Universal Care Services (UK) Limited

Universal Care Services Leicester

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Universal Care Services Leicester provides personal care for people living in their own homes. On the day the inspection manager informed us that there were 60 people receiving a service from the agency.

This inspection took place on 2 and 3 November 2015. The inspection was unannounced.

A registered manager was in place. 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 and associated Regulations about how the service is run.

This was the first inspection of the service. We had received information from whistleblowers which had stated that medication was not properly dealt with and that people receiving the service were not always dealt with in a polite manner. We followed up these issues at

Summary of findings

this inspection. We found that people reported that they were respectfully dealt with and had received their medication properly, though we found that improvements were needed to the medication system to ensure there was always evidence that medicines had been supplied to people as prescribed.

People using the service and the relatives we spoke with said they thought the agency ensured that people receives safe personal care. Staff were trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

Some people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

People using the service and relatives we spoke with told us they thought medicines were given safely and on time. Some improvements were needed to evidence that medicines were always properly supplied to people.

Staff were generally safety recruited to help ensure they were appropriate to work with the people who used the service.

Staff needed more training to ensure they had the skills and knowledge to be able to fully meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they thought the food prepared by staff was satisfactory though improvements were needed to ensure people always received food kept free from infection.

People's health care needs had been protected by timely referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we were told of examples of staff working with people in a friendly and caring way.

People, or their relatives, were involved in making decisions about their care and support.

Care plans were not fully individual to the people using the service and did not fully cover their health and social care needs.

People and relatives told us they would tell staff or management if they had any concerns and were confident they would be followed up.

Staff were satisfied with how the agency was run by the manager.

Management carried out audits and checks to ensure the agency was running properly. However, audits did not include all issues needed to provide a quality service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People said that they felt safe with staff from the service. Staff knew how to report incidents to the management of the agency but were not of aware of all relevant agencies to report to if abuse occurred. Staff recruitment checks were mostly in place to protect people from unsuitable staff.

Medication had been supplied to people as prescribed, though systems were not fully in place to prove that people always received their medicines.

People's needs in relation to protecting their safety were not always in place.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were not fully trained to meet all the care needs of people.

People's consent to care and treatment was sought in line with legislation and guidance.

People were assisted to eat and drink and told us they liked the food served to them.

Is the service caring?

Good

People and their relatives told us that staff were friendly and caring.

People or their relatives had been involved in setting up care plans that reflected people's individual needs.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care had been provided to respond to people's needs when needed. However, care plans had not always contained full information on how to respond to people's needs.

Staff had contacted medical services when people needed support and staff had responded properly to accidents.

Is the service well-led?

Requires improvement

The service was not consistently well led.

People and their relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Summary of findings

Systems had not been fully audited in order to provide a quality service.

Universal Care Services Leicester

Detailed findings

Background to this inspection

Universal Care Services Leicester provides personal care for people living in their own homes. On the day the inspection the manager informed us that there were 60 people receiving a service from the agency.

This inspection took place on 2 and 3 November 2015. The inspection was unannounced.

A registered manager was in place. 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 and associated Regulations about how the service is run.

This was the first inspection of the service. We had received information from whistleblowers which had stated that medication was not properly administered and that people receiving the service were not always dealt with in a polite manner. We followed up these issues at this inspection. We found that people reported that they were respectfully dealt with and had received their medication properly, though we found that improvements were needed to the medication system to ensure there was always evidence that medicines had been supplied to people as prescribed.

We used a variety of methods to inspect the service. We spoke with seven people using the service, five relatives, the manager and two care workers. We briefly spoke with the area manager, a director of the company and the provider.

Requires improvement

Is the service safe?

Our findings

A person using the service told us, “I feel safe and happy with the carers. I have a key safe and they spend the time they are supposed to do and then leave.” Another person said, “I feel safe when they are here because they come and greet me and introduce themselves.”

A relative told us, “There is no issue with mum’s safety. All the staff are caring and friendly.” Another relative told us, “She is safe with the carers.’’

People’s care records showed risk assessments were completed to protect their safety. These included people at risk of falling when walking or moving around, and risk assessments to protect people from developing pressure sores. Equipment to be used was listed in the care records. For example, some people had bath aids. This meant that people received help and support to keep them safe when they needed it.

We found some risk assessments were not up to date and contained conflicting information. For example, we saw in daily records that a person had pressure area care to prevent pressure sores. However, there was no assessment of whether the person needed a pressure cushion in place to protect their skin. The manager said the pressure cushion was in place and the risk assessment should have included this. Another person was said to have times when she became angry and frustrated. However there was no risk assessment in place to help staff to manage these situations. This meant risk assessments to keep people safe were not fully in place. The manager said risk assessments would be reviewed and made clear.

Risks within people's homes had been assessed and managed.

We found that sufficient numbers of staff were available to meet people’s needs as people told us that calls were on time and they received the agreed time to receive their personal care.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. Staff were also aware of reporting concerns to other relevant outside agencies though they were unaware of the local safeguarding authority, which is the agency responsible for protecting people from abuse. The manager said she would ensure that staff were aware of all agencies to report abuse to.

The provider’s safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, they did not contain the contact details of all relevant agencies where staff could report their concerns to. The manager said this information would be included.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people’s well-being, and the registered manager and provider did not deal with them on their own.

Staff recruitment practices were largely in place. Staff records showed that before new members of staff were allowed to start, checks were made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. These showed that the necessary documentation for staff was largely in place to demonstrate they were fit to work for the agency. However, we found one staff member with only one written reference. There was a note on this person’s file that the other referee had given a good verbal reference but there was no indication who this person was. This did not fully protect people's safety as there could have been an unsuitable staff member working for the agency. The manager said this would be followed up.

A person told us, “I am given medication in the morning and the carers …record everything.”All the people we spoke to said that they received their medicines. One relative said, “There has never been a problem with my mum receiving her medication”.

We looked at how medicines were managed in the service and we saw evidence that people had usually received their daily prescribed medicines. However, on some medicines charts we saw there were unexplained gaps. The manager said she would follow this up. She thought this was a recording issue and that people would have been supplied with their medication.

We saw that staff had been trained to support people to have their medicines and administer medicines safely. However, where as needed medicines had been supplied there were no protocols in place to indicate when as

Requires improvement

Is the service safe?

needed medicines should be supplied to the person, as there was no evidence of signed agreements with GP's to indicate this ought to see whether they were contraindications with other medications. This did not completely ensure that people were safely administered medicines. The manager said she would follow this up with the GP's concerned .

We saw that where creams needed to be applied, the medicine care plan did not include this on the medicines records. There was no body map or instructions on the medicine administration records to show the areas where creams should be applied. We discussed this with the manager who agreed to implement body maps as guidance for staff to ensure correct application.

Requires improvement

Is the service effective?

Our findings

All the people we spoke with said they received the care the support they needed. A person told us, “The carers come on time.” Another person said, “the new carers are trained.”

A relative told us, “I would say the carers are trained, and they would stay full time and occasionally over 5 or 10 minutes to make her comfortable. They are usually on time.” Another relative told us, “ … the hoist is used. They know how to use the hoist”. Another relative said, “The carers seem to be trained.”

However, one relative told us that the continence nurse said that staff did not know how to properly put on continence aids. Also, there had been an issue with food hygiene as opened tins of food and cooked rice had been put back into the fridge to use for other meals. These issues had been rectified. The manager said she would review training to ensure that staff understood how to effectively provide continence care and ensure food was properly stored and used.

One staff member said, “I have had lots of training, such as training in dementia, health and safety and food hygiene”. Another staff member told us that she had carried out training in relevant topics such as protecting people from abuse, moving and handling techniques, protecting people from hazardous substances, dementia, health and safety, infection control and fire procedures. She had not undertaken training in relevant issues such as health conditions such as Parkinson's disease. This meant there was a risk that effective care would not be provided to people. She also described having hoist training in people's own homes. The manager confirmed this and agreed it would be better if this training was provided in the office so that all relevant issues could be worked through rather than just the needs of the person in their own home. This will then provide more effective moving and handling training.

The staff training matrix showed that staff had training in essential issues such as moving and handling, infection control, health and safety, food hygiene, first aid, protecting people from abuse and challenging behaviour. New staff are expected to complete the care certificate induction training, which covers all essential issues and is recognised as providing comprehensive training. A number of staff had also completed other relevant nationally recognised training.

For issues where staff had not been trained, the manager stated this would be followed up to expand training for staff to ensure effective care could always be provided. This was to include relevant issues such care for people who have had strokes, Parkinson's disease, stoma care and end of life care. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's needs.

Staff undertook an induction with managers which included shadowing experienced staff on shifts. The staff we talked with said they had supervision and we saw evidence of supervision in records. This provided staff with support to provide effective care to people.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was evidence of mental capacity assessments for individuals. The manager said that there was a person that was being assessed by his social worker as his capacity to make decisions had deteriorated. This would then be subject to a best interest assessment. This is where people are unable to make decisions themselves so decisions are put into place on people's behalf to protect their welfare.

Staff told us that they talked with people they supported and asked them for their approval before they supplied care to them which told us that staff sought people's consent before providing personal care to them.

Staff told us that they had training in the Mental Capacity Act 2005 when we asked them. They were aware of how to look at people's capacity to make day-to-day decisions about aspects of their care and treatment.

We saw evidence in care records that staff had left people with food and drink. There was also recorded evidence of a

Requires improvement

Is the service effective?

choice of food and drink available to people. Staff members told us that people's choices were respected and they knew what people liked to eat and drink. We also saw evidence of this in people's care plans. For example, staff and asked people what they would like in their sandwiches. There was a record of what a person liked for breakfast –porridge, fruit juice and tea with no sugar. We also saw that people were encouraged to eat if this was part of their care plan.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

People's care plans gave information about the person's support needs in relation to eating and drinking.

Everyone said they were able to see a GP when they needed. There was evidence in care plans that people had seen medical personnel such as community nurses and GPs.

Good

Is the service caring?

Our findings

Everyone we spoke with said staff were friendly and caring. They also told us that they felt that their dignity and privacy had been maintained.

All the people we asked told us that staff listened to them so they felt able to express their views. People told us, “They do give me respect, maintain my dignity, and do not rush. The office staff are friendly.” “I cannot complain about anything as they are very good and polite.” “The carers are very nice, caring, considerate and very polite.” “I cannot complain anything as they are very good and polite.”

Relatives told us, “My wife likes all the carers who come.” “The carers are very patient with her…. she certainly senses the respect and the care given by carers.” “Carers that come are nice and polite. They maintain her dignity and respect.” “The carers are polite, respect his dignity and come regularly.” “The carers are nice, polite, caring and considerate. I cannot fault the care they give.” “The carers give her a wash and encourage her ….rather than impose. They give a choice of food she would like to eat.” All the carers that come respect her, maintain her dignity and are polite. My wife likes all the carers.”

This presented as a strong picture that staff were caring and respected people's rights.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their house or bedroom. One staff member told us, “Everyone deserves respect and people we see are no different from this.”

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, “People have choices in what they want to do or what they want to eat or the clothes they want to wear.”

We looked at the “Carers Handbook”. This contained the agency's philosophy of care which and sized that staff should be compassionate and caring, protect people's dignity and respect and promote independence. This set a good model to ensure people were all treated in the caring manner and respected.

We saw that people's care plans were developed with their or their relative’s involvement. This meant that people had been given the opportunity to produce a plan of the care they felt they needed and agreed to their care plans. We saw that people or their relatives had signed to agree their care plans which indicated participation in drawing up a care plan to meet people's needs.

The staff we spoke with could describe how they would preserve people’s dignity during personal care such as covering exposed parts of the body when washing people so not all of the body was exposed. This was a good example of a caring attitude.

Requires improvement

Is the service responsive?

Our findings

A person told us, “The new carers read the care plan and ask me to tell in my own words what needs to be done.” Another person told us, “I cannot touch my toes so the carers wash them and apply the cream.” A relative told us, “The office ….do inform if the regular carers change.” Another relative told us, “We see how the carers dissolve her anger by keeping patient.”

No one expressed any concerns about staff not staying for the full contracted time. However, we saw in records that some visits were not recorded. The managers thought this was due to staff not recording rather than missing calls.

The staff we spoke with were aware of people’s preferred routines and needs.

People had an assessment of their needs and a personal profile in the care plan. This included relevant details such as the support they needed and some information as to their history and background. However, care plans did not include information about their preferences, for example what time they liked to go to bed, whether they preferred a bath or shower, what assistance they needed and how they liked it to be provided. There was minimal information about people’s background and interests, what they liked and didn’t like and their interests in people's care plans. Records did not show a detailed person’s life history or key experiences and where specific interests or hobbies had been recorded, such as what TV or radio programmes they liked if they liked to watch TV or listen to the radio.

The manager acknowledged this and said care plans would be updated to include all relevant information such as hobbies and interests the person had in the past. This will help staff to respond effectively to people's individual care needs.

We saw that care records and risk assessments were reviewed by the manager though this was infrequent in some cases such as one person had not had a review of their care needs for eight months. The manager said this would be followed up.

Care plans did not always supply detailed information to meet people's needs. We looked at the care plan of a person that had been assessed as having continence needs. It did not detail how often checks needed to be made to ensure their needs were met. In daily records, it was not always stated that staff had assisted with continence needs. This meant there was a risk that pressure sores could develop and be a risk to their health and welfare. The manager said she had reminded staff to record all personal care that had been provided but she would remind them again.

We found recording of protecting a person’s skin from pressure sores. This care plan contained relevant issues but there was no record of whether the person needed a pressure cushion when sitting in a chair. The manager confirmed a person had a pressure cushion and it would be included in the plan that staff needed to check that this was in place. This will then assist to provide responsive care to meet the persons health needs.

Care plans did not always provide staff with information about how to respond to signs of confusion, associated with people living with dementia. One person’s care plan stated that they could get agitated. However, the plan did not instruct staff how to manage this or define effective intervention or identify what this behaviour looked like. When we raised this with the manager she agreed more detail was needed to support staff to deal with these situations by methods such as distraction. This meant that there was a risk that responsive care may not have been provided.

We looked at a care plan for a person from a minority community. There was no information regarding the person’s cultural or religious practices. The manager said this would be followed up to include this information which would ensure the needs of people from differing cultural communities would be responded to.

A relative told us that he would also speak to the manager if he had any concerns, and felt comfortable about doing so.

People were full of praise for staff apart from one person who was unhappy that one staff member did not communicate with them. The management of the agency were informed and they resolved the situation to his satisfaction by changing care staff.

One person said, “If they have done everything, I tell them to sit down… They would otherwise ask for other tasks.” A person told us that office staff said that if she ever had a problem to contact them to sort it out. This had never been necessary but it gave the person confidence that action would be taken as needed.

Requires improvement

Is the service responsive?

People or their relatives told us that management staff had always been responsive to their concerns. No one mentioned any situation or instance where their issue was not resolved to their satisfaction.

Staff told us that they would report any complaints to the manager and they were confident they would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. However this did not include information on contacting the local authority should a complaint not be resolved to their satisfaction. The manager said this procedure would be altered accordingly.

We looked at the complaints file. No complaints had been made for over a year. The manager confirmed this had been the case. The previous complaint had been investigated and dealt with by the manager and action taken to ensure the issues did not occur again. However, there was no evidence of any feedback to the complainant. The manager stated that she would ensure that proper feedback was given in the future.

A relative said, "Once he went in deep sleep once, and the carers immediately called the medics. I cannot fault them at all. The care is 100%."

A staff member told us that on one occasion a person said they felt unwell. She then contacted the nurse and stayed with a person until the nurse arrived. We also saw in records that when people were unwell or had an accident, staff stayed with them until medical services arrived. This told us that people had received care responsive to their needs.

Requires improvement

Is the service well-led?

Our findings

People told us that the manager and office staff were efficient and asked for their opinions as to the quality of the service. People told us, “The office sometimes do a survey and ask for feedback.” “The office staff are responsive (to my enquiries).” “The manager comes also to enquire how the carers were.” “I do not have any suggestion for improvements, they are lovely.” Another person said, “The questionnaire was sent (to me).” “A relative said, “The office is good and we know the complaints procedure though no occasion have arisen.”

Staff told us they could approach the manager about any concerns they had. One staff said, “I know I can go to the (manager's name) at any time if I have a problem”. They told us that the manager led by example and always expected people to be treated with dignity and respect.

Staff members we spoke with told us that they would recommend the agency if a relative of theirs needed help with personal care at home.

Staff told us that they felt supported by the manager and that they felt the manager always put people's needs first. The manager frequently worked care shifts alongside care staff so was aware of the issues that face staff. This made the manager accessible to staff at all times.

Staff had positive views about the leadership of the agency under the manager and the vision and values of the organisation. All staff said they felt supported and were given clear guidance on maintaining personalised care for people.

Staff said that essential information about people’s needs had always been communicated to them. These are examples of a well led service.

Staff were supported through individual supervision and staff meetings. Records showed that issues about staff practice were discussed in staff meetings. Staff supervision records evidenced that supervisions covered relevant issues such as training and their performance. This meant that staff were supported to discuss their competence and identify their learning needs.

The manager said people that received the service and staff had been asked about their views this year through a satisfaction survey. However, although there was evidence from people receiving the service of this satisfaction survey, it was not available to us to inspect. After the inspection, the manager forwarded this information on to us, which indicated a service that people were satisfied with.

We did see some quality assurance checks in place. For example, we saw audits of care plans and medication records. Staff also had periodic spot checks where management staff visited people’s homes to check that staff were providing a quality service to them.

The manager had not fully implemented a robust system to ensure quality was monitored and assessed within the service as they were no systems to evaluate important issues such as the quality and extent of staff training, staff recruitment checks and staff responses to accidents and incidents.

This did not fully demonstrate that management were ensuring the service was well led and ensuring the provision of high quality care to the people using the service. The manager said she would review the quality monitoring system to ensure that all essential systems had been checked to ensure a quality service had been provided to people using the service. This will then help to develop the quality of the service to indicate a fully well led service.