

Upward Care Limited

Upward Care Limited

Inspection report

Bloxwich Hall
Elmore Court, Elmore Green Road
Bloxwich, Walsall
West Midlands
WS3 2QW

Date of inspection visit:
26 November 2019
27 November 2019

Date of publication:
19 December 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

Upward Care Limited is a supported living service providing personal care to people with a learning disability. There were forty-nine people using the service at the time of the inspection.

People using the service lived in a variety of different houses, including shared houses and apartments with up to five people sharing. Staff provided overnight support for people as well as in the day and most properties included a staff sleep in room.

Not everyone who used the service received 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.

Some aspects of the service have been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received safe care and support. Staff had received training on safeguarding adults and were aware of their responsibilities to protect people from avoidable harm. Medicines were given in a safe way and staff followed infection control procedures. Accidents and incidents were recorded and followed through with appropriate action to minimise the risk of re-occurrence

People's care and support reflected their individual assessed needs. Staff had the appropriate skills and knowledge to meet people's needs and received training and ongoing support. People were supported to eat where needed and staff sought healthcare support for people if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

All the people we spoke with told us they liked where they were living and they were well cared for. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received care and support that respected their individual preferences and lifestyle choices. Information was presented in accessible formats to support people to be involved in their care and support and make decisions. The provider had a complaints process and people felt confident to raise any concerns.

People's wishes in relation to their end of life care were discussed and plans made with them.

A number of quality audits were in place to assess and monitor the quality and safety of the service. People told us that the manager was approachable and responsive and staff felt supported. People received opportunities to share their views about the service they received. Some systems needed further development to ensure staff were competent when carrying out specific healthcare tasks.

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

Rating at last inspection

The last rating for this service was Good (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Upward Care 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 one inspector and one assistant inspector.

Service and service type

This service provides care and support to people living in twenty five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 November 2019 and ended on 27 November 2019. We visited the office location on 26 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager and six care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one health care professional who regularly visited the service.

We reviewed a range of records. This included five people's care records and three medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence in relation to care plans and risk assessments for two people.

Is the service safe?

Our findings

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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives confirmed they felt safe when receiving care. One person told us, "I feel safe, my support workers know me well," and a relative said, "[Person] is 100% safe with the carers."
- The provider had effective safeguarding systems in place. Staff had received training and understood how to recognise the signs of abuse and how to report. One staff member told us, "I would report to management, if there wasn't a timely response I would talk to CQC and social services."

Assessing risk, safety monitoring and management

- People and relatives told us staff supported them safely when assisting with moving and handling. One person said, "Staff do it by the book when they are hoisting me, they are always very careful," and a relative said, "Without a doubt it is all done safely, I don't feel like I have to step in."
- People's care records included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- One person's care plan had not been updated consistently to show changes in their health care needs. However, the person had consistent carers who knew them well and could describe the risks and how to support them safely. The registered manager provided assurances the records would be updated.

Staffing and recruitment

- People, relatives and staff confirmed there was sufficient staff to ensure people received their care calls when required. One person told us, "There is enough staff on shift and they know us well enough to support us."
- The service used consistent care staff to meet people's needs. This meant people received their care from staff who knew them well and the support they required.
- Staff told us pre-employment checks had been carried out including reference checks from previous employers and a Disclosure and Barring Service (DBS) check. This ensured the provider had employed suitable care staff to work with people who may be vulnerable.

Using medicines safely

- People and relatives told us they were happy with how medicines were being administered.
- Staff told us they felt confident providing support with medicines and had been trained to do so. Checks were carried out to ensure staff were safe to administer medicines.
- Medicines administration records showed people received their medicines as prescribed. Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN)

was in place.

Preventing and controlling infection

- Staff told us they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. Staff completed training and understood their responsibilities in relation to infection control and hygiene.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records showed they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, making referrals to health care professionals to review someone's health condition and medicines.

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.

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

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

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.
- We saw care plans included information about how people liked their care to be delivered, for example what activities people enjoyed doing and what would make their 'best day'.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff received on-going training to ensure they had the skills and knowledge to meet people's needs. One staff member told us, "Training is consistently on offer." There was a training and development manager in place who offered workshops to staff on a monthly basis as well as refresher training.
- Staff who supported a person with a nasogastric tube had received training from a health care professional. However, there was no written evidence of regular staff competencies following this training. The registered manager told us they were addressing this following our inspection.

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

- People told us they were involved in choosing the food and drink they had. One person said, "We have a meal planner and we share our choice of take-away."
- Relatives told us staff knew people's likes and dislikes in relation to food and drink and any specific cultural or religious requirements. One relative told us, "[Person] is a vegetarian and they support that, they are very good, actually."
- Staff had a good understanding of people's dietary needs and personal preferences and could explain how they kept a person safe from risk of choking and malnutrition.

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

- People told us they were able to gain access to healthcare professionals when needed. We saw evidence people had been supported to access dietitians, physiotherapists and nurses.
- We saw referrals were made to health and social care professionals to ensure people's changing needs were addressed and they received the support they needed. The service was working with a health care professional for a person with a complex health need. They told us, "They have supported him fantastically, worked so well with him."

- Staff confirmed handover meetings occurred between each shift which was documented so staff could update each other on changes to people's care and support needs. Appointment sheets were also completed if someone attended a health appointment, so information could be easily accessed.

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.

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

- Staff confirmed they had received training and understood the principles of the MCA. One staff member told us, "Some people can make decisions about certain things but not others," another said, "When people can't make the decision you must act in their best interests to ensure they are getting the best care."
- Mental Capacity Assessments had been completed when people did not have the capacity to consent to receiving care and treatment. We saw a best interest decision recorded which showed the appropriate people had been consulted included a relative and health care professional.
- Staff we spoke with could describe how they ensured they gained peoples consent before supporting them and gave people daily choices around their care. One staff member told us, "I let [person] know what is happening and look for clues for their response through their body language."
- One person's care plan said their family made all the decisions for them, but there was no evidence they had the legal authority to do so. The registered manager agreed to look into this further.

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.

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 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 spoke positively about the kind and caring nature of staff supporting them. One person told us, "I don't know what I'd do without the staff, they are like a second family," and a relative said, "Definitely caring, you can see she's happy."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity. For example, staff supported one person with a specific diet in accordance with their religious beliefs.
- Staff spoke with kindness about the people they supported and told us about the importance of building a relationship and working closely with them. One staff member told us, "You have to listen, every day you can learn something new. One service user likes [specific] questions set, he enjoys the challenge. That might make his day if you take the time."

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

- People told us they were involved in decisions about their care. One person said, "Living here is brilliant, I've never had so much freedom to do what I want," and another, "I have a monthly meeting with my key worker, so I can talk about issues and future planning."
- 'Tenants meetings' were held on a monthly basis to support people to express their view. The service was also developing a peer mentoring scheme, where people who used the service could support each other to make decisions and give feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person told us, "They encourage me to socialise, but they respect my privacy."
- Staff explained how they respected people's privacy by knocking on people's doors before entering and ensuring the curtains were closed
- People were supported to be independent. One person was being supported to carry out some paid work, they told us, "All the staff are great, I'm so eager to get going with this," and a relative said, "He is now directing his own care which is a major step."

Is the service responsive?

Our findings

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff respected people's individual choices and preferences. One person told us, "The care assistants are brilliant, you ask them what you want to do, and they say yes."
- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- The registered manager told us there was a 'matching process' to try to ensure people were happy with the staff who supported them and the people they lived with. People were encouraged to express their views in relation to this. One person told us, "They always get me someone I get on with, someone I can build a relationship with," and a relative said, "They have matched up the three people well, its lovely."
- People were supported to participate in a wide range of hobbies, interests and new experiences which reflected their interests. For example, some people had been supported to go wheelchair ice skating and other people were starting an organic vegetable patch.

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.

- The provider was aware of the accessible information standard and people were supported to communicate using their preferred method. For example, one person used their own signs to communicate. Photographs had been taken of the signs with a description of what they meant so all staff were aware.
- 'Easy read' guidance was in place for people who required it. For example, information about the service for people who were first using it, was provided in different formats including a pictorial guide.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, so people could share their views. One person told us, "I would tell staff if I had a problem," and a relative said, "I've had a few niggles, but they get sorted straight away."

End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care. We saw a detailed person-centred end of life care plan in place for one person and staff were able to confirm the

person's wishes.

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.

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.

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

- People and relatives were positive about the care and support received and the positive impact it had. One person told us, "It's the best thing I've had," and a relative said, "[Person] just gets up and lives their life and that is what I wanted."
- Staff felt the service was well led and managers were approachable. One staff member told us, "I've always felt completely supported by my management. I can talk openly and honestly and get the best response."
- A health care professional told us how people were supported to have a good quality of life. They told us, "People who live there are respected, and well cared for and have some great opportunities."

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

- Systems were in place to assess and monitor the quality and safety of the service provided to people. This included regular audits of medicines, finances and care plans.
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed in the provider's office as they did not have a website.
- Systems needed to be developed to demonstrate carers were competent when undertaking clinical tasks delegated by health care professionals. Following our inspection, we received information from the registered manager to show this was being addressed.

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

- People were encouraged to be involved in the service in a number of ways, for example through 'tenants' meetings' and monthly key worker reviews. This was being developed further through peer support.
- The registered manager had developed a culture in which it was safe to discuss issues and concerns. Staff we spoke with felt they were able to raise concerns, and these would be listened to and addressed.

Continuous learning and improving care

- The service was planning to involve people in the interviewing new staff. An easy to read guide on how to be an interviewer had been produced and volunteers were being sought.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.