

Umbrella Care (Midlands) Ltd

Umbrella Care (Midlands) Ltd

Inspection report

15a - 17a Getliffe Yard
Derby Street
Leek
ST13 6HU

Tel: 07896434822

Date of inspection visit:
20 March 2019
26 March 2019

Date of publication:
02 May 2019

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:

Umbrella Care (Midlands) Ltd is a domiciliary care agency that was providing personal care to 12 people at the time of the inspection. People that were being supported at the time of inspection had a range of support needs, such as people living with dementia and people with physical disabilities.

People's experience of using this service:

At the last inspection in February 2018, the service was rated as Requires Improvement overall, with breaches of the regulations in relation to consent, staff training, registration requirements and governance. At this inspection, we found that the provider had made considerable improvements and there were no longer breaches of the regulations. The home had improved and is now rated as Good.

People felt safe and risks were planned for. People had their needs assessed and had access to health care professionals when needed. People were supported when nearing end of life, although people were not routinely supported with end of life wishes, meaning that future plans had not been discussed with people. Following our feedback, the provider had plans to ensure this was put into place and recorded in care plans.

There were enough staff to ensure people received timely support and staff were recruited safely. People were supported safely with their personal care by staff that knew them well. People had their preferences taken into consideration although people were not asked about their sexuality, following our feedback, the provider had plans to ensure this would be implemented and recorded during people's admission stage.

People received support that met their needs. People could complain when they needed to and complaints were investigated and dealt with. People and relatives were asked about their views and had opportunities to complete surveys.

Lessons were learnt when things went wrong and systems improved if needed. The managers were responsive and approachable to people that used the service and to the staff. The managers had a clear understanding of their responsibilities of their registration with us.

Rating at last inspection:

At the last inspection the service was rated as; Requires Improvement (report published 27 February 2018) and was in breach of regulations. At this inspection we found the service was no longer in breach and the overall rating had improved.

Why we inspected:

This was a scheduled inspection based on the previous rating, to which the provider submitted an improvement plan at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive.

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

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.

Umbrella Care (Midlands) Ltd

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 on site. There was also another inspector who carried out phone calls to people who used the service and to their relatives.

Service and service type:

Umbrella Care (Midlands) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults who have dementia, physical or learning disability or autistic spectrum disorders and to people that have sensory impairments. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; helping with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, they had recently left therefore, the provider had an interim registered manager in situ. The provider informed us the interim manager will be going through the registration process with us. The provider who was also the director had day to day input.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because the service is a domiciliary care agency and we needed to be sure someone would be in the office when we visited. Inspection site visit

activity started on 20 March 2019 and ended on 26 March 2019. We visited the office location on 20 March 2019 to see the interim manager and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from commissioners of people's care to find out their views on the quality of the service. We spoke with one person who used the service, three relatives, one care coordinator, one carer, the interim manager, and the director. We viewed three care files for people, including daily notes and medicines records. We viewed three staff records and we looked at documents relating to the management and administration of the service, such as, audits, handovers and surveys.

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:

- People were protected from abuse and concerns were acted on and reported in line with policies and procedures.
- Staff understood their responsibilities to ensure people were kept safe from abuse and could identify different types of abuse and knew how to raise concerns.
- People could be assured they felt safe, one person said, "Absolutely safe, yes, I couldn't wish for a better carer." A relative said, "Yes my [relative] is safe, in fact they tell the staff how they make them feel safe."

Assessing risk, safety monitoring and management:

- Staff knew people's risks and supported them in a way that ensured their safety was maintained. For example, one person had mobility issues. One relative said, "[Relative] uses a frame and the staff encourage [relative] to use it. [Relative] has never had a fall when the staff are here and they advised us about adaptations."
- Risk assessments and management plans were in place and updated when incidents occurred.

Staffing and recruitment:

- At our last inspection we found improvements were needed to ensure safe recruitment practices were followed. At this inspection we found the provider had made the required improvements.
- People could be assured there were sufficient staff to provide their care and were always on time. One relative said, "They are always on time, usually they are early. This is not a problem, it is an important part of Umbrella Care, they give people that opportunity to spend time with people."
- Staff recruitment procedures ensured staff were subject to pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely:

- At our last inspection we found improvements were needed to ensure medicines were administered safely. At this inspection we found the provider had made the required improvements.
- Staff had received training in the safe administration of medicines. Spot checks were carried out by senior staff to ensure medicines were being administered safely. One relative said, "[Relative] has tablets, the district nurse goes in as well and the staff follow advice."
- Policies and procedures were in place which ensured staff had clear guidance to ensure that people received their medication as prescribed.
- Medication records known as Medication Administration Records (MARs) were being completed by staff to indicate medicines had been given.

Preventing and controlling infection:

- Systems were in place to ensure that the risk of infection was prevented. Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.
- The provider ensured that Personal Protective Equipment (PPE) was supplied in each home, people and relatives told us that PPE was used, one relative said, "Yes, they use gloves and aprons, they have rolls of paper to use as towels and they are excellent as they are not rough. [Relative] has skin like paper."

Learning lessons when things go wrong:

- Lessons had been learnt when things had gone wrong. For example, there had been a medication error involving another care provider which was identified by Umbrella Care who took appropriate action to protect the person. This led to the implementation of a handover sheet to verify medicines had been given correctly.

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.

Ensuring consent to treatment in line with law guidance:

- At the last inspection the provider was not working within the principles of the Mental Capacity Act 2005 (MCA) and was in breach of regulations. At this inspection we found the provider had made the required improvements.
- 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. Decision-specific assessments had been completed for people to ensure decisions were made in people's best interest.
- We saw people were consenting to their own care. People told us that staff asked them for consent before carrying out personal care. One person said, "[Carer] is very caring and considerate, [carer] will always ask how I want things done, [carer] does not rush me they allow me to take things at my own pace, [carer] really does want to make me feel at ease." One staff member said, "If people are having a bed bath, I will always ask if they are ready. I would bring in the water and ask if they were ready for me to start. I talk to them all the time. Sometimes it helps to have a bit of music on and we have a bit of a sing song."

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

- Comprehensive care plans were in place and detailed people's preferences.
- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- Staff told us how they get to know people by reading the care plans. One carer said, "I read the care plans but then I still always ask them as their decisions may have changed."
- The provider had resources in place to support people with communication difficulties. For example, the provider had service user guides which were presented in easy read formats, the director also said these had been ordered in braille and in audio formats. There were also resources available in pictorial format.

Staff skills, knowledge and experience:

- At the last inspection we found the provider did not have effective training in place for staff and were in breach of regulations. At this inspection we found the provider had made the required improvements.
- Staff received training and support to ensure they were effective in their job and staff were complimentary of the training received. One staff member told us they had recently completed their end of life training and would be sharing their learning with the managers and team.
- People and relatives could be assured that staff had received training and told us that staff were

competent and had confidence in them.

- Training was monitored through a training matrix so it could be checked when staff were due an update with their training.
- Staff had their practice observed by senior members of staff to ensure they were delivering effective care and support to people.

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

- People who needed support with food preparation received this support. One relative said, "The staff make sure that [relative] has had breakfast and provides meals. They don't give [relative] anything too difficult to eat." Another relative said, "[Relative] will tell me what they have eaten, the staff makes fresh soup for [relative] and [relative] will have a chicken dinner."
- Advice was sought for health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.

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

- People were supported to access other health professionals, such as GP's or District Nurses, and were taken to hospital and opticians appointments.
- Staff worked well alongside other health professionals and were proactive in involving them in people's care. One person said, "I've had a couple of bed sores and [carer] noticed it straight away and told me, they got the district nurses in. They came in and then [carer] followed their advice, [carer] put it in my notes and suggested to put a pillow between my legs, and it has gone now."
- The service worked alongside many other professionals aside to health professionals. A relative told us how staff involved the fire service to ensure their [relative] their fire alarms sorted.
- The director told us of the positive working relationships they had with other health professionals and how this had resulted in people having positive outcomes. For example, one persons started to have a number of falls and their blood pressure had fallen, the service contacted the occupational therapist and between them had a pressure mat and grab rails installed in a person's home.
- Staff told us that communication books and district nurse books are located in people homes and how everything is logged, such as; fluid charts, bowl charts, pressure charts.

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; respecting equality and diversity:

- People and relatives told us they had regular staff who got to know them. One relative said, "The staff make time, not just to provide hands on care, but to have a chat to [relatives] as it can be a lonely life, so the conversation is just as important as any other care."
- People felt they were treated well. One person said, "I can be quite down, but by the time [carer] leaves I am lifted, they really do have a positive impact, I can be back to my normal happy self." A relative told us how staff went the extra mile, they said, "The staff get Christmas presents for [relative] and [relative] and things like that. If [relative] needs to go out they arrange for someone to take them."
- People had their protected characteristics such as religion considered. However, we saw that people's sexuality was not routinely discussed or recorded. This meant that people may not have the opportunity to disclose this if they chose to. Following feedback, the interim registered manager and director said this would be implemented going forward.

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

- People told us they were involved in their care. One person said, "I have a file, when they first came around I met with [carer] and they went through how I like things done." One relative said, "We worked together on the care plan. It is always under review as [relative] is deteriorating, they involve the family."
- Staff understood the importance of allowing people to express their views and would actively support them in making decisions. One staff member said, "I talk to them to see if they are happy and if they need any reassurance with anything." One relative said, "[Carers] offer them choice, they check to see if it is alright that they brush their hair or wash them."

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with respect, they were helped to maintain their dignity and were helped to remain independent. One person said, "100% encourage me to do what I can, [carer] keeps me covered and gets the flannel nice and warm." One relative said, "[Relative] has a very good relationship with [carers] there is no awkwardness, they are almost like a friend, even though it is professional. My [relative] is social and staff are social with [relative]."
- All staff we spoke to could give us examples of how they would support people to maintain people's dignity. For example, during personal care the door would be closed and people would be covered as much as possible.

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:

- The provider had developed teams around people which included one lead carer who was responsible for the individual person. This meant that staff knew people exceptionally well and could respond to people's needs in a timely and productive manner.
- People had detailed assessments and care plans that supported people's specific needs and detailed their personal preferences. For example, the time people liked to get up and what they liked to eat for breakfast.
- People had person-centred care plans, which were reviewed and updated when their needs changed to ensure they continued to meet individual's needs. The provider ensured that people and relatives were involved in reviews, and people told us so.
- People's care was personalised, and their interests were considered. One relative said, [Carer] moved [relatives] bed so they could look out of the bedroom window and they helped to get equipment." And "[Carers] discuss [relatives] childhood and you can see from their face they really enjoy it." Another relative said, [Carers] talk to [relative] about their interests, they know what they used to do when they used to work."
- Staff ensured people could maintain their friendships outside of their home and were supported to attend events, such as; birthday celebrations, New Year's Eve parties, dinner parties, wedding anniversaries and funerals. People were also supported to attend their hairdressing appointments and to the local supermarkets.

Improving care quality in response to complaints or concerns:

- People told us they felt able to complain and knew how to and felt they could contact the office.
- Complaints policies and procedures were in place. If complaints or concerns had been received we saw these were investigated and responded to, to the complainant's satisfaction.

End of life care and support:

- At the time of our inspection we were informed one person was nearing the end of their life and how there was a team around the individual to support them and the family.
- We saw that conversations with people about end of life care were not routinely undertaken. They were only in place when people were nearing end of life.
- The provider informed us one staff member had recently attended end of life training and that they would be sharing this learning with the team. They confirmed conversations would take place and information about people's future wishes would be recorded in their care plans.

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

- At our last inspection the provider had failed to tell us about changes in their registration and did not have systems to drive improvements and were in breach of regulations. At this inspection we found the provider had made the required improvements.
- The provider had an action plan in place to ensure continuous improvements were being made and to ensure high-quality of care and support was being delivered.
- We saw that actions were updated and interim manager and director told us they had made improvements to staff supervision, staff training and staff handbooks which included keyring books detailing important information such as; Mental Capacity Act and safeguarding.
- The provider had quality monitoring systems in place that were effective. When quality audits identified areas of improvement the director was quick to act on improvements being made.
- The interim manager stated they felt supported by the provider.
- The director and the interim manager understood the responsibilities of their registration with us. They had submitted notifications to us as required by law and the rating of the last inspection was on display at the service.

Engaging and involving people using the service, the public and staff:

- People and relatives felt positive about the service, staff and managers and were supported to feedback about the service. One relative said, "They contact the family and provide feedback continually."
- All people and relatives we spoke with stated they would recommend the service. One relative said "I am more than pleased and if I wasn't I would change." Another relative said, "Yes, and I have, I'd recommend it to anybody."
- We saw that people and relatives were asked for their feedback about their care. People and relatives told us they received surveys on a regular basis.
- We saw the feedback received was extremely positive, for example, 'I would whole heartedly recommend Umbrella Care at Leek, every member of the team we have met has been caring and supportive and very professional but still friendly and helpful' and 'I am always treated with respect and gently too. They always have a good sense of humour and try to entertain me. They are extremely knowledgeable about what to do to help me and I am comforted by their presence, they give me time.'
- The staff felt supported in their roles and stated they could speak freely during supervision and team meetings and make suggestions to further improve a person's care.

Continuous learning and improving care:

- Staff were supported to continuously learn and improve the care provided to people. They attended training sessions and had competency checks to ensure they were supporting people effectively.

Working in partnership with others:

- The service worked in partnership with other professionals to ensure that people received consistent care and that their health and wellbeing needs were being met.
- The provider has set up a communication book in each person's home which enables staff to share information about an individual's care and support needs, this ensures that people have effective handovers with other partnerships agencies that also support the same person.