

ULTICare Limited

# ULTICare Limited

## 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

ULTICare Limited provides personal care to people living in their own homes who may live with dementia, poor mental health, a physical disability or sensory impairment. There were two people receiving personal care at the time of our inspection.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were supported by staff who knew how to report any concerns of abuse to keep people safe. Staff followed good practice guidance to prevent the spread of infection.

People were supported by staff who understood their needs and ensured these were met. Staff received training relevant to their role.

People told us staff were kind and caring and were encouraged to maintain their independence.

People were supported by staff who knew people well.

People were asked their view of the service and staff felt that the management team were approachable.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection

The last rating for this service was Good (9 September 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Is the service effective?

Good ●

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Is the service caring?

Good ●

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Is the service responsive?

Good ●

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

### Is the service well-led?

Good ●

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

# ULTICare Limited

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 14 December 2021 and ended on the 23 December 2021. We visited the office location on the 15 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since their last inspection. We looked at details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We spoke with two people who used the service and one relative about their experience of the care provided.

#### During the inspection

We spoke with the registered manager and the nominated individual at the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two carers.

We reviewed a range of records. This included two people's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and information regarding audits.

# Is the service safe?

## Our findings

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from abuse and could explain the different types of abuse.
- Staff could explain the actions they would take if they had concerns about a person's safety.
- We were assured the registered manager knew how to act upon any safeguarding concerns raised.
- People knew who to contact if they had any concerns about the care received.

Assessing risk, safety monitoring and management

- The service reviewed people's care plans but for one person where the review highlighted a decline in health the records were not updated in a timely manner. The registered manager advised they would follow this up and ensure appropriate discussions are recorded and referrals are made.

Staffing and recruitment

- Staff had been recruited safely as pre-employment checks were completed, this included Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Staff were not involved in supporting people with medicines at the time of our inspection except for the application of prescribed creams. Staff had received medicine training in the event that they were required to support people take prescribed medication.

Preventing and controlling infection

- The infection control policy had not been reviewed since November 2019, but the registered manager was made aware of this and would address it. However, staff were aware of their responsibility of infection control and no concerns were raised when talking to people.
- Personal protective equipment (PPE) was available in the office which staff could access.
- Staff said they have received infection control training and felt the training was very good.

# Is the service effective?

## Our findings

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

- Records indicated that people's needs, and choices had been assessed and that any changes to these needs were recorded.

Staff support: induction, training, skills and experience

- Staff confirmed they have regular online and face to face training.
- The registered manager explained how he monitors training to ensure staff have knowledge and skills to support people effectively.

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

- The registered manager told us the agency was not currently supporting people with food and drink.

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

- The provider was not currently working other agencies but knew who to contact if the needs of the people they were supporting changed. They had previously worked with Occupational Therapists and one person had support from the Continent Team.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People told us staff ask for permission before providing support.
- The registered manager understood the MCA and their responsibilities in line with this.
- Staff confirmed they had received MCA training and were able to explain what they had learnt.



## Is the service caring?

### Our findings

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind to them. One person said, "They are all very nice. [Carer] is really nice. I really like her."

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

- Staff told us, "Normally we look at the care plan and we offer choices and encourage with this."

Respecting and promoting people's privacy, dignity and independence

- A person told us that staff treated them with dignity, they said, "Yes, they are very good."
- A person told us staff encourage them to maintain independence.
- Staff received training in General Data Protection Regulation to ensure privacy is maintained.

# Is the service responsive?

## Our findings

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to each individual and regular reviews were carried out to ensure that the care provided still met the persons needs and expectations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although the service did not currently support people who had specific communication needs, the registered manager was able to explain what they would do if a person required information in a different format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider does not support anyone to follow their interests or take part in activities.

Improving care quality in response to complaints or concerns

- People knew who to contact if they wanted to make a complaint.
- Staff explained what they would do if a person made a complaint to them.
- Although no complaints had been made, there were systems in place to ensure complaints would be investigated as they arose.

End of life care and support

- The provider was not supporting anyone at end of life care at the time of the inspection.
- Although people did not require end of life support, there were systems in place to ensure people's wishes would be met if they required end of life care.

# Is the service well-led?

## Our findings

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt supported by the registered manager, one staff member said, "They are brilliant. If there are any problems (the registered manager) always helps me out if needed. Really good at listening and making changes if needed."
- One person told us, "The manager comes, he came this morning. We can raise any issues with him."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although no incidents had occurred that required acting on the duty of candour, the registered manager understood the duty of candour and the requirement to be open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed spot checks of staff practice and this was documented and completed every few months.
- The registered manager completed regular checks audits on the care provided. However, they had not always documented this. We raised this with the registered manager who said they would rectify this immediately. However, staff confirmed that regular checks on the service took place. One staff member told us about checks on care records. One staff member said, "We check through records and plans to make sure they are up to date."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had been completed by people who use the service about their experience of the care provided, no concerns were highlighted, and the surveys were in an accessible format.
- Staff were able to provide feedback during team meetings and one to one supervision with their manager.
- Staff felt supported by the registered manager, one staff member said, "The best company I have worked for."

Working in partnership with others

- The service was currently not working with other agencies but was knew who to contact if people's needs changed.