guidance as to how or where the creams needed to be applied. This meant that improvements were needed to ensure that medicines and creams administered were recorded consistently.

We saw that the provider had a recruitment policy in place. The registered manager had undertaken criminal record checks that ensured staff that were employed at the service were suitable to provide support to people. We saw that staff had provided details of two referees for the registered manager to contact. However, we found that there was only one reference available on staff files. References of previous employment are an important part of assessing staff members' suitability to provide support to people and best practice would be to have two references to enable the registered manager to assess staff suitability. The registered manager told us that they had requested these but they had not received them back, but they would ensure that they follow up 2nd references for all staff. This meant that improvements were needed to ensure that safe recruitment procedures were always followed.

People and relatives told us that staff knew how to help them safely, whilst promoting their independence. One person said, "I am quite independent, but staff come round to make sure I'm okay". One relative said, "The staff know exactly what to do for my relative. I can't fault them I feel that they are very safe". Another relative said, "The staff are very good and have put things into place to make sure they are well looked after. My relative developed sore skin and the provider spoke with the G.P to ensure they had cream for the staff to apply". Staff were able to explain how they supported people to reduce risks and had a good knowledge of how to reduce people's risks, which matched what people had told us. This meant people were supported to lower risks to their health and wellbeing because staff knew people's needs well.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel very safe with staff. I know the staff and trust them". Relatives told us that they trusted staff and knew that their relatives were supported safely. One relative said, "I feel my relative is safe and looked after, which means a lot to me and puts me at ease. The staff are trustworthy. It's important for my relative to know they can trust the staff going into their home". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would

report any concerns that someone was not being treated properly to the registered manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that staff knew how to ensure people were protected from suspected abuse.

People and relatives we spoke with told us there were enough staff available to provide support when they needed it. People told us that staff arrived on time and staff stayed for the required time. One person said, "I have never had any issues with staff time keeping. They are always very prompt and stay the amount of time I need them to". A relative said, "Staff have always arrived on time and we have never experienced any missed calls". Another relative said, "It is really good that my relative has the same members of staff. It means they are able to get to know them well and alleviates any anxieties". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "I feel there are enough staff. We get enough time to spend with people too. It is nice to be able to provide unrushed care; we even get time to have a chat with people too". We spoke with the registered manager who told us where there were staff shortages the permanent staff covered the hours to provide consistency in care for people. This meant that there were sufficient staff available to meet people's needs.

People we spoke with told us that staff always wore aprons and gloves when they were supporting them. One person said, "Staff have explained to me why they wear gloves as it is to protect us both". A relative said, "The staff always wear gloves and they are very clean and tidy". During the visit to the office we saw staff accessing supplies of gloves and aprons and staff told us that these were always available. This meant that people were protected from the risks of infection control and cross contamination.

Is the service effective?

Our findings

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 we spoke with told us that they had consented to their care before care was provided. However, there were no mental capacity assessments in place for people and we could not always see whether people were able to consent to their care. Where relatives were consenting for people it was not always clear why and whether they were the most appropriate people to make decisions in people's best interests. A relative we spoke with told us they had Power of Attorney (POA) for the care and welfare of their relative. However, there was no evidence at the office to enable the registered manager to be assured that this legal document was in place and had been authorised by the appropriate authorities. Staff did not always have a clear understanding of the actions they needed to take when a person lacked capacity to make decisions. We asked staff what actions they needed to take if they felt that a person did not have the capacity to make certain decisions and we received inconsistent responses. One member of staff said, "I'm not sure really. I've not had this training". Another staff member said, "I get to know from visiting people. I'm not sure if it is written down or not". The registered manager showed us a template for a mental capacity assessment, but this had not yet been implemented into people's care records. This meant we could not be assured that the provider was working in line with the principles of the MCA 2005.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were gaps in staff training. For example; we saw that not all staff had received training in safeguarding and the MCA. Staff we spoke with had varying knowledge in safeguarding and poor knowledge of the MCA and how this affected people who used the service. The registered manager showed us booklets they had given to staff regarding the MCA and a schedule of planned training to be completed. Staff had also informed the registered manager that they wanted face to face training and this had been listened to and action had been taken to seek external training. However, people were at potential risk of receiving care from staff who did not consistently have the required skills and knowledge. The registered manager and provider were unaware that staff had varying knowledge and there were no systems in place to ensure that staff had understood the training provided. This meant that people were at risk of receiving unsafe and ineffective care.

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

We found that before a person used the service an assessment of their needs was completed to ensure that the person's needs could be met at the service. We saw that information was gathered from the person

themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. However, we found that the assessment form did not detail specific information about people's diverse needs such as cultural background, religion or their sexuality. We fed this back to the registered manager who stated that they would ensure that the assessment form was reviewed to include an assessment of people's diverse needs.

People and relatives we spoke with were happy with the support they received from staff in relation to their food and drink. One relative said, "The staff always make sure that they leave a drink for my relative as they can get dehydrated". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. For example, one person was at risk of developing water infections and it was important that they were supported to drink sufficient amounts. The records we viewed showed that staff supported this person at each visit to drink to maintain their wellbeing. This meant people were supported with their nutritional needs.

People were supported if they felt unwell. Relatives told us that staff were pro-active in ensuring that people's health needs were maintained. One relative told us that staff knew their relative well and had identified when they needed health professional interventions. They told us that they had peace of mind that the staff understood when their relative was unwell. Staff told us how they looked for signs that people were unwell such as; physical and emotional wellbeing and they would contact a doctor or emergency services if needed. This meant that staff supported people to access health professionals when needed.

Is the service caring?

Our findings

People and their relatives we spoke with told us that staff were caring and compassionate towards them. The comments we received from people and relatives included; "The staff are very caring towards me. I like them all they are very nice", and "I can't speak highly enough about the staff and management. They are all very caring and it shows in everything they do for my relative", and "The staff are lovely with my relative. My relative was a bit apprehensive about staff coming into their home as they can be quite shy. Staff are consistent and have formed a good bond with my relative who now looks forward to them visiting". One relative told us how the staff had stayed with their relative when they needed to be admitted to hospital and they waited until they were taken in the ambulance. They said, "This shows they do the extra little things that mean a lot to my relative and to the family as we have peace of mind that they are looked after by staff that really care".

People and relatives told us that they were treated with dignity and respect when staff were supporting them or their relative. One person said, "The staff treat me in a dignified way. I can do a lot more for myself now but they were very sensitive when I needed more help. The staff are all very polite and courteous". A relative said, "The staff spend time with my relative and always provide any personal support in private. The staff really respect my relative and the family too". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. This meant that people's dignity was maintained and their right to privacy upheld.

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "The staff are very good. They always ask me what I need and have helped me to regain my independence". A relative said, "The staff always ask my relative what they need and the care is very much led by my relative. The staff listen to what they want and act on their wishes". Relatives also told us how the management had ensured that people were matched with their relatives to ensure that the most appropriate staff provided support. This enabled people to feel in control of their care. Staff told us they always asked people before they provided support and took account of their wishes. One staff member said, "I always ask people what support they need and some people's ability to choose can change on a daily basis so I ensure that I look out for physical ways of communicating choice and explain slowly to help people understand". The care records we viewed detailed how the support needed was to be provided and was personalised to people's preferred times. Records showed that people were supported by staff at their preferred time and people told us that staff were always on time. This meant that people were given choices and were supported in line with their preferences.

We saw compliments received from people and their relatives about the way staff provided care. The comments included; "Thank you we are overwhelmed with the caring support received", and "Wonderful team", and "You are a team of angels that have made such a difference".

Is the service responsive?

Our findings

People and relatives told us and care records showed that they were involved in the assessment and planning of their care and their preferences were taken into account. One person said, "I have always been involved in my care from the very start and when things have changed". One relative said, "Communication is really good between staff and management if things change. I am kept involved and the management are always very responsive when I contact them". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people liked their care providing. Staff also understood different people's individual routines they liked to follow and people's interests, which helped them to have meaningful discussions. This that people were involved in their assessment to ensure that their preferences were taken into account.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "Whenever there are changes in the care needs of my relative we are involved and all the staff know how to provide support differently. The management are very responsive to changes and have ensured that my relative receives care that meets their current needs". For example; one person had sore skin and their relative told us that the registered manager had contacted the G.P to ensure this person had medicated creams to maintain their skin. The relative told us that this person's skin had now healed because of the care received. Staff we spoke with were aware of these changes and explained how they ensure this person's skin was maintained. This meant staff were responsive to a change in people's needs.

People and their relatives told us that carers arrived on time and they had consistent carers who they knew well. The comments we received included; "I get the same two staff who visit and they are very punctual", and "My relative always gets the same staff, which is really good because they know what they need and have built up a good relationship", and "My relative and myself are very happy because their care is consistent, which is important to us both. We trust the staff because we know them and they know what support is needed". People and staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. The records we viewed showed that people received their care at a time that they preferred by a consistent group of carers.

People and their relatives told us that they knew how to complain and they would approach the staff if they had any concerns. One person said, "I know the boss and they are very good so I would speak to them if I had a problem. I haven't had any reason to though". A relative said, "I would speak to the provider or the registered manager if I needed to as they are very approachable and helpful". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. There had been no complaints received at the service. However, we saw that there was a system in place to record and monitor any complaints received.

Is the service well-led?

Our findings

The provider has a duty to notify us (CQC) of any changes to their registration which includes a change of address from which the regulated activity is carried on. We were informed the day prior to the inspection visit that the office address had changed. We asked the provider why we had not been informed of this change and they stated that they were not aware that they needed to inform the commission of this change. The provider immediately completed the required paperwork to inform the Head Office of the commission of this information. We saw evidence from the commission that this had been received and would be actioned as required.

The above evidence shows the provider was not fully aware of their responsibilities of their condition of registration. This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

We found that there were some systems in place to monitor people's care. However, these did not always show how the service monitored and mitigated potential risks to people's health and welfare. We found that there were no specific audits in place to check that people were receiving the care required. For example; there were no medication audits, audits on care files or other areas of care to ensure that people were receiving the care required. We saw that some reviews of daily logs had been undertaken by the provider and registered manager and they told us that they took actions when required. However, there was no management plans in place to show the actions taken to mitigate risks to people. We saw that there was a quality assurance policy file, which contained the actions needed to ensure that the quality of the service was monitored. This was not being followed in practice. This meant that there were not effective systems in place to monitor and mitigate the service.

We found that records were not always up to date. Staff were aware of people's needs and the support required, which matched what people told us they wanted. However, the records did not always contain an accurate reflection and reviews of people's care had not been recorded where changes had been made. For example; we found that people's risk assessments did not always contain sufficient details and there was a potential risk that new staff would not have the information required to support people safely. People and their relatives told us that the provider and registered manager had been responsive to people's health needs and had completed reviews of people's care. However, the actions taken or these important discussions about people's care and wellbeing were not recorded. This meant that improvements were needed to ensure records were accurate and up to date that reflected people's needs.

Staff and the registered manager told us that spot checks were carried out whilst staff were providing support to ensure performance was monitored. We were told that when a spot check had been completed it was noted in the daily logs within people's homes. However, there were no details of the areas assessed and if any actions needed to be taken to ensure staff performance was monitored. The registered manager agreed that this was needed and devised a template on the day of the inspection to use for future spot checks. We also saw and the provider told us staff had not had not always received a supervision. A supervision is an opportunity for staff and management to discuss work related issues and areas of staff

development. We saw that where any concerns had been raised regarding a specific staff member's performance a supervision meeting had been held to discuss and monitor their performance. However, other staff had not yet received a supervision to discuss their role and any development needs. This meant that improvements were needed to the way the management supported staff in their role and monitored staff performance.

The provider and registered manager told us that they had been providing care calls to people, whilst they were recruiting new staff. They stated that this had affected their ability to manage the service and they were aware that improvements were needed. They told us that new staff had been recruited which included office and care staff to enable them to be present in the office to undertake management duties.

The above evidence shows that systems were not always in place to effectively monitor and manage the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the site visit the registered manager and provider told us they had held a meeting to discuss the areas we highlighted on the first day and how they needed to make improvements. We saw that they had started to look at the way they monitored the service, which included a template for staff spot checks and a schedule of audits required. They also told us they would ensure there were MAR sheets for prompting of medicines and details of the medicines staff needed to prompt alongside any creams that needed to be applied. We were informed that a staff meeting would be held to inform staff that records needed to be brought to the office on a regular basis so that audits could be carried out to ensure people were receiving their assessed care. We also received an action plan from the provider which showed details of how they plan to make improvements. We will assess the effectiveness of this action plan at our next inspection.

People and their relative's told us that the both the registered manager and provider was approachable. One relative said, "[Registered Manager's name] is really helpful and approachable and they are also available if we need them". Another relative said, "The management team are excellent and extremely helpful. Anything I have raised has been dealt with immediately. From the management down I have complete trust and I would highly recommend to anyone". At the time of the inspection there was not a formal system to gain the views of people and their relatives. However, relatives told us that they had regular informal contact with the provider and management who asked if they were happy with the service provided. For example; one person felt uncomfortable with a specific staff member due to their age. Their relative discussed this with the registered manager who revisited and introduced a different staff member. This person was now happier and felt more comfortable. This meant that action had been taken to ensure that feedback was gained from people and their relatives to inform service delivery.

Staff we spoke with told us that the provider and the registered manager was supportive and approachable. One member of staff said, "The management are really supportive and have an open door policy. I feel I can go to them if I need to and anything I raise has always been acted on". Another member of staff said, "I feel supported and listened to. We asked if we could have certain training which is face to face I learn better this way and this has been arranged. I am due to attend some face to face training soon". This meant staff felt supported in their role

We saw that the registered manager and provider had contact with other agencies on a daily basis. This included health professionals such as G.P's, district nurses, hospital staff and consultants. Relatives told us that the service contacted health professionals when their relatives were unwell or needed further intervention from health professionals. Health professionals we spoke with were happy with the

communication and referrals made by the management to ensure people received a good quality of care. This meant that the registered manager and provider worked in partnership with agencies to make improvements to people's care.

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	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider had failed to notify us of a change to their registration.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent We could not be assured that the provider was working in line with the principles of the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always in place to effectively monitor and manage the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training was not effective and staff knowledge in some areas was poor, which meant there was a risk of ineffective support.

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