

Mrs Tracy Birkin

# Universal Care Services

## Inspection report

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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

About the service: Universal Care Services provides a domiciliary care service to people in a shared living environment. Four people with learning disabilities share a living space and the service provide support with activities of daily living 24 hours a day. At the time of our inspection, the service was providing personal care to four people.

At the time of registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them. The service is now working towards developing the service in line with these principles, ensuring people with learning disabilities can live as ordinary a life as any citizen.

People's experience of using this service:

Relatives told us their family member was safe. Risks to people were assessed and how to reduce risks and how to respond to possible harm recorded. The management of medicines was safe and staff had completed training. Staff followed infection prevention and control guidance when supporting people.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by new staff. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were in place and followed.

Staff involved healthcare professionals to support people's health care needs were required. People received support, with eating and drinking, when needed. 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 gained people's consent before providing personal care and support.

Relatives said and people's satisfaction surveys told us staff were kind and caring. The staff described how individual people preferred their care and support delivered and the importance of treating people with dignity and respect. Care plans showed people were involved in their care and they contained sufficient detail for staff to provide effective care and support.

People, relatives and staff had the opportunity to provide feedback about the service. Information was provided so people knew who to speak with if they had concerns. There was a system in place to respond to any complaints. The provider worked in partnership with other services to support people's when needed. Systems were in place to monitor the quality of service but the provider was in the process of reviewing the quality checks to make these more robust.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: At the last inspection the service was rated Good. (published 2 August 2016). The overall rating has remained the same.

Why we inspected: This was a planned inspection based on the previous rating of Good.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below

# Universal Care Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Universal Care Services provides a domiciliary care service to people in a shared living environment. The provider was registered as an individual who was in day to day control of the service and was not required to have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Everyone using the service received the regulated activity. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit. We needed to be sure the provider would be available to facilitate this inspection.

#### What we did:

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us, which

contains 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 were unable to speak with people who used the service or visit the premises where people were living, as we had not been given consent to do so. We did visit the office location and looked at two people's care plans and a selection of medication administration records. We saw records and documentation about the management of the service, recruitment information for one staff member, staff training and supervisions records. We contacted three people's family members by telephone to obtain their thoughts about the service. We spoke with the provider and two members of staff.

Following the inspection, we received an example of a revised care plan, staff training checklist, medication agreement and survey and audit frequency.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives said people were safe with the staff who supported them. One relative said, "[Name of person] is definitely safe in their home."
- Staff were able to describe different types of abuse and were aware of their responsibility in reporting any concerns.
- The provider had a safeguarding policy and staff had completed safeguarding training.
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

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

- Potential risks to each person's health, safety and welfare had been identified
- Staff understood where people required support to reduce the risk of avoidable harm.
- People's care files contained risk assessments which covered the severity and probability of the risk and instructions for staff.
- Risk assessments were reviewed regularly and when people's needs changed.
- The provider said people's finances were managed by family members, but people did have a small amount of money which was managed by the staff who supported them. Any transactions were recorded and monies were checked and verified by staff signature.
- Lessons were learned when things went wrong so that improvements could be made to the service.
- The provider said they reviewed accidents and incidents and implemented changes as necessary.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People had regular staff who supported them and they could build relationships with.
- Relatives told us their family member received care from the same team of staff. One relative said, "It is the same group of staff and they know [name of person] very well."
- Staff said they covered gaps in the rota and worked well together. A staff member said, "We have a really good team and staff cover for sickness."
- The provider had recruitment procedures in place which ensured appropriate checks were completed prior to new staff starting work.

Using medicines safely

- Relatives said their family member received their medicines when appropriate.
- The provider said they followed safe protocols for the administration of medicines. A staff member said, "The medicines are locked up and we sign the sheet when medications are given."
- Medicine administration records (MARs) were checked by staff to make sure these had been completed

correctly, to identify any issues and prevent errors.

- People's medicine was reviewed annually by their GP.
- All staff completed training in the safe handling of medicines. When staff first started at the service, the provider assessed their competency before they could administer medications. The provider carried out further staff observations each year, but these were not recorded. The provider agreed to make the records more robust.

#### Preventing and controlling infection

- Staff described the importance of following good management and infection prevention within people's home.
- Staff had access to personal protective equipment which included disposable gloves and aprons when undertaking personal care tasks. A staff member said, "We have gloves and aprons, cleaning products and bathrooms are cleaned every day."
- Staff had completed infection control and food hygiene training.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed to ensure the service could meet their needs.
- The provider used the 'General Data Protection Regulation' to store people's information and the 'Health and Social Care Act' for providing people's care and support.
- The provider reviewed people's care and support needs to ensure this was being delivered as planned.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; to carry out their role effectively.
- Relatives told us staff were appropriately trained. A relative said, "Staff have the right skills to support [name of person]."
- Induction procedures ensured staff had time to get to know people they would be supporting and were trained in the areas the provider identified as relevant to their role.
- People were supported by staff who had ongoing training. One staff member said, "I enjoy training and I find it useful."
- The provider said they reviewed staff training certificates to establish when refreshers were due but did not have a way of checking if all staff had completed all the training topics. The provider agreed to make the records more robust.
- Staff felt well supported and were given opportunities to review their individual work and development needs.

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

- People, where appropriate, were assisted to maintain their nutritional and fluid intake.
- Where needed, staff supported people to choose their meals which ensured their independence was maintained. A person commented in the satisfaction survey, 'I sometimes help cook meals or I like to prepare' and 'On Sunday we sit around the table and I choose what meals I would like that week'. A staff member said, "There is always plenty of snacks and drinks for people, including yoghurts and fruit."
- The provider said, where appropriate, care plans ensured staff had the information relating to a person's eating and drinking needs.

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

- People were supported by a regular staff team, which ensured people received continuity of care.
- Staff said they worked well as a team and communication and sharing of information was good.
- People were supported to receive healthcare services which included appointments with the optician, dentist and an annual health check with their GP. A staff member said, "Doctors and dental appointments

are arranged when needed. People also have an annual medication review."

- A person commented in the satisfaction survey, 'If I feel ill, staff will book a GP appointment'.
- Relatives were confident staff contacted healthcare professionals when required for their family member.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

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

- The provider told us everyone they supported could make day to day decisions.
- Relatives said people were always given options and choices, for example, one relative said, "[Name of person] Can make day to day decisions and makes their views known."
- Staff said people were involved in making every day choices. One staff member said, "Choice is respected and I always give people choice. For example, where they want to go if we go out for the day."
- Staff had received training in MCA.
- The provider said they had not needed to make any applications to the Court of Protection to deprive people of their liberty lawfully.
- Care plans showed people had consented to their care and support. However, the recording of people's mental capacity and where they had Power of Attorneys in place needed to be documented. The provider agreed to make the records more robust.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff spoke about people in a kind and caring way. The provider and staff knew people's preferences, likes and dislikes and used this knowledge to care and support them in the way they wanted.
- Each person had a life history recorded in their care plan and this helped staff to build positive relationships with people.
- We saw people and their relatives had given very positive feedback to the provider through a satisfaction survey. People's comments included, 'I like my home and staff are all kind to me and give me what I want'. Relatives comments included, 'The best [name of person] has been cared for since leaving home'.
- People's religious needs were recorded in care plans and people were supported to access religious services, if required. The provider said one person chose to attend church on Sunday's.

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

- The provider supported people to make decisions about their care and support, and knew when people wanted help from their relatives.
- People and their relatives could comment on their care through a satisfaction survey. One person commented, 'Staff listen and I have one to one chats'.
- Relatives said they had always been updated and informed of any issues.
- There was no one using an advocate, but information on how to access an advocacy service was available for people. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "I make sure doors are closed and people are dressed appropriately."
- A relative said, "[Name of person's] dignity is respected and they help them to get dressed and do their hair."
- The provider said people were independent and this was promoted by staff. A staff member said, "People are given lots of encouragement to be independent and they are offered choice regarding their day to day lives."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew their likes, dislikes and preferences.
- Care plans were written mostly in a person-centred way, and identified health needs, skills, goals, objectives and required outcomes. For example, '[name of person] requires verbal prompts with all aspects of personal hygiene including showering, bathing, cleaning teeth and support with shaving'. This helped staff provide support which was individualised.
- A relative said, "There is definitely enough information in the care plan for [name of person's] needs."
- People maintained relationships with family and friends without restriction.
- People were supported in promoting their community involvement and enjoyed a range of person centred activities. For example, going to the gym and a farm.
- Staff knew how to communicate with people and information was provided in ways which people could access and understand. Care plans contained information about people's communication needs.
- The provider did not fully understand the Accessible Information Standard, which is a legal requirement to meet communication needs of people using the service. However, people's communication needs were identified, recorded and highlighted in care plans.
- The provider said information was in a format each person could understand and access. They said information and documents could be produced in any format or language, if required.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- Relatives said they had information on how to make a complaint and would feel comfortable doing so. One relative said, "I have never had to complain but I would phone [name of provider] and it would be resolved straightaway."
- Staff said they would talk with the provider about any issues or concerns.
- There were policies and procedures in place to guide staff in how to manage complaints.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The provider said there were unlikely to support anyone who required end of life care but they would ensure all staff had the appropriate training and support, if required.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider monitored the quality of the service by a monthly health and safety audit, visits to the service, talking with people and relatives and carrying out three-monthly satisfaction surveys.
- The provider said they were in the process of reviewing the quality checks to make these more robust. This included documenting when MARs were checked, staff medication observations and the renewal of employment checks.
- Policies and procedures were in place which provided staff with clear instructions.
- The provider demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- The provider continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was committed to providing good quality care to people and promoted a positive culture that was person centred and caring.
- Staff enjoyed working at the service and spoke positively about the provider. A staff member said, "The service is well managed and communication is good which helps to maintain continuity of care for people. The provider is always available, supportive and listens."
- Relatives said the service was well managed and they received good support from the provider. One relative said, "[Name of provider] is brilliant, she always keeps me informed of things. I can't thank them enough on how [name of person] is looked after."

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

- The provider had sought feedback to help maintain and improve standards at the service.
- Relatives and staff said they had appropriate opportunities to provide feedback to the provider.
- Resident and relatives satisfaction surveys had been conducted in January 2019. Most of the responses were positive but where any follow up was required this had been actioned. A relative said, "They send a survey every three month or so for me to complete, I am happy with everything."
- Staff meetings and discussions with people were held, giving both staff and people opportunity to feedback to the provider.
- The provider and staff team worked in partnership with other services and had good links with the local

community to support people's care and wellbeing. These included social service and healthcare professionals.