

Care UK Learning Disabilities Services Limited

Care UK Learning Disabilities Staffordshire Ltd

Inspection report

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Date of inspection visit: 14 August 2014
Date of publication: 09/01/2015

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	

Overall summary

This inspection was announced. We had informed the registered manager prior to the inspection to ensure that someone would be available to facilitate it. Our last inspection took place in November 2013, at that inspection there was no breaches in the regulations.

Care UK Learning Disabilities Staffordshire Ltd provides personal care to people in their own homes or supported living accommodation.

Care UK is required to have a registered manager in place. At the time of our inspection there was a registered

Summary of findings

manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who used the service were unable to tell us if the care they received was good. Their relatives told us they were pleased with the care provided by Care UK.

The provider had systems in place to keep people safe. Staff were well trained and supported to fulfil their role. The service had a recruitment process in place. Records we looked at confirmed that staff were only employed with the service after all essential pre-employment safety checks had been satisfactorily completed.

We found that appropriate systems were in place to ensure that there were sufficient numbers of suitable staff employed with the service. Arrangements were in place to ensure that newly employed staff received an induction and received opportunities for training. Records also showed that staff received regular supervision.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of

Liberty Safeguards (DoLS) and to report on what we find. We saw evidence that best interest meetings had taken place where people lacked capacity. A formal best interests meeting maybe required to plan the decisions needed where the issues facing the person who lacks capacity are very complex.

People's health care needs were met through close monitoring and with support from external agencies. When people's needs changed this was quickly noticed and the relevant support was gained.

People had access to a wide range of activities. The service supported people to be as independent as they were able to be.

Care was planned and personalised. Records, observations and discussions with staff demonstrated that people using the service were at the centre. Regular reviews took place to ensure that where people's preferences had changed this was identified.

Records viewed showed that the service had responded to people's complaints and concerns in line with the complaints procedure. We found that people had been listened to and the issues raised had been acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Staff had received training in how to safeguard vulnerable adults. The service made referrals to the local authority when they suspected abuse.

There were sufficient numbers of staff available to keep people safe.

There was a robust recruitment processes in place to make sure that suitable staff were recruitment to provide people's care.

Is the service effective?

The service was effective

Good



Staff were trained effectively to deliver good quality care.

People were supported to have their healthcare needs met. Where required they received specialist health care treatment.

The service assessed people's nutritional needs and ensured people were supported to have sufficient to eat and drink. People were provided with a choice of healthy meals.

Is the service caring?

The service was caring.

Good



Staff we spoke to were knowledgeable about the people they cared for and spoke about them in a respectful manner.

We observed that staff were kind and caring in their approach to people.

Social care professionals and relatives told us they felt that the service genuinely cared for the people they supported.

Is the service responsive?

The service was responsive.

Good



People had comprehensive care plans that outlined people's needs in detail including people's likes and dislikes.

Daily living skills and activities within the community were offered to people depending on their preferences.

The service held regular meetings with people who used the service and reviewed their care.

Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager in place.

There were systems in place to monitor the quality of the service.

Staff were well trained and supported to fulfil their role.

Good



Care UK Learning Disabilities Staffordshire 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 checked 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.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service. This included looking at previous inspection reports and notifications the provider had sent us. The provider sent us a Provider Information Return (PIR) which gave us information about the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time at the main office looking at records and talking with the registered manager.

We visited two homes and met five people who used the service. We spoke to two senior care staff and four care staff. We received information from two social care professionals following the inspection. The expert by experience spoke to 14 representatives of people who used the service.

We looked at three care records. We looked at four staff files and other records relating to the management of the service, including complaints and quality monitoring audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service who we visited were unable to tell us whether they felt safe due to their limited communication skills. Relatives of people told us that they felt that their loved ones were safe. One person told us: “I am pleased with the care my sister is receiving at home they do it safely and well” and: “I know that my brother has safe care in the home, he has been in care for a long time at different hospitals and homes and this has been the best place for him”.

The provider had a safeguarding procedure and raised safeguarding referrals with the local authority when they suspected abuse. All the staff we spoke to confirmed that they had received training in the safeguarding of adults and that they would report any sign of abuse to their relevant line manager.

Everyone who used the service had a ‘keeping me safe’ risk assessment. The risk assessment covered all areas of the person’s daily life and how to minimise the risk of harm during activities of daily living. The risk assessment was based on the approach of encouraging people to be as independent as they were able to be.

Some people needed support due to behaviour that challenged. We saw that comprehensive care plans and risk assessments were in place which outlined the triggers for behaviour and gave clear guidance of how staff should respond. Actions were based around distraction and de-escalation techniques that took into account the things

people liked to do or talk about. Care staff we spoke with were aware of people’s individual risk assessments and care plans. This meant that staff knew how to keep people safe when they were anxious.

Staffing levels were determined by the needs of the people. One service we visited supported four people and we saw that four staff were on duty. We saw that this was the normal staffing level for this service. This meant that people could access the community and be supported safely within their home. In another service two people were being supported by three staff. Staff told us that following a recent incident in which one person had put themselves at risk in the community, the service had increased the staffing to ensure their safety and to maintain their community activities.

The provider had a safe recruitment and selection process. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records check as well as a check on the register of people unsuitable to work with vulnerable people. This meant that the service was making appropriate checks to make sure that staff were suitable to work.

When people lacked capacity to make decisions for themselves we saw that this was identified in their care plans. Staff told us that they had held ‘best interest’ meetings to discuss and agree decisions on the person’s behalf. This meant that the service was following the principles of the Mental Capacity Act 2005.

Is the service effective?

Our findings

In the two homes we visited we observed that people were happy and relaxed. Relatives we spoke with told us they felt that care was effective. Comments included: “In my opinion the carers are well trained to do their jobs” and: “My daughter has communication problems and the staff of the home has developed a way of communicating with her and we are delighted by how good they are”.

Records confirmed that new staff had a period of induction. We saw that this consisted of training at the office base, the completion of the common induction standards and shadowing of more experienced staff. The manager told us that this process took approximately 12 weeks before they were deemed as being competent to work alone. Two newer members of staff we spoke with confirmed that they had received an induction and shadowed more experienced staff before commencing working alone.

Staff confirmed that they had an annual personal development review, which was monitored quarterly through a support and supervision session. We saw that when staff required extra training to aid their personal development it was available to them. One member of care staff told us they had just completed a nationally recognised qualification in care. They told us: “There’s lots of training available to us”. This meant that staff felt supported to fulfil their role effectively.

Care records showed us that people had access to regular health care appointments. We saw involvement from GP’s, consultants, dentist, community mental health nurses, occupational therapists and speech and language therapists. A social care professional who supported people at the service told us: “There are regular, consistent person centred plan reviews in-house, which ensures all goals and outcomes are being achieved”.

We saw that everyone had a health action plan which clearly informed staff or external professionals of any health condition the person may have and how to manage it. There was a ‘Red, Amber, Green’ document which detailed all the vital information about the person if they had to be admitted into hospital, such as medication, communication or behavioural difficulties.

Staff told us that they had received training in the use of physical intervention. Staff we spoke to told us that restraint was a last resort. Staff knew people well and knew

how to divert and distract people to help them become calm when they were anxious. If restraint was used we saw records were completed detailing the incident, level of restraint and reasons why it had been used. Staff told us they held de-briefs following incidents so they could learn from it and reduce the risk of occurring again. The service had its own behavioural specialist who supported staff and people who used the service in putting together a plan to manage their anxieties.

We were shown two examples of where people who used the service had been supported to maintain a healthy lifestyle. Staff had noted that one person was more anxious than usual. They had supported the person to attend several health appointments to try and ascertain if there was an underlying cause to their anxiety. After several appointments and tests it had been identified that the person was having difficulty with their hearing. On the day of our visit we saw that this person was calm and relaxed using headphones to aid their hearing. Staff told us that the person was immediately less anxious when using the headphones and they hoped that the reason for their anxieties had been found.

Another person had been supported to lose weight. A member of staff told us how the person had been a fussy eater and had always chosen the unhealthy option. With lots of support and encouragement the person was now happy choosing and eating healthy food. They had lost weight and were now at a healthy weight. A relative told us: “They are very kind and caring they have taken account of her dietary needs”.

People were offered choices of what to eat and drink. On the day of our visit one person told us they were having steak as they had chosen it when they went to the shop. This was confirmed by staff who told us that people chose on a daily basis what they wanted to eat and they didn’t plan a menu. In another service there was a menu which was planned with the people who used the service. The menu was in place as the people using this service required structure and needed to be able to plan ahead.

When people had a specific nutritional need such as weight loss, regular monitoring of people’s food and fluid intake were recorded. People were weighed regularly. We saw when one person had been noted to be losing weight; the staff had supported them to attend a GP appointment. The person had been prescribed food supplements and their weight was now stable.

Is the service effective?

Individual risk assessments were in place for people at risk of choking. We saw that dietician support had been gained

and the person's care plan and risk assessment clearly stated they required a soft diet. A relative told us: "They do not meet just her personal needs but her health needs are reviewed regularly as she is also diabetic".

Is the service caring?

Our findings

Relatives we spoke to told us: “My [relative] has his own bedroom in a house with three other people, and staff have encouraged them to make the house comfortable and homely. This speaks volumes for their dignity” and: “The staff that comes to our home is always polite and respectful”.

To gain further insight into how people were being cared for in their own home we visited two of the supported living units. We observed that staff were patient and caring and interacted with people in a gentle and respectful manner. There were positive interactions between staff and the people who lived at the services.

Two social care professionals told us they felt the provider genuinely cared for the people they supported. One professional told us: “The support staff go above and beyond their hours and are committed to ensuring that people at [name of service] are supported in a consistent and person centred manner”.

Care plans we looked at were clear and comprehensive. They were written in such a way that the person’s individual needs and preferences were at the centre of the plans. The manager and staff spoke respectfully about the people they cared for. Staff showed an obvious interest in people and their individual likes and dislikes.

People were supported to go on holiday with staff. We saw photographs of holidays that had taken place. One person who used the service smiled and signed an aeroplane when we discussed their forthcoming holiday abroad with them. A social care professional told us that holidays were arranged via person centred meetings with the person so as to ensure that people had complete control and choice of holiday

We saw that people who used the service were supported to maintain relationships with others. Within people’s care plan there was ‘a circle of support’ which clearly identified people that were important to the person. We saw when people had no relatives or friends for support, it was recorded that they would require an advocate in any decision making process.

Staff also supported people to visit their family at home by supporting them with transport. Two relatives told us: “The staff escorts my [relative] to our home every third Sunday of the month and collects her after a few hours”, another said: “My [relative’s] home is not too far away and she comes to visit and keeps in touch with her family and this is supported by staff of the home”

Is the service responsive?

Our findings

Relatives told us that they had been involved in regular reviews of their relatives care. One person told us: “Our sister has a keyworker and she attends the annual care plan review meetings and we are delighted at her contributions, as she knows our sister very well”, another person told us: “My brother’s review is attended by the staff of the home the social worker and family members and we are always able to make a contribution to the care plan”.

When we visited one service, a person told us they were moving home soon. Staff told us that the person had asked to move to a quieter home and the service had supported them through gaining an advocate and a social worker to help them facilitate their chosen move. The plan was to support the person with a period of transition into their new home.

People were actively encouraged to engage in activities both within their home and in the community. One person had won awards for horse-riding. People attended discos, pubs, restaurants, and went shopping for food and personal items. Staff told us that one person had been frightened when travelling in a car and this had been restricting their opportunities. They told us that they had drawn up a risk assessment and were now slowly supporting the person with travelling. Staff had taken the person on a train and found that they were not frightened when on a train. Opportunities were now open to this person that had previously not been.

Relatives told us that they were happy with the activities their relative was able to get involved in. Comments included: “They go to the cinema” and: “next week is a planned shopping trip to London” and “Swimming is a two weekly activity”; and “holidays are twice a year and shopping trips are regular”.

People’s care plans were written in such a way that they reflected people’s individual needs. Staff were able to respond and care for the person effectively with the information contained within them. We observed that staff responded to people appropriately. Staff knew people well and offered them choices and communicated with them in a way in which they would understand.

Information we received from the social care professionals told us: “All concerns and issues are raised immediately with myself so as to help resolve issues as soon as possible”, and: “I have found them to be caring and responsive to the needs of the service users”.

Regular reviews of people’s care took place. A member of staff told us: “We do our best to involve [name of person] in their review, we try and help them to understand what is being said”. We saw that where able to, people had signed their own plan of care.

“Living together” meetings took place in each service. We saw minutes that discussed activities and household tasks. The service also held a ‘Listen To Me’ forum. The forum was for all people from across the service to attend to discuss their chosen agenda.

The service had a complaints procedure in place. A record was kept of complaints they received. Our check of records confirmed that these were responded to appropriately. We saw that the complaints procedure was available in an ‘easy read’ format for people with communication difficulties. A relative told us: “The agency has a complaint procedure and I will take this route if necessary”. This meant that people knew how to make a complaint.

Is the service well-led?

Our findings

Relatives told us they thought the service was well led. Comments included: “The senior managers of the unit visit to ensure it is functioning at a high standard” and: “In my opinion it is well led as the staff that care for my [relative] understand people with learning disabilities and we know this as we have lived with their condition for over fifty years”.

The service had a registered manager. There were three managers who were responsible for a number of different locations and each service had a senior carer. There was a clear definition of roles between the management team.

There were clear policies and procedures for staff to follow. We saw that staff had signed to say they had read them. All the policies and procedures had a review date. We saw that the manager tracked and recorded the due date. This meant that the manager could be sure that staff were aware of the policies and procedures they should be working within.

The provider had a whistle blowing policy which supported staff to be able to report any signs of abuse. Staff we spoke to knew that the policy was in place and how to use it.

The provider used an electronic system for recording staff training, support and supervision. The manager showed us that once information was put into the system, a reminder would be sent when staff training or supervisions were due. This assisted in ensuring that training and support was kept up to date.

Regular meetings with people who used the service, staff and relatives took place. Staff had opportunities to contribute to the running of the service through regular staff meetings. Staff we spoke to told us they felt supported and that the managers were approachable.

The provider had implemented several audits to monitor the quality of care being provided. Accidents and incidents were audited and there was a service improvement plan and a core standards review. We saw that the manager analysed the audits and acted to improve any areas that required improvement. A new quality telephone check list was being rolled out on the day of our visit to people being cared for in their own homes. It was obvious from our findings that the service was looking to learn and improve.

Annual satisfaction surveys took place for people who used the service and their relatives. We saw that the information gained from these was analysed and an action plan for improvement was completed. Evidence of progress towards the improvements were recorded. Within the office we saw a suggestion box for people who used the service or their relatives to use when visiting the office. This enabled them to make suggestions for continuing improvement.

Staff told us they had regular meetings to discuss any issues they may have. An ‘over to you’ annual questionnaire was completed by all staff working for Care UK and an open day for staff had been planned following the analysis of the staff questionnaire to respond to the findings. Staff were also encouraged to use the suggestion box.