United Care (UK) Ltd

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Inspection report

St Lukes Social Enterprise Centre
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

United Care (UK) Ltd is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats. At the time of the inspection eleven people were receiving a service.

This inspection took place on the 28 January 2019. The inspection was announced. At the previous inspection which took place in December 2016 the service was rated as overall Good. However, the service was rated Requires Improvement in Well Led because there were no quality audits being carried out. At this inspection we found improvements had been made. The provider carried out staff observations and had developed a quality audit tool. Records showed issues identified were discussed with staff in supervision.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited to the manager position and this person was in the process of becoming registered.

Staff knew how to report safeguarding concerns and knew about whistleblowing. People had risk assessments carried out to reduce the risks of harm they may face. Recruitment checks were carried out before new staff began working at the service. There were enough staff employed to meet people's needs and keep them safe. People were protected from the risks associated with the spread of infection. The provider had systems in place to record and learn from accidents and incidents. People were supported with their medicines. However, records did not always contain a list of the medicines prescribed to people.

The provider assessed people's needs before they began to use the service to ensure the right care could be provided. Staff were supported with training opportunities, regular supervision and annual appraisals. People were supported with their nutrition and to maintain their health. The provider and staff understood the requirements of the Mental Capacity Act (2005) and the need to obtain written and verbal consent before delivering care.

People and their representatives thought staff were caring. Staff knew how to support people with their care needs. The provider and staff involved people in care decisions. Staff knew about equality and diversity. People's privacy, dignity and independence were promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood how to deliver personalised care. Care plans were detailed and personalised. People's communication needs were met. The provider had a system to record and handle complaints. The provider ensured they could provide end of life care should this be required.

The provider had a system to obtain feedback from people using the service and their representatives in

order to identify areas for improvement. Staff had regular meetings to embed training and be updated on policy changes. The provider worked in partnership with other agencies to identify areas for improvement.

We have made one recommendation in relation to medicines management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were knowledgeable about the actions to take if they suspected somebody was at risk of harm or abuse.

People had risk assessments to reduce the risks of harm they may face.

There were enough staff employed to ensure people's needs were met. The provider had a safe recruitment procedure.

Medicine records did not always contain a list of medicines.

People were protected from the risks associated with the spread of infection.

The provider had a system in place to record and learn from accidents and incidents.

Is the service effective?

Good

The service was effective. People had an assessment before they began to use the service, so the provider could ensure they could meet the person's needs.

Staff were supported in their role with training opportunities, supervision and appraisals.

People were supported with their nutritional and healthcare needs.

Staff understood the need to obtain consent from people before delivering care.

Is the service caring?

Good

The service was caring. Staff knew what people's care needs were.

The provider involved people and their representatives in making

decisions about the care.

Staff told us they offered people choices.

People's privacy, dignity and independence were promoted.

Staff knew how to deliver an equitable service.

Is the service responsive?

Good

The service was responsive. People received a personalised care service. Care plans were personalised and detailed.

The provider met people's communication needs.

Complaints were recorded and dealt with appropriately.

The provider ensured staff were prepared to provide end of life care appropriately should this be needed.

Is the service well-led?

Good

The service was well led. People using the service, their representatives and staff spoke positively about the leadership in the service.

The provider had a system of obtaining feedback from people, their representatives and staff about the quality of the service provided.

Staff had regular meetings, so they could be updated on policy changes and to embed training.

The provider carried out quality audit checks, so they could identify ways to improve the service.

The service worked in partnership with other agencies to make improvements to the service.

United Care (UK) 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2018 and was announced. The provider was given 24 hours' notice because the location is a small domiciliary care service and we needed to be sure somebody would be there. One inspector carried out this inspection.

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection we spoke with the deputy manager. We reviewed three people's care records including risk assessments and care plans and reviewed four staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, policies and procedures and quality assurance documentation. After the inspection we spoke with two care workers, two people who used the service, one relative and one friend.

Good

Is the service safe?

Our findings

People and their representatives told us the service was safe. One person said, "[Staff member] is very helpful. Good timekeeping." Another person told us, "I feel very safe and very happy. They are absolutely marvellous." This person told us staff never missed a visit and always came on time. A relative told us they felt their family member was safe with staff and said, "They have never missed a visit but have been late on occasions." A person's friend said, "Never missed [a visit] and always on time."

The provider had safeguarding adults and whistleblowing policies which gave clear guidance to staff on the actions to take if somebody was being harmed. Staff told us the actions they would take if they suspected somebody was being abused. One staff member said, "I will first look out for how the person is doing and tell the management so that they can tell the necessary authorities. Whistleblowing is when there is something going on within an organisation and you reach out to the Care Quality Commission or safeguarding team." Another staff member told us, "I would report it straight away to the manager, the company or to the police." This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments carried out to mitigate the risks of harm they may face. Each person had a care file in their home which gave basic first aid instructions for if the person fell, became unwell or was choking. Risk assessments were carried out for the environment, moving and handling and medicines. For example, one person's risk assessment for moving and positioning indicated the equipment used was a tracking ceiling hoist, a transfer sheet and a wheelchair. The risk management plan for using the transfer sheet stated, "One worker pulls and the other pushes the sheet complete with person, then slides easily from one to the other. Repeat process in clear, short sentences. Allow for time, space and assuring [person]. Ensure proper techniques and check for breaking skin or bruises."

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

The deputy manager told us there had been no missed visits but on occasions there were delayed visits. The provider had a system in place to call people if their visit was going to be delayed or if there was going to be a different care staff visiting. The deputy manager told us that if there were known events such as a football match which may delay care staff arriving for a visit then they would also write a letter to the person. Staff absences were covered by other care staff but if this was not possible they were covered by the deputy manager or one of the two field officers.

People who received support with their medicines confirmed they were happy with the support they received with this. The provider had a comprehensive medicines policy and all staff had been trained to safely administer medicines. Records showed that people were reminded to take their medicines and a medicine risk assessment had been completed. However, details of the medicines were not always listed on

the medicine administration record sheets.

We recommend the provider seeks advice and guidance from a reputable source, in relation to safe medicines management.

There were suitable arrangements in place to protect people from the risks associated with the spread of infection. The provider had an infection control policy which gave clear guidance to staff about preventing the spread of infection. Personal protective equipment (PPE) such as gloves and aprons were left in the homes of people using the service. Staff received infection control training and confirmed they had access to sufficient amounts of PPE. The manager told us this system helped to prevent cross contamination which may occur when staff carry gloves and aprons in their bags from one person's home to another. The manager also told us that staff were instructed to alert the office in good time when a person using the service needed more supplies in their home.

The service had a system of recording incidents and accidents which detailed actions taken to prevent reoccurrence. The deputy manager gave us an example of lessons learnt as a result of incidents occurring with one person using the service who would hit, slap and spit due to their condition. The deputy manager told us, "We have tried to guide staff, to keep a distance and keep an eye on [person]. Not stand too close where [person] can hit or slap you. We provide a mouth and nose cover as [person] spits. I've told [staff] not to go in there if the person is agitated and to assess the situation. When you see [person] is not completely settled, don't even start work. Do other tasks until person has calmed down." This showed the provider had a system in place to learn actions from incidents.

Good

Is the service effective?

Our findings

People and their representatives told us the service was effective. One person said, "[Staff member] comes in the morning and does what he needs to do." Another person told us, "Yes they do have the skills. [Staff member] knows exactly what to do. She's like a friend." A relative told us, "We are happy with it. They are very flexible." A person's friend said, "They are a very good agency."

People had an assessment of their care needs carried out before they began to use the service. Information gathered during the assessment included needs around health conditions, mobility, communication, nutrition and hydration, personal hygiene, relationships, pets, environment, security, financial management, medicines, social life and interests. This meant people's needs were assessed and important information about the person could be captured to ensure the service could meet their care needs.

The deputy manager told us new staff had to complete a 12-week induction period which included completing the Care Certificate. The Care Certificate is training in a set of standards of care that staff are recommended to receive before they begin working with people unsupervised. New staff then shadowed experienced staff before working unsupervised.

Staff told us they were given training opportunities. One staff member said, "They will be on your case to do it. It's always very useful." Training records showed staff received refresher training in subjects such as health and safety, moving and handling, dementia awareness, dignity in care, epilepsy, diabetes, first aid and food safety. Records showed staff were up to date with their refresher training. This meant people were supported by suitably qualified staff.

Staff received support through regular supervision and told us they found these meetings useful. Records showed staff received supervision in accordance with the provider's policy. Topics discussed during supervisions included aspects of good performance, development and training, whether the staff member had any issues to discuss, comments from the supervisor and comments from the staff member. Staff also received annual appraisals which looked at the staff member's standard of work, ability to work in a team and ability to learn. This meant staff were supported to carry out their role effectively.

People were supported to meet their nutritional needs. Care plans gave clear instructions to staff on the support and encouragement needed with food and fluid intake. One person's care plan stated, "Offer [person] a choice of food available. Ensure food is presented attractively, is arranged to enable [person] to eat appropriately. Ensure a glass of water or preferred drink is at hand. If you are concerned about an apparent change in [person's] appetite and food/fluid intake or ability to chew and swallow, please report [to the office]."

People were assisted to maintain their health. Care plans contained contact sheets which detailed contact with healthcare professionals including the GP and occupational therapists. Care records gave information on people's medical conditions and allergies.

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. We checked whether the service was working within the principles of the MCA.

People had signed a consent form to consent to receiving care. Staff described when they sought verbal consent from people using the service. One staff member told us, "You must get consent during every visit for everything you do." Another staff member said, "When you are rendering a service, you need to get the consent first." This meant the provider were working within the requirements of the MCA.

Good

Is the service caring?

Our findings

People and their representatives told us they were happy with the support they received from staff. One person said, "[Staff member] is very good. I couldn't ask for anything more. I couldn't be happier with him." Another person told us, "I have a great relationship with one of the [staff members]. She's a naturally warm, kind and caring person. I would recommend her to anyone." A friend of a person who used the service said, "[Person] is very pleased with them."

Staff knew what support people needed and described how they got to know the people they visited. One staff member told us, "The company introduces us to them. It's a working relationship so it starts from there." Another staff member said, "By reading their care plan. If the service user can talk, you talk to the person or you can speak with the family."

A relative confirmed they were involved in decision making about the care their family member received. They said, "They review the care all the time. They always keep you in the loop. She [deputy manager] listens to you."

The deputy manager explained how people who used the service, relatives and other professionals were involved in making decisions about care. "When we take on new packages we involve service users, family and friends during the assessment. As we go along we involve them in reviews. When it is necessary we involve social services and the allocated social worker and the continuing care nurse."

Staff confirmed they included people in their care by offering choices. One staff member told us, "When I go in, I give them the choice. I take a few [items] of the clothing and show to them and they can choose." Another staff member said, "Personally, I leave them to make the choices. You ask, 'Which one would you prefer?' "

The provider had an equality, dignity and respect policy which gave clear guidance to staff about how to treat people. The deputy manager told us, "We make sure they [staff] attend their training. In supervisions or at observations, you remind them how to protect someone's dignity. You try to keep them up to date of why it is necessary to protect them. They have to seek the permission. At least knock and say hello to the person. Seek their consent, close the door."

Staff knew how to promote people's dignity. One staff member told us, "By keeping everything about them secret and confidential. When you go in to give personal care, make sure the curtains are closed." Another staff member said, "Close the doors and curtains. Making sure there is no third party present and making sure the person is not exposed." This meant people's privacy and dignity was maintained.

Staff were aware of equality and diversity. One staff member told us, "You have to share your time equally and listen." Another staff member said, "It's all about standards. I make sure I treat them [people who used the service] as highly as possible."

We asked the deputy manager how they would support somebody who identified as being lesbian, gay, bisexual or transgender (LGBT). The deputy manager told us, "It is also down to equal opportunity. You can't deprive the person. You have to work within the limits. We make staff understand everyone has got their choice. It is not their place to point fingers and make judgement. We also encourage them to keep updating themselves with the care plan. Whatever is not in the plan you don't have to address their privacy. Don't step outside the boundaries."

Staff described how they would support somebody who identified as being LGBT. One staff member said, "Everybody has the right to whatever sexuality they want, and everybody has the right [to receive] care." Another staff member told us, "By doing the same I would do for anyone else."
The deputy manager said the staff could support people with personal relationships including the loss of a loved one. "We would have pre-prepared the [staff member]. We have said to [staff] to have listening ears at least. Paying attention, listening to [the person using the service]."

People's independence was promoted. Care records detailed what tasks people were able to complete independently, what tasks family members completed, and the support people needed. Staff explained how they promoted people's independence. One staff member told us, "By allowing them to do some things for themselves. You say something like, 'Please can you lift up your leg?'" Another staff member said, "By allowing them to do what they can do themselves if possible."

Good

Is the service responsive?

Our findings

People received a personalised care service. Staff understood how to deliver a personalised care service. One staff member told us, "[Personalised care is] supporting the individual according to their needs and preferences." Another staff member said, " It is [personalised care] when giving care to somebody, it is centred on the person not on what you want."

Care plans were personalised and detailed. Care records gave detailed information about what care tasks to complete at each visit time. The care plan stated people's care objectives and instructions for staff to enable the person to meet those objectives. One person's care plan objective was to minimise confusion and hallucination and to enable the person to feel safe and orientated. The care plan intervention stated, "Remain calm and do not use restraint. Orientate [person] in person, time and place. Carers to introduce themselves and what they are about to do (or doing). Use simple, short sentences and repeat if necessary in a calm voice."

The provider understood what was required of them by the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. We asked the deputy manager how they ensured people had access to information if they had a sight or hearing impairment. They told us, "We can enlarge characters. We can read out to them. We can get the information by braille. For people with hearing loss, you would have to write it out and we could provide a notebook and a pen." The deputy manager gave an example of one person they worked with whom they used pictures to communicate with and the person would give a 'thumbs up or thumbs down' sign to respond.

People and their representatives told us they knew how to complain if they were not happy with the service. One person said they had not needed to make a complaint and stated, "They are very good. I am quite pleased." Another person told us, "They are marvellous. I've not had to complain. I would probably speak to them first and try to find a way forward." A relative told us they had made a complaint before about timekeeping and this was resolved to their satisfaction.

Staff knew what actions to take if somebody wished to complain. One staff member told us, "I will reassure the person and relay it to the necessary person; the agency or my manager." Another staff member said, "I will do my best to act on it and I will escalate to my manager."

The provider had a comments, complaints and compliments policy which gave clear guidance to people using the service and stakeholders about how they could expect their complaint to be handled. Records showed that two complaints had been made in the last year and these had been dealt with appropriately.

The provider documented compliments made to them about the service provided. One example was recorded at a person's review meeting and stated, "[Person] indicated [their] appreciation for the level of quality care [they] receive from United Care through the carers as [person] is being adequately assisted in all areas."

The service was not currently working with anybody requiring end of life care. The deputy manager told us if the need arose with anybody using the service, they would work in partnership with healthcare professionals such as palliative care nurses or the Macmillan nurses to ensure appropriate care was delivered. The provider had a policy about end of life care which gave clear guidance to staff on how to deliver end of life care in a sensitive manner.

Good

Is the service well-led?

Our findings

At the last inspection the service was not carrying out quality audits. We found improvements had been made at this inspection. The provider carried out regular quality audits of the service provided to identify and action areas for improvement. Quality audits are a way of checking the quality of the service being provided to identify areas that could be improved. The quality checks included observing staff at work. The deputy manager told us, "During observations we involve them [person using the service and their representative] and the carer we are observing. If we have concerns we get social services involved and they will get the OT or physiotherapist involved if needed."

We reviewed records of unannounced observations of staff at work which took place once or twice a year. The deputy manager said additional unannounced checks were carried out of staff working if there was a concern. We also reviewed records of announced observations of staff at work which took place every three months. Records showed during observations checks included timekeeping, communication, record-keeping and use of equipment. Comments from people using the service about their satisfaction with the worker were also captured.

The deputy manager showed us the audit tool they used which included a check of staff records, care records, and checked staff were following the guidance and standards of medicines management, infection control and record-keeping. Records showed issues identified during observations of staff at work or from the audit tool were discussed with staff during supervision.

People and their representatives gave positive feedback about the leadership in the service. A relative told us, "I think it's well run [the service]." A person's friend said, "Excellent. The office staff are very good. Having this agency is like a breath of fresh air."

There was not a registered manager at the service. However, a person had been recruited to the position and was in the process of applying to become registered with the Care Quality Commission.

Staff spoke positively about the leadership in the service. One staff member told us, "So far so good." This staff member confirmed they felt supported in their role. Another staff member said, "It's managed very well. [Deputy manager] makes sure everything is updated. I really do feel supported." Staff confirmed the provider treated employees, from different ethnic backgrounds and belief groups, fairly and equally.

People and their representatives confirmed the provider checked they were happy with the service. One person told us, "They've sent me two forms to fill in where I can rate them, and they've come to see me a couple of times as well." A relative said, "Every couple of months [deputy manager] checks to see how things are. They come down and spend about an hour and a half."

The provider carried out regular quality surveys with staff and people who used the service in order to identify areas for improvement. The staff survey asked if the staff member found their work satisfying and enjoyable, if they were able to use their skills at work and if they felt valued.

People using the service were asked to complete a satisfaction survey after the first three months. Following on from this, people using the service were asked to complete a survey every three, six or twelve months according to the person's preferences. We reviewed the 20 surveys completed during 2018 and these showed all respondents gave positive feedback about their satisfaction with the service delivery. Comments on the surveys included, "Carer works to the best of her ability and exhibits a high sense of responsibility and professionalism" and "[Person] is satisfied with their ongoing planned care. There are no concerns at the moment."

The provider held regular staff meetings. One staff member told us, "I find it very useful when we share experiences." Another staff member said, "Very useful for updates." We reviewed the minutes from the staff meetings held in April and November 2018. The meetings included training discussions using case studies. Topics discussed included training, care standards, safeguarding, the impact of Brexit and support for staff. This meant staff were kept updated on policy changes and embedded training.

The provider worked in partnership with other agencies. The deputy manager told us they made recommendations to funding bodies if there was a need for extended time with a person using the service or a concern about health and safety. They also said they attended the local authority's provider forum to connect with other providers and share examples of good practice. This meant the provider worked with other organisations to identify ways to improve the service.