Universal Care Services (UK) Limited

Universal Care Services Northampton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 11, 15 and 16 February 2016 and was announced. The service is registered to provide personal care to people living in their own homes when they are unable to manage their own care. At the time of the inspection there were 43 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Care plans contained basic information and needed to be strengthened. Risk assessments to protect people from identified risks and help to keep them safe lacked the detail to fully instruct the staff on the measures to take to minimise any risks. Changes to care plans were not always recorded and communicated as promptly as they needed to be.

People told us that they felt safe. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and were supported to have access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments lacked detailed instructions to help the staff to deliver consistent, safe care and needed to be more routinely updated.

People were safe with the staff that came into their home.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans needed to be strengthened to include more about people's likes and dislikes and past history to enable staff to support people in activities that reflected their interests and supported their physical and mental well- being.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a transparent complaints system in place and
complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider needed to ensure that their expectations of staff in relation to recording and updating information were fully understood by all staff and staff were consistent in communicating information.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.
There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The provider monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as the chose.

Universal Care Services Northampton

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 announced inspection took place on 11, 15 and 16 February 2016 and was undertaken by one inspector. The provider was given 36 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We reviewed the completed PIR before the inspection. We also sent out questionnaires to some of the people who used the service, their families, staff and other health professionals.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with ten people using the service, five members of staff, the manager and registered manager and the provider. We also spoke to two relatives and a friend of a person who used the service.

We reviewed the care records of six people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

Peoples' individual care plans contained basic risk assessments to reduce and manage the risks to people's safety; however, these lacked detail and did not always give staff the instructions they needed to mitigate the risks. For example where people had a risk assessment in place about manual handling, the instructions referred to the training the staff had undertaken and contained no further instructions. We spoke to the provider about this and they acknowledged that the risk assessments were not as detailed as they should be but that they were in the process of reviewing all risk assessments to address this. The risk assessments although reviewed on a regular basis were not routinely updated if changes had been made to meet the needs of a person whose condition may have changed. We saw that where one person's needs had changed following an operation, the District nurse's advice and instructions had not been recorded which meant that staff supporting the person were unaware of the changes and were reliant on the information being passed on by a relative of the person. The provider needed to ensure that there were mechanisms in place to update plans as and when the need arose as this could have an impact on a person's physical well-being.

Prior to the inspection we had received information to suggest that there was not always sufficient staff to meet the needs of people at the times when they wanted the care and that people had often been left waiting for a carer to come. The people we spoke to confirmed that the staff generally arrived on time and if they were running late they usually received a call from them. One person said "They [the staff] can be a bit late, but they let me know" and another said "Staff arrive on time, sometimes a little too early rather than late." We spoke to the provider about this who explained initially when they had first started providing a service in Northampton this had been a problem. However, they had now addressed this by not taking new people on unless they had sufficient staff available at the time the people wanted and reviewing the geographical area to ensure staff had minimal travel between calls. We saw from staff rotas visits were grouped in geographical areas which reduced the travel time between each visit. There was no evidence to suggest calls had been completely missed and everyone had information in their homes with details of who to contact if staff had not arrived.

People told us they felt safe with the staff that supported them; one person told us "Yes I feel safe, I have no concerns." Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the management and outside agencies if they had any concerns people were at risk of harm or abuse. There was information available as to who to contact and an up to date safeguarding policy to support them. We found that all the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been made to the local authority and sent to the Care Quality Commission. We saw that any issues which needed to be investigated had been done so and appropriate action taken.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work. This information was reviewed every three years to ensure it was kept up to date. As part of the recruitment process any applicant

whose first language was not english had to demonstrate their ability to communicate with people both verbally and written. The provider told us that if anyone demonstrated any difficulty in communicating clearly they would not appoint them.

The people we spoke with told us they managed their own medicines. Where people required support from staff we saw that basic care plans and risk assessments were in place with instructions to staff as to how to support the individual with their medicines and details of what medicines people were prescribed. Staff told us that they were trained in the administration of medicines; training records confirmed that this was updated on an annual basis. There was an up to date policy about the administration of medicines.

Good

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an induction programme which comprised of five days classroom based training and a minimum of two days shadowing more experienced staff before working alone. The induction training included manual handling, safeguarding, first aid and infection control. One member of staff told us "The induction was really intensive, I learnt a lot. It was very good and a real eye opener to all the variety of needs people have." Newly recruited staff also undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
All staff had regular supervisions which included 'spot-checks' undertaken by the supervisor. This enabled the management to observe how staff worked in practice and identify any issues or training needs. We saw records of 'spot-checks' being completed with actions, these included such things as a reminder to a member of staff to keep to time allocated to visit. Staff told us that as part of their supervision and annual appraisals they had the opportunity to discuss their training needs and opportunities for development and progression. One member of staff told us that they were currently being supported to complete a National Vocational Qualification Level 5 certificate.

The staff training program was focused on ensuring staff understood people's needs and how to safely meet these. We saw from the staff training records that all staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. One member of staff told us how valuable they had found some of the training especially training in relation to working with someone living with dementia. We observed a member of staff applying some of the training they had undertaken when they were helping someone living with dementia, they encouraged the person by speaking to them in a way the person could respond to them. The people we spoke to and their relatives said that they felt the staff were trained and had the skills to care for people. One person told us "The staff know what they are doing."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA and had all undertaken training. We observed staff seeking people's consent when supporting people with day to day tasks and people had signed agreements consenting to the care they needed. If people lacked capacity to make decisions the expectation was that the person's care manager would undertake a capacity assessment. At the time of our inspection the people receiving care all had the capacity to consent to their care.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking, for example we saw in one care plan staff

were to prepare breakfast and leave the person to eat it. Daily records recorded what food and drink had been given or left. If the staff had any concerns about people's nutritional intake, or their ability to eat or swallow they were expected to report this back to their supervisor or manager who would contact the appropriate health professionals. We were unable to confirm this expectation as currently there was no one identified as being at risk of not eating or drinking. We spoke to one health professional who said that from their experience the provider was pro-active in responding to any concerns raised about a person's care.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. One member of staff described that the service had supported someone who was experiencing difficulty in standing and transferring from their bed to a chair. An occupational therapist was contacted and the person was assessed and specialist equipment was put in place to assist.

Good

Is the service caring?

Our findings

Prior to the inspection we had received information that people were unhappy that they did not know which carer was coming to them and that they had different carers all the time. We spoke to people about this. One person told us that this had been a problem a few months ago but that now things had settled down. They said they had a small group of regular carers that came to them who they felt now knew them well. One relative told us that initially there had been a lot of different carers but now they had just three carers who came and they were male which they felt was best for their relative. We spoke to the provider about this and they said initially there had been difficulties in providing consistent carers for people but this had now been addressed. We looked at a number of staff rotas which confirmed that this was now the case.

People were cared for by staff that were kind and caring and were passionate about the work they did. The provider told us that the aim was to ensure that everyone received the care that they would want for their own family member. People spoke positively about the staff. One person said "They are all very good", and a relative said "They are very caring and they are very nice to me as well." Staff demonstrated their care for people in the way they spoke and encouraged people to make choices for themselves and ensured that they were involved with what they were doing. We heard one staff member say "Come on [name of person] you only need to take two more steps, well done." One person told us that they just told the staff if they wanted them to do anything for them and the staff did what they asked.

During visits to people's homes we saw that staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. We observed one member of staff addressing a person as 'old soldier' in recognition of the person's previous experience within the military. The person appeared to respond very positively. People told us they had a good chat with some of the staff when they came, one relative told us "They are easy to talk to and help me."

People told us that their dignity and privacy was respected. One person said "When the carers come they always knock before they come in and ensure the curtain is drawn to protect my privacy, I have no complaints about that." Staff described to us how they protected people's privacy such as by covering people up if they had to transfer them between the bedroom and bathroom and not talking about people to other people.

Requires Improvement

Is the service responsive?

Our findings

People met with one of the supervisors or the manager at Universal Care Services Northampton before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop a care plan for people. If the provider was unable to meet those requirements then the service was not offered.

The care plans were basic and although listed in detail the tasks that the carers were to undertake for people there was very little information about the individual's likes and dislikes and past history. There was a need to improve them and to make them more person- centered. We spoke to the provider about this who explained that they were aware of this and were in the process of reviewing all the care plans. We saw some new care plans for people which were written in a person centered way.

Daily records were kept which included information about people's well- being on a given day and detailed the tasks undertaken on a particular visit which reflected what was recorded in people's care plans. However, some of the staff were not always recording when changes were needed to the care plan. A relative told us that records had not been updated following changes to their relatives care and they just had to keep telling the staff what had changed. People told us that some of the staff always read the daily records each time they came and recorded any information they needed whilst others did not always read them and relied on the person to tell them what to do. We looked at a number of daily records and could see that information had been recorded on each visit and at the times the staff were meant to visit but from speaking to people there were inconsistencies in the level of recording. We spoke to the provider about this who advised us that there was an expectation that the care staff should update the information as soon as they were made aware of any changes. All changes needed to be recorded promptly to ensure consistency in the care being provided.

There was information available in people's homes about how to contact the agency if there were any concerns or a need to pass on information. The provider had a system in place which meant people could contact a member of staff seven days a week should they need to. People told us they knew who to contact, one person said "… if I have any concerns I will ring the number." The people we spoke to were all generally happy with the service they received. A number of people told us that they had met the provider and had confidence that they would sort things out if there was a problem. One person told us "I had an issue with one carer and as soon as I spoke to [the provider] they did not come again and I don't think they work for the agency now." We saw that the provider had responded to complaints in a timely manner and any actions that needed to be taken were completed. For example changes had been made to staff rotas to address the difficulties experienced with staff arriving late and staff had been provided with mobile phones which enabled them to contact people to let them know if they were running late. People told us that staff generally rang them if they were going to be late.

Requires Improvement

Is the service well-led?

Our findings

The provider and the registered manager had clear expectations as to what they expected of their staff however there was a need to ensure that all staff were following those expectations, this was particularly so in relation to keeping care records up to date and communicating any changes promptly.

Everyone we spoke with was complimentary about the management of the service. A number of people told us that the provider sometimes came to deliver the care they needed. There was a very new manager in post and the people we spoke to said they had already met them. The manager told us that it was their intention to visit everyone and ensure that the care plans and risk assessments were improved. The provider told us they liked to go out on visits as it helped them to better understand the needs of the people using the service and some of the demands staff were facing.

Through undertaking regular 'spot checks' and seeking feedback from people using the service the provider continually strived to listen to people and used the information to improve the service. It was evident from the way the provider spoke to us and the way people spoke about the provider that the aim of the service was to meet the needs of the individual and treat people as they would wish their family member to be treated themselves. The staff we spoke to were all committed to providing good care to people and felt listened to. The staff told us that the changes to rotas had in part come about from them raising this as an issue with the provider.

The provider ensured that there were policies and procedures in place to support staff and regularly up dated them. The staff were aware of how they could whistle blow if they needed to and there was an up to date policy to support them with this.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well together to support people and there was good open communication with staff and management. People and their relatives felt they were supported and the staff were always very professional in their approach.

Staff met with management on a regular basis which ensured staff were kept informed of what developments there were within the service, they also gave staff the opportunity to raise suggestions. The provider told us that staff meetings gave management the opportunity to share good practice and celebrate with the staff what had gone well in the service. Staff told us they felt well supported and informed. There was an employee of the month award which recognised good practice and helped to motivate staff to continuously strive to deliver good quality care.

Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. We saw an audit on the care plans which identified areas which needed improving and ensured there was consistent information being gathered. People told us that they had recently received a questionnaire to complete about the service and we read comments that people had made about the service which included: "Carers are lovely; I am delighted with the care I am receiving." "Very

happy with carers." and "Very professional in dealing with an emergency."

Quality assurance audits were completed by the Business Development officer to help ensure quality standards were maintained and legislation complied with. Changes had been made to paperwork following audits and feedback from staff, for example staff supervision record sheets had been modified to reflect the different roles people undertook.
The provider and registered manager were actively working with the local authority and other health agencies to develop a new model of care focussed on outcomes. The agency had been selected by the local authority to be part of a pilot and was keen to share their knowledge and learn from others experiences.
The management and staff strived to provide people with the care and support they needed to live their lives as they chose. Management were committed to providing well trained and motivated staff.