

Utopia Social Care Limited

Utopia Social Care

Inspection report

76 Eccleston Street
Prescot
L34 5QH

Tel: 01514266236

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22 October 2018

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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

This inspection took place on 10 and 22 October 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes within the community. It provides a service to people living within the St Helens, Halton, Liverpool and Knowsley areas.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection seven people using the service were in receipt of personal care.

A registered manager was in post. 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.

This was the first inspection of the service that was registered in August 2017.

People and their family members felt that the service they received was safe.

Policies and procedures were in place in relation to safeguarding people from abuse.

People's care planning documents considered risks to people and plans were in place to minimise these risks.

Recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

Systems were in place to support people with their medicines safely when required. Detailed information was available when a person was prescribed medicines on an as and when basis.

Procedures and practices were in place to support people to have choice in their lives. We saw that policies and guidance were available to staff in relation to the Mental Capacity Act.

People were supported with their eating and drinking needs when needed and staff were aware of people's personal likes and dislikes in relation to what they ate.

People told us that the staff were caring, supportive and respectful. Staff received regular support and training to keep up to date with best practice.

People had access to and were aware of the services complaints procedure. A system was in place to manage and monitor complaints about the service.

People told us their care and support was delivered by the same members of staff most of the time, which enabled them to get to know them well.

People were regularly asked if they were receiving the care and support they required.

People told us their privacy and dignity was protected and promoted.

Policies and procedures were in place to offer guidance and direction in best practice to staff delivering the service.

Systems and audits were in place to regularly check that people were receiving the care and support they required.

A comprehensive electronic system was in place to plan and monitor staff working patterns and record information about people who used the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Procedures were in place to protect people from harm.

Systems were in place to support people to take their medicines safely.

Recruitment procedures were in place to help ensure that only suitable people were employed to support people with their needs.

Risks to people were considered and where possible minimised.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training for their role.

People's dietary needs were planned for.

People were asked for their consent to the care and support they received.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Positive relationships had been formed between staff and the people they supported.

People received their care and support from a regular staff team.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and were

happy with the service.

People's care and support needs were planned for and reviewed on a regular basis.

People knew who to speak to if they were unhappy about the service they received.

Is the service well-led?

The service was well-led.

A registered manager was in post.

Policies and procedures were in place to promote safe care and support to people using the service.

The registered manager undertook audits to identify areas for improvement and development.

Good ●

Utopia Social Care

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 inspection took place over a two-day period. Visits took place on the 10 and 22 October 2018. The visits on both days were announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that people would be available to speak to us.

This inspection was carried out by one adult social care inspector.

During the inspection we looked at a selection of records and documents relating to the service. We looked at records that included assessments of risk and care planning documents, medicines records, complaints management as well as policies and procedures. We looked at the recruitment records of four staff members and staffrotas. In addition, we spoke with three people who used the services and four family members of people who used the service. We spoke with and spent time with one staff member, the registered manager and the nominated individual of the service.

Prior to the inspection we assessed all of the information we held about the service. This information included information sent to us by the registered provider. We contacted the local authority commissioning team who told us they had no concerns about the service.

Before this inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe care and support to people and what plans they have in place to continue to make improvements to the service.

We checked with Healthwatch who told us that they had no information about the service at the time of this inspection.

Is the service safe?

Our findings

Policies and procedures were in place in relation to safeguarding people from abuse. This included a copy of the local authorities statutory safeguarding procedure. All of these procedures were accessible to staff. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, a policy and procedures were in place in relation to staff receiving gifts and gratuities and handling people's monies. Information for staff as to how to keep people safe was also contained in their employee handbook. At the time of this inspection no safeguarding concerns had been raised within the service or with the Care Quality Commission.

People and their family members told us that they felt safe using the service. Comments included "I trust them like my own", "Very confident with the service" and "Staff are not intrusive in any way."

Plans were in place for identified risks to people to be assessed and whenever possible care and support was planned to minimise people coming to harm. Where needed to identify, record and reduce the level of risk a risk assessment form was completed. This form gave the opportunity to record areas of risk that related to a person's physical, health, and environmental care needs and formed part of a person's care planning process. People's care planning documents contained further information as to how to minimise people coming to harm. For example, one person's care plan stated, "[Name] puts her slippers on before transferring to her commode." This demonstrated that identified risks were minimised through the planning of people's care and support.

Recruitment procedures were in place to help ensure that only suitable applicants were employed by the service. All applicants were required to complete an application form and attend a face to face interview. A check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people. As part of the recruitment procedure written references were obtained from previous employers in relation to the character of the person. We found that the registered provider had provided a reference for a member of staff to whom they were known. Discussion took place regarding best practice in ensuring that references were sought wherever possible from people independent from the service.

Sufficient staff were employed to meet people's needs. Rotas were managed throughout the day to ensure that people received the support they required. Wherever possible, people received care and support from a regular staff team with the continuity of staff only being changed due to holidays and sickness. People told us that staff always arrived on time for their visits and "Often stay longer". People also commented that they "Never felt rushed" by staff. Rotas were planned to ensure that staff had sufficient time to travel from one person's address to another. Staff explained that their rota always had 15 or 30 minutes travelling time to ensure that that they arrived on time and that this ensured they were able to deliver care and support to people in an unrushed, relaxed manner.

Policies and procedures were in place to manage people's medicines safely. This guidance included the safe administration, recording and disposal of medicines. A record of all medicines administered by staff was

maintained on a Medication Administration Record (MAR). When people had been prescribed medicines on an as and when required basis, known as PRN, a care plan was developed. We saw that these specific care plans contained detailed information to ensure that PRN medicines was administered safely. For example, the plans contained information as to how to assess if a person required their medicines, how to administer and the maximum dosage that could be administered within a specific timescale.

Prior to administering medicines to people staff needed to demonstrate their competency in this area. The registered provider had developed a detailed assessment for staff to complete to demonstrate that they were competent helping people to manage their medicines.

People told us that staff did all they could to prevent the spread and control of infection. A policy and procedure was in place which offered guidance on how to minimise the spread of infection. Staff confirmed they had access to personal protective equipment (PPE) which included disposable gloves and aprons.

A system was in place to record and monitor any accidents and incidents experienced by people.

Is the service effective?

Our findings

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 with appropriate legal authority. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection none of the people using the service had an order under the Court of Protection. The registered manager demonstrated a clear understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times for guidance.

People's care planning documents gave the opportunity for people, or appropriate others, to sign their consent to receive care and support. People told us that staff always asked for their consent prior to carrying out a task or delivering care.

People's health needs were detailed in their care plans and when required information was available as to who needed to be contacted if there were any concerns. For example, their GP or community healthcare professionals. When requested, staff would accompany people to medical appointments. In addition, in the event of a person becoming unwell staff ensured that family members were informed and that people received the support they required. One family member told us, "Very supportive, staff will always escort people to hospital if needed". People and their family members described the service as flexible. They told us that wherever possible changes were made to the times of visits to support people and their family members medical appointments. People told us that they were "Very happy with the care" they received.

Staff stated that that in the event of a person becoming unwell or there appeared to be changes to how a person was feeling action was taken by the registered manager. They gave the example of one person being anxious. When this was reported the team met to discuss how they could meet the person's needs and make improvements to reduce the person's anxiety.

Where required people's specific needs in relation to their eating and drinking requirements were recorded. People's care plans contained information as to how people wanted to have their drinks prepared and a detailed list of their food likes and dislikes and meal arrangements. For example, one person's care plan listed the biscuits they liked to eat after their meal. This information was important for staff to be aware of in ensuring that they offered specific foods when people wanted them.

Newly recruited staff undertook a Care Certificate induction into their role. The Care Certificate is a nationally recognised set of standards for people working within health and social care. In addition, records demonstrated that staff received further training to carry out their role safely. All newly recruited staff had a three month training and development plan to show areas of training they needed to undertake. For

example, manual handling, emergency first aid, safeguarding and safe handling of medicines.

Records demonstrated that staff had also undertaken training in relation to the Mental Capacity Act, falls prevention, infection control, health and safety, hand hygiene, dignity and respect, dementia awareness, risk assessment, dysphasia and equality and diversity.

Both the registered manager and registered provider were qualified 'Train the Trainers' in aspects of health and social care. Staff described the training they received as "Excellent" and "Fantastic" and explained that all training was delivered in small groups which made their learning very personalised.

Staff stated that they had regular access to staff meetings and each week all staff were contacted by a senior member of staff, which gave the opportunity for staff to discuss any issues.

Is the service caring?

Our findings

People told us that they were always introduced to staff before they provided care and that they were happy with the care and support they received. They told us that they received care and support from a consistent team of staff that they were familiar with.

People made positive comments about the staff that supported them. These comments included "All of the staff are caring, it's as though they are a relative", "Excellent care, they can't do enough for you, they are the best", "Good carers, big hearts" and "Feel like I have known them years, they are amazing."

People told us that staff were caring respectful and kind towards them. They told us that staff were always respectful of maintaining their dignity when they were delivering care. A family member told us that they felt the service was empathic and at all times promoted people's independence by motivation and encouragement.

Family member commented that the service understood the benefits and were committed to ensuring that people's needs and wishes were matched with the appropriate skills and personalities of the staff. They told us "Always the same staff for continuity" and "People have a choice of staff gender."

People and their family members shared their experiences as to how they felt the service was caring. One family member explained that their relative had experienced a fall in their home. Staff covered and cuddled the person to keep them warm whilst they were on the floor waiting for the ambulance to arrive. Another family member told us that the service was extremely flexible and supportive when a family carer had to go in hospital for treatment. They explained that the service altered their visits to ensure that the person's needs were fully met at all times.

Positive working relationships had been formed between people, their family members and the staff that supported them. People told us that liaison with the service was excellent and one family member described the communication as "Very open."

People and their family members explained that staff went above and beyond in supporting people. One person told us that they had experienced difficulties with the home phone lines and that the registered manager had supported them to get the problem sorted out. A family member explained that staff often took their relative fish and chips and sat and ate their lunch together. They saw this as a social experience along with their relative being encouraged to eat.

People had access to 'A guide of our support to you' which informed people about the level of service they should expect. This guide contained information which included services Utopia Care could offer, the aims of the service, an explanation of different forms of abuse and who to contact if people felt they were at risk, quality assurance, medicines and personal records and information around care planning. In addition, the contact details of the office and out of hours service were included.

Policies and procedures were in place and staff had received training to provide a service that respects and promotes equality and diversity.

Is the service responsive?

Our findings

Prior to a person using the service an assessment of their needs was carried out. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service was able to meet these needs. To complete the assessment people were visited by a senior member of staff. People told us that these assessments were thorough and one family member told us, "We sat with the registered manager who introduced themselves and carried out the assessment, they were very clear on their role."

Each person had their own individual care plan detailing how their assessed needs would be met by the service. Information gained during the initial assessment process was contained in people's care plans. This included the support people needed in relation to their physical, psychological and environmental needs. Care plans were person centred, well written and clearly detailed people's specific needs, wishes and how these were to be met. For example, one person's care plan stated, "[Name] likes a cup of tea and little chat before she starts her day", "[Name] likes you to say goodnight when leaving and likes to know the staff who will be supporting her the next morning" and, "Ensure [Name] clothing is not creased underneath her when sitting comfortably." People told us that the service was always responsive their need. Comments included "Nothing is too much trouble" and "They do over and above."

People's care planning documents were reviewed and updated on a regular basis by senior staff to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. People told us that senior staff and the registered manager regularly contacted them and visited to ask how the service was working for them, if there were any changes needed and if people were happy with the support they received. These regular checks gave the registered manager, who also delivered personal care to people, the opportunity to measure the quality of the service being delivered and to ensure people were in receipt of the service they needed.

People told us that staff went "Above and beyond" with the support they offered. One person told us that staff regularly walked their dog for them. Another person told us that staff "Always help around the house when they're there, help me keep things tidy."

In addition to supporting people in their homes staff also supported people to access the community and participate in areas of their interest. For example, one family member told us that staff regularly took their relative out for a drive in the car to offer stimulation and change to their daily routine. Another family member told us that their relative had links to the armed forces. The registered manager had arranged and supported them to attend a local presentation which they thoroughly enjoyed.

Family members told us that they felt listened to and included in their relatives care and support and felt they too received an excellent service from Utopia Care. One family member told us of an up and coming Christmas party that was being organised for people and their families.

Accessible information was available to people. For example, a guide to the service, given to people as they

began to use the service was produced in large print. In addition, each guide also had an audio version attached for people to listen to. Family members told us that staff considered different ways in which they could support people with communication. For example, the registered manager had produced a laminated daily routine document for one person that informed them of who was visiting them and when. Their family member told us that they also found the document useful.

At the office location a small comfortable lounge was available on the ground floor. The registered manager told us that plans were in place to encourage people using the service, staff and family members to access the lounge for a drink and a chat to prevent the risk of social isolation for people.

The registered provider had a complaints' procedure that detailed how and to whom complaints about the service could be made. People and their family members told us they knew who to speak to at the service if they needed to. Although the service had not received any formal complaints, a register was in place to record any concerns and actions taken on receipt of a complaint.

Is the service well-led?

Our findings

The service is co-owned by two managing directors, one who has the role of registered manager and one who has the role of nominated individual, the registered provider. People and their family members spoke positively about the registered manager describing them as "Excellent", "Always available" and "They are a wonderful service, the best we've ever had."

A clear line of accountability was in place to ensure that people using the service and staff were aware of who they needed to contact for specific queries. These staff included an operations manager, team leader and office support staff.

Systems were in place for the registered provider to continually monitor the quality of the service people received. This included the registered manager visiting people on a regular basis to discuss their care and support. Regular observations of staff took place to ensure that they were delivering the service required. For newly recruited staff, spot checks on their work were carried out on a weekly basis during their probation period. The registered manager explained that carrying out staff observations also were of benefit in identifying any further development and training needed to enhance the service. A secure electronic system was in place that contained information about people who used the service along with information about staff working patterns and their observed practice. This information was password protected and only available to staff who required access to it.

People's care plans, medicines records were audited on a regular basis during the regular visits to people using the service. The registered manager demonstrated that carrying out regular visits to people and being part of people's care delivery gave the opportunity to continually monitor and identify any changes that could be made to improve the service people received.

Staff explained that in addition to having regular contact with the registered manager all staff had access to a secure media application on their mobile phone. They told us that they used this application daily to leave and get secure messages regarding the service. They commented that the system "Keeps the communication professional and secure."

Policies and procedures were in place and available to all staff within the service both electronically and in paper format at the office. These documents gave staff guidance and direction for their role and were updated on a regular basis to ensure that they contained up to date, relevant information. Information relating to key policies was also available to staff in their employee handbook for reference.

The registered provider had a non-uniform policy for staff. However, clear guidelines on what staff could and couldn't wear whilst supporting people were in place. One person told us, "I much prefer it that staff don't wear a uniform, it helps me identify them as a person."

The registered provider had a clear understanding of situations in which they needed to notify the Care Quality Commission (CQC) of significant events which occurred in line with their legal obligations.

