

Universal Care Services (UK) Limited

# Universal Care Services Coleshill

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Universal Care Services Coleshill is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, 171 people were supported by the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive this regulated service, we also consider any wider social care provided.

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

People received safe care. Risks were assessed, and management plans gave staff the information they needed to protect people from risks of harm or injury, such as falls. Staff knew their regular people well and how to keep them safe. People received their medicines as prescribed. Staff were trained and understood the importance of infection prevention and control.

There had been a small number of missed or late calls to people. However, the provider and registered manager had investigated these and measures had been implemented to reduce risks of reoccurrence.

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

Staff understood the need to gain people's consent before supporting them with personal care. Staff received an induction and on-going training and were supported through team and one to one meetings.

People and relatives described staff as kind and caring. Some staff were described as 'going the extra mile' for people. Where staff did not meet the provider's expectations and people had raised a concern, these were investigated. The provider's policies and procedures were followed to address any short-comings in staff's approach to people and tasks.

Peoples' care plans were personalised to reflect their personal preferences and choices. Staff used information to engage with people to discuss topics or hobbies of interest to them.

People and their relatives were involved in planning their care and reviews of support took place. They were given opportunities to give feedback and the provider used this to identify where areas of improvement were needed. The provider was currently implementing actions to make improvements following their recent feedback survey analysis.

The provider had systems and processes in place to check on the safety and quality of the services. Some checks required more detail.

The provider and registered manager had agreed an action plan with the local authority and improvements

were currently being implemented, within agreed timescales.

#### Rating at the last inspection (and update)

The last rating for this service was Requires Improvement.

The last comprehensive inspection of this service was on 18 June 2018 and the service was rated Requires Improvement (published 13 August 2018). There were breaches of the regulations. The provider completed an action plan after the inspection to show what they would do and by when to improve. We undertook a focused inspection in the areas of safe and well led on 24 September 2018. We found sufficient improvements had been made to meet the requirement of the regulations, however, improvements needed to be embedded and further improvements made. The service continued to be rated Requires Improvement (published 17 October 2018).

At this inspection we found the provider had made improvements and the service is now rated Good.

#### Why we inspected

This was a planned inspection based on the rating of the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information is received, we may inspect sooner.

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Universal Care Services Coleshill

## **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 within 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 was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. The local authority told us they had undertaken quality checks during April and May 2019 and found some improvements to the services provided had been made. However, further improvements were required. For example, in auditing processes and medicine administration records. The provider had sent an action plan to the local authority to tell them how and when the improvements would be made.

We used the information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

Our inspection activity started on 1 August 2019 and ended on 5 August 2019. We spoke with eight people who use the service and eight relatives about their experiences of the care provided. We spoke with nine members of care staff, two field care supervisors, the registered manager and director. We reviewed a range of records. This included a full review of six people's care plans, multiple medication records and care log books. We also looked at records relating to the management of the service. These included systems for managing complaints, call monitoring systems and the provider's audits and staff training records.

# 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 Requires Improvement. At this inspection we found improvements had been made and the rating is now Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when supported by staff. One person told us, "I always feel safe when the carers are here." One staff member told us, "Some people have key code safes and I always make sure no one has access to the number so people are kept safe."
- Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and when concerns should be raised with the registered manager and the provider. One staff member told us, "I'd report any concerns straight away. I know the manager would investigate straight away. If I still had concerns, I phone the [director's name] or you at CQC."
- The registered manager and provider understood their regulatory responsibilities and had acted on safeguarding concerns.

Assessing risk, safety monitoring and management.

- Risks were assessed, and management plans told staff what actions they should take to reduce risks of harm and injury to people.
- Staff knew people well and followed risk management plans. One staff member told us, "I support [name] and they have had previous falls so I always make sure they have their walking frame close to them and remind them to use this. When I leave their home, I make sure they have their pendant alarm on them."
- Some people were identified as having or developing sore skin. People had special equipment, such as airflow mattresses on their beds, to reduce risks of developing or deteriorating sore skin. One staff member told us, "If I found the equipment was not working, I'd report it to the office staff or contact the district nurse so action could be taken."
- One field care supervisor told us, "If a carer phones me at the office with concerns about a person's skin, I'd contact the district nurse team straight away and ask staff to ensure the person is repositioned off the area of sore skin." The registered manager told us the service was now supporting more people with identified skin integrity risks, and was arranging further training for staff to give them more knowledge on how to check skin integrity and record information.
- Environmental health and safety checks were undertaken in people's homes. The registered manager made referrals to the local fire service, on behalf of people, so they could be supported with professional fire safety guidance or having smoke detectors fitted when needed.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and complete the contracted care calls to people. People told us staff's timekeeping had improved, and since our last inspection in September 2018, care calls generally took place at the agreed times. One relative told us, "Timekeeping can vary a bit, but

they (staff) have other calls to do as well and traffic can sometimes cause delays."

- There had been a small number of missed or late care calls because of human error. For example, a staff member had miss-read their rota. These had been rectified, apologies made, and systems put in place to prevent reoccurrence. People had not suffered harm as a result.
- The provider acted in a timely way when things went wrong. During July 2019 a missed call alert had been received by the staff member providing on-call cover. They had been unable to act immediately because they were responding to a separate issue. This had delayed the response in offering apologies to the person and sending a staff member to cover the care call. The provider had recognised one staff member on call at the weekend was no longer sufficient and immediate action had been taken to have two staff members provide the on-call out of hours cover.
- Staff told us there had been improvement in them receiving their rotas and having regular clients. One staff member told us, "Before this manager, our clients would be constantly changing, we didn't know them well and they didn't know us, there was no consistency. Things have improved now, generally we have the same clients unless covering for staff's leave."
- People and relatives made positive comments about their 'regular staff'. One relative told us, "My family member is living with dementia and the regulars (staff) are brilliant with them, it's much better for them to have a familiar face, which is most of the time."
- The provider's system for recruiting staff ensured staff's suitability to work there. Five new staff members told us appropriate employment checks had been carried out before they started care calls to people to ensure they were suitable to work with vulnerable people.

#### Using medicines safely

- People received varying levels of support, such as prompting or assisting, to take their prescribed medicines. People and relatives spoke positively about the support they received and comments included, "Staff get my tablets out of the pack for me to take and give me a drink so I can swallow them easily" and, "My family member's medicines are kept locked away for their safety. Staff always make sure they lock them away again after they have given my relation the tablets needed at that time."
- Some people had prescribed topical preparations such as creams. Body maps informed staff where on the skin creams should be applied.
- Staff received training to safely administer people's medicines. Field care supervisors and the registered manager checked medicine administration records (MARs) to ensure these had been accurately completed by staff. Where staff needed to improve their recording on MARs, this had been identified and acted on. For example, an issue of 'scribbling out entries' had been addressed with the staff member.

#### Preventing and controlling infection

- Staff were trained in infection prevention and control. Staff told us they used personal protective equipment such as plastic aprons and gloves when supporting people with personal care.

#### Learning lessons when things go wrong

- There was evidence the management team reflected on how things could be improved and took appropriate, corrective action when needed. For example, missed calls had occurred from inputting care calls incorrectly to the electronic rota system. Preventative actions in computer programme settings were taken by the provider so there could be no reoccurrence, and office staff were given guidance to refresh them on how effectively input care calls.



# 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 Requires Improvement. Improvements had been made and the rating was now Good. This meant people 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

- People had an initial assessment before care calls were carried out. This identified all tasks to be completed by staff at each visit to achieve good outcomes for people. Where applicable an assessment from commissioners was used by the registered manager to inform this process.
- People and, or their relatives were involved in the process of the initial assessment and information was used to write an individual plan of care and support. During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training when they began working at the service. Staff told us they had the skills they needed to complete their role well. People and relatives told us, "The regular staff know what to do, they are good," and, "The experienced staff have the skills they need, sometimes the new ones or those covering don't always have the same level of confidence."
- Some staff felt more in-depth training would help them develop their skills further in areas such as care planning, end of life care and skin care. The registered manager told us the provider had recently recruited a new training staff member and they were planning for more face to face training sessions to be offered. Staff were offered opportunities to gain nationally recognised qualifications in health and social care.
- Staff were supported through team and one to one meetings. One staff member told us, "We are always getting updated through emails and texts." Another staff member added, "Communication has improved between care staff and office-based staff, I think we now work as one team more."

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

- Some people had an identified care need to be supported with meal preparation or to be assisted by staff to eat and drink. Where this was an identified task, people's care plans contained information about their nutritional needs and any likes or dislikes. For example, one person's care plan stated which foods and drinks should be restricted due to their health condition.
- Some people had a prescribed powder to thicken their drinks and staff had the information they needed to tell them how many scoops of powder should be used in a person's drink. Staff understood the thickener reduced risks of a person choking. They were able to tell us the first aid actions they would take in the event of choking, and added they would get professional help, by phoning 999.

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 followed the principles of the MCA. Staff sought consent, for example, when asking a person if they would like to be supported with personal care.
- The registered manager understood their responsibilities under the Act. For example, they had involved a person's social worker when concerns had been identified around a person's fluctuating mental capacity, to ensure the person's safety was maintained.

# 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 Requires Improvement. Improvements had been made and the rating is now Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt well cared for. One person described their care staff as being 'kind to me'. One relative told us, "My relative had had the same staff member for seven years and we are very fond of her, she is excellent and more like a family member to us now. She is kind-hearted and goes the extra mile for my relation."
- Some people had preferences about the gender of their care staff and these were met. One relative told us, "My family member prefers male care staff and we have two regulars, they are kind and caring, always chatty to my relation." Another relative told us, "My family member prefers female carers and only once did they send a male in error, all the others times we've had the female carers preferred."
- Staff demonstrated a caring approach. One staff member told us, "I treat all of my clients as I'd want my nana treated, with kindness and love. That's important."
- A few people or their relatives gave us negative feedback about their experiences of staff's approach toward them. For example, one person told us, "I felt the staff member wasn't totally caring because they did not tidy up after supporting me with personal care in a way I wanted them to." We discussed these issues with registered manager. They showed us supporting evidence of processes and policies being followed to address any identified short-falls in staff's approach toward people.

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

- People told us their regular staff knew how they liked their care and support to be delivered and felt involved in making choices and decisions about their care.
- People's plans of care reflected their or their relatives' involvement and they had been signed in agreement.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a caring approach. One staff member told us, "I treat all of my clients as I'd want my nana treated, with kindness and love. That's important."
- Staff understood the importance of respecting people and ensuring their privacy and dignity was maintained. One person told us, "The staff are good, they help me have a shower and cover me over."
- Staff knew how to promote independence. One staff member told us, "I encourage [name] to do what they can for themselves, they need help to get dressed, but I always give them the chance to pull up their pants and do what they can."
- Staff understood the importance of keeping people's personal information confidential. For example, staff understood they must not share any information on their work mobile phones. Where an issue had been raised with the registered manager, appropriate action had been taken to address this with the staff

member.

# 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 Requires Improvement. Improvements had been made and the rating is now Good. 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

- People and relatives told us staff responded to their needs. Comments included, "The staff are very good, my regulars know me well and what to do." And, "Staff know how to use the stand-aid safely and always make sure my family member has their slippers on properly."
- People's care plans were developed from their initial assessment and described the tasks staff were required to undertake on their care call. For example, one person liked their items positioned in a specific way so they could easily access them. Photographs detailing how items should be positioned on the person's table were in their care plan so staff could check they were doing tasks in the way the person wanted.

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 their carers.

- People's care plans contained details of how staff should effectively communicate with them. For example, one person was deaf and guidance told staff to speak clearly so the person could lip-read and to have patience.
- The provider and registered manager recognised more work was required to implement the AIS. For example, feedback forms were currently only available in accessible to people. The registered manager assured us 'smiley face' symbol feedback forms would be developed to send to people. This would enable people living with dementia to give their feedback on the quality of services, as well as their relatives who used the existing format.

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

- The registered manager had continued to work on ensuring care plans were personalised and described this work to us as 'ongoing'. Care plans reviewed contained a 'This is Me' section which gave people the opportunity to share information with staff, which included interests and hobbies. This enabled staff get to know people and have topics to talk about.
- Staff knew people well and were able to tell us about interests they could chat about. One staff member told us, "We always chat about the football, it's something we have in common."
- Staff appreciated the importance of people maintaining relationships with family and friends and supported some to attend community activities. One staff member told us, "I also support one person to go

to their stroke club."

#### Improving care quality in response to complaints or concerns

- The provider made their complaints policy available to people and their relatives, who confirmed they had the information they needed should they have cause to complain. When complaints were received these were recorded and investigated by the registered manager in a timely manner.
- People told us when they had needed to raise a concern or complaint, it had been responded to and issues addressed. One person told us, "It used to be really hard to contact the office staff, but things have improved now, so I have no complaints." One person told us about a current concern which they had raised with the registered manager, and they told us about actions being taken.

#### End of life care and support

- The service did not offer nursing care in people's homes. However, the registered manager and provider aimed to support people's wishes to remain in their own home for end of life care, with external healthcare professional support. For example, district nurses and Macmillan nurses who visited people to undertake nursing support in the community.
- One care plan reviewed showed the service had explored the person's preferences and choices in relation to their end of life care and support. The registered manager told us detailed end of life plans would be put into place when needed by people to give guidance to staff about the person's wishes.
- Some people had ReSPECT forms, which included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Staff understood what these meant and in what situations they would be applicable.

# 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 Requires Improvement. Improvements had been made and these needed to be embedded into the service delivery and sustained. Further improvements were planned and the registered manager and provider were implementing an action plan of improvements agreed with the local authority. The rating continues to be Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

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

- The service was led by an experienced registered manager, who had commenced their role with the provider during September 2018. They were supported by the director, and the provider's compliance manager and operations manager who undertook weekly visits to the service. There was a clear staffing structure, with field care supervisors and a team leader who supported care staff.
- Feedback from the local authority was positive and described communication between the provider and themselves as having 'improved'. Quality monitoring visits had been undertaken and an action plan agreed where improvements were needed. During our inspection visit, the registered manager and provider told us what had been implemented so far and had timescales for some actions still to be implemented. For example, this included more detailed audits, such as which records had been checked and what actions had been taken.
- The provider had systems and processes in place to audit the quality of the services delivered. The registered manager completed a detailed analysis of accidents and incidents and actions were taken to reduce risks of reoccurrence.
- However, some audits and checks required more detail. For example, audits of people's care logs did not always identify where improvement was needed. We saw a staff member had recorded safety concerns about one person and whilst actions had been taken, these had not been recorded by the field care supervisor. The registered manager assured us immediate action to make a record of actions implemented.
- Whilst medicine administration records were checked, and individual actions taken when needed, there was no overall analysis audit record. This meant themes where improvement was needed were not collated to form an action plan.
- Overall, there was evidence the provider and registered manager appropriately reported any specific incidents to us as required. However, we identified a police incident during January 2019, which they had not told us about. Records showed the registered manager had acted to ensure risks to the person were minimised and had involved the person's social worker, they acknowledged they had overlooked sending us the required notification. This was sent to us following our visit.
- The provider ensured their latest CQC inspection rating was displayed at the office and on their website, to inform people seeking information about the service of our judgments.

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

- Care staff told us they now felt 'better supported'. One staff member told us, "If I have a concern about a person and phone the office, they are straight on it. Before this manager, it wasn't like that. We are now far better supported with office back-up when needed."
- Staff told us they felt 'more valued' by the provider and recognised changes made had a positive impact on people who received a service. One staff member told us, "We have more checks on us now from the managers to make sure we are doing things right."

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

- The registered manager had recognised the need for improvements in communication. They had acted to implement this with people using the service, through face to face contact.
- The registered manager undertook telephone meetings with people and their relatives to review their care and support needs.
- People and their relatives were given opportunities to complete feedback surveys during June 2019. There was a low response rate of 29.5%, however, actions did not include how the provider intended to increase this. An analysis of feedback had taken place and an action plan to make improvements was currently being worked to. For example, the provider had recognised office staff needed to improve their responses to calls to the office. Results showed 53% of people felt they were not always dealt with in a prompt way.
- Staff were given the opportunity to take part in a 'staff satisfaction survey'. The provider told us 64% of staff had participated and an analysis of feedback had been completed. However, the provider's action plan lacked detail. For example, when staff were asked whether peoples' care plans were easy to follow, 11 staff had replied 'no'. There was no action as to how the provider intended to address this staff response.

Continuous learning and improving care

- There was commitment from the provider and registered manager to make improvements to the service, with an emphasis on continuous development. The registered manager told us, "There was a great deal to be improved upon from when I started during September 2018. I feel we've come a long way and improvements have been made, these will be embedded into the services provided."

Working in partnership with others

- The registered manager worked in partnership with others. For example, they attended the Solihull provider forum where good practices were shared.
- The provider's head of clinical governance ensured changes in health and social care practices were shared with the organisations registered managers, and, was available to give support to implement any new requirements.
- The registered manager told us they received the CQC provider alerts, which they read and ensured their service information was updated in line with any changes required.