

Universal Care Services (UK) Limited

# Universal Care Services Coleshill

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection site visit took place on 25 September 2018 and was announced. This service is a domiciliary care agency. It provides personal care to adults living in their own homes. One hundred people were receiving the regulated activity of 'personal care' at the time of our inspection visit. The site visit was carried out by one inspector.

At our previous inspection in June 2018, we found breaches in the governance of the home and the legal requirements and regulations associated with the Health and Social Care Act 2008 were not being met. We found breaches of the regulations related to managing risks to people's safe care and treatment. We gave the home a rating of Requires Improvement in all the key questions and served the provider with a Warning Notice. The overall rating of the home was 'Requires Improvement.' This inspection was focused on the key questions of safe and well led and to check the provider had implemented the required actions for improvements to be made to met the regulations.

Following our feedback to the provider at our last inspection, the provider agreed to cease the acceptance of new people's packages of care. The provider told us they wanted to focus on improvements needed, and this was their priority. Since our last inspection, the provider has sent us information about their progress in implementing the required improvements. We have been monitoring the service since our last inspection.

There was a registered manager in post. Following our last inspection in June 2018, a manager from another Universal Care Services branch, had registered with us to also be manager for the provider's Coleshill branch. The provider had informed us this was on a temporary basis, whilst a new manager was recruited. At this inspection, a new manager had been recruited for the Coleshill branch and was in the process of applying to become registered with us.

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.

At this inspection we found the required improvements had been made and met the standards of the regulations. However, some people had continued to experience missed care calls. The provider had further improvements planned for; with an emphasis on call monitoring to ensure people consistently received their care calls at the agreed times. The rating continues to be 'Requires Improvement.'

Overall, people received a safe service though some late and missed calls had occurred since our last inspection due to human error. The provider's planned enhanced improvements to their call monitoring system was due to commence in October 2018 as agreed with the commissioning local authority. We were therefore unable to assess the effectiveness of this during this inspection.

People's medicines were handled safely by trained staff. Staff felt improvements that had been made, by the provider, to the information they had about people's medicines, made it safer for them to support people with their medicines.

Actions were taken to mitigate the risks of harm or injury to people. Staff had received further training and knew how to identify potential risks to people and how to escalate these to management so concerns could be acted upon. Risk management plans were more detailed and reviewed when needed.

Care staff understood the importance of recording accidents and incidents and now had forms readily available to them. These were completed when needed.

Staff continued to be safely recruited and trained in how to safeguard people from the risks of abuse. The new manager and registered manager; covering the branch, each understood their role in reporting safeguarding concerns as required to the CQC and local safeguarding authorities. There had been no new concerns since our last inspection.

There continued to be enough staff employed to undertake care calls to people and meet their individual needs. Improvement had been made to rota care call scheduling which meant staff had sufficient time in-between care calls to reach their next visit, without arriving later than the agreed time.

Overall, improvement had been made to staff using the provider's system of 'logging in and out' of care calls to people. The number of incidences of missed and late calls to people had decreased since our last inspection. However, some missed and late calls had been logged due to scheduling errors. Further improvements to the provider's call monitoring system was due to be implemented in October 2018 following the provider's meetings with the local authority commissioning the services. The provider had needed to meet with commissioners, to discuss their proposed changes to their call monitoring system, because the system used formed a part of their contract with the local authority who purchased care packages on behalf of people.

There were improvements of systems that checked the quality of the service provided to help identify where improvements were required. Feedback was sought from people, relatives and staff. Audits had effectively identified where further improvements were needed and recorded actions taken.

Staff felt more supported through increased communication, team meetings and one to one supervision meetings. When staff poor performance was identified, management addressed this following the provider's procedures.

## 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 no consistently safe.

A few people continued to experience late or missed care calls. However, the provider had plans in place to make further improvements to their call monitoring system.

Overall, people received a safe service from trained staff who knew people well and knew how to report any concerns they had about people's safety. Risk management plans were in place, and actions taken to mitigate identified risks. People received their medicines in a safe way and checks were undertaken to ensure staff followed their training.

**Requires Improvement** ●

### Is the service well-led?

The service was Well Led.

Quality monitoring systems were in place and used effectively to identify areas needing improvement. Audit tools were used and actions taken to implement improvements. The provider ensured support and guidance was available for managers and staff so people received a good service.

**Requires Improvement** ●

# Universal Care Services Coleshill

## **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 focused inspection took place on 24 September 2018 and was announced. This was to ensure the provider, registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector.

Universal Care Services is a part of a larger company, Clece Care Services, though continues to operate as Universal. This service is a domiciliary care agency. It provides personal care to mainly older adults living in their own homes. Not everyone using the service receives the regulated service of personal care. Some people had 'cleaning' or 'shopping' visits. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We did not ask for a Provider Information Collection (PIC) because this was a focused inspection. A PIC is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the provider's action

plan information about the improvements they told us they had implemented to plan this inspection. During our inspection visit, we gave the provider the opportunity to give some key information about the service, improvements made and further improvements planned for.

During our inspection visit, we spoke with six care staff, one team leader, the newly appointed branch manager, the existing registered manager, the compliance manager and the provider for Universal Care Services. We also spoke with the compliance supporting manager for Clece Care.

As part of our inspection visit we had telephone conversations with two people and six relatives to ask for their feedback on the services they received.

We reviewed seven people's care plans, risk management plans, daily records and medicine administration records. This was so we could see how their care and support was planned and delivered. We also looked at other records, these included the provider's quality assurance audits, missed care call records and staff communication and team meeting minutes. This was so we could see how the registered manager and provider assured themselves people received a safe, and well led quality service.

# Is the service safe?

## Our findings

At our previous inspection in June 2018, we found systems to check medicines were given safely were not always effective. Risks of harm or injury to people had not always been assessed. People experienced missed and late calls. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result. We rated this key question as 'Requires Improvement.'

At this inspection, we found sufficient improvements had been made to meet the requirements of the regulations. Further improvements were planned for during October 2018, to reduce risks of missed or late care calls to people. The rating continues to be 'Requires Improvement.'

People's safety and wellbeing continued to be at risk when their care calls did not take place as planned. Following our previous inspection visit, the provider had made some improvement to their call monitoring system to ensure alerts were triggered when care calls to people were late or missed. However, this was not still fully effective because during July and August 2018, the provider's records showed there had been 13 missed care calls.

Each missed call had been investigated by management and attributed to human error. For example a care call had not been allocated to care staff by office staff and had therefore not triggered an alert on the provider's call monitoring system. There had also been a few errors when care staff had not correctly read their rota. Each error had been addressed with individual staff and actions to mitigate risks of reoccurrence were in place.

The provider assured their planned further improvements; using their 'people planner,' call monitoring system would ensure any late or missed call would trigger an alert to the both the care staff member allocated to the call and to managers monitoring so that visits took place as agreed. This enhancement was due to be implemented in October 2018. Since our previous inspection, the provider had met with commissioners from the local authority, who purchase packages of care on behalf of people, to discuss their plans. The provider explained the call monitoring system formed a part of their contract with the local authority and therefore any changes had to first be agreed upon, which they now had.

There were sufficient staff to undertake care calls to people. Staff told us they felt there had been overall improvements to their rota scheduling. One staff member told us, "We have time allocated between calls now, so this reduces risks of us being late for the next care call." Another staff member told us, "There is also more thought for people around them having the same staff. Whenever possible, they get the same care staff."

People and their relatives told us they felt consistency in the same staff undertaking their care calls had improved. One person told us, "I'm very happy with my carer, she's the same girl and I feel safe with her." One relative told us, "My family member had a new staff member and they are getting on very well. I feel she is safe with them and the consistency in the staff helps."

Staff continued to be safely recruited and staff understood their role in protecting people from the risks of abuse. Two new care staff spoken with told us they had received safeguarding training before supporting people on care call visits. They told us they understood what abuse was and how to report any concerns. One staff member said, "If I was concerned about someone, I'd report it straight away to the manager."

Since our previous inspection, there had been no safeguarding incidents. The provider had made improvements to their safeguarding processes so, when needed, these could be recorded and progress of investigations tracked. The registered manager and new manager understood their role and responsibility to alert the authorities should an adult be at risk of harm or abuse.

Risks were assessed and management plans were in place. Improvements had been made to identifying potential risks of harm or injury to people themselves in their own homes or others, such as staff undertaking care calls. Previous issues that related to potential fire risks had been addressed by the provider. Staff assured us that people who used oxygen did not smoke cigarettes when they undertook care calls due to the potential risks of fire. One staff member said, "People have had new risk assessments and the manager has given advice to some people who choose to smoke cigarettes so they are safe."

The provider and registered manager had made referrals to the local fire service on behalf of people, who agreed for such a referral to be made, when potential risks of fire had been identified. One staff member told us, "The fire service came and fitted smoke detectors in one of my client's homes, they did a house safety check as well and my client was happy with this." The registered manager told us the fire service had been very supportive with the referrals made on behalf of people.

Staff told us they were now more confident in reporting any issues relating to people's safety to senior staff. One staff member told us, "We know what to report, the office staff listen to us, it's much better, communication has improved a lot." Another staff member told us, "We've had more team meetings since your (CQC) last inspection, we know exactly what sort of concerns to report, how to report and where to record what we've done." Another staff member told us, "Things have definitely improved, the managers act on any concerns raised within 24 hours."

Staff told us they felt 'big improvements' had been made to people's medicine administration records (MARs). Staff said they had received guidance on using the more detailed and improved MARs, which meant medicines were now managed more effectively.

Systems to check medicines were given to people safely were effective. Most MARs had been fully completed with the required information. One relative told us they had raised concerns when they saw staff signature gaps on their family member's MAR. This relative told us, "I could see the medicine had been given from the pack, but I didn't know the time it had been given because staff had not always recorded it. I reported this and [Name] (The compliance supporting manager) met with me and since then issues have been addressed and things have improved." Some MARs we looked at had a few staff signature gaps and these had been investigated by the registered manager. Checks had been undertaken, by either the registered manager or newly appointed manager, against other information to ensure medicines had in fact been given as prescribed. Where staff had forgotten to sign MARs, this had been addressed with them to reduce risks of reoccurrence.

Risks of cross-infection were minimised by the use of hand-washing and personal protective equipment (PPE), such as gloves and aprons. Staff told us PPE was 'always available at the office' to be taken by them when needed. One staff member said, "We've been reminded about the importance of using PPE, I always use gloves." Another staff member told us, "When I went to one client's house, I saw PPE had been thrown



on the ground outside their door and not disposed of correctly. I reported this to the manager so they could talk to the staff member about this." People told us staff washed their hands and used PPE for personal care tasks.

## Is the service well-led?

### Our findings

At our previous inspection in June 2018, we found systems to check the quality of the service were not effective. Improvements had not been made as planned for by the provider. Actions to mitigate risks were not always taken by the provider. People did not have confidence in the systems of communication and care staff did not always feel supported. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result. We served a Warning Notice on the provider telling them what improvements were required. We rated this key question as 'Requires Improvement.'

At this inspection, we found sufficient improvements had been to meet the requirements of the regulations. Overall, improvements needed had been made and the provider was working toward a well led service. However, since our last inspection, some missed calls had occurred and the provider assured us their plans to enhance their call monitoring system would reduce risks of such missed or late care calls taking place. The provider told us their planned-for enhancements were due to be implemented in October 2018. We undertook this inspection prior to this date and therefore could not assess the effectiveness of the provider's planned-for improvements to their call monitoring system. The rating therefore continues to be Requires Improvement.

The provider told us about meetings they had arranged with the local authority who commissioned services from them on behalf of people. The purpose of the meetings was to discuss further improvements the provider wished to make to their call monitoring. The provider had identified how their 'people planner' system could be greater utilised to mitigate risks of late or missed calls and the local authority had agreed for the provider to make this change from October 2018. The provider explained they had needed to include the local authority in such changes to the system used, due to their agreed contract with them. The provider assured us planned enhancements would trigger alerts so late care calls were identified and be a preventative measure against missed care calls.

During our inspection visit, the provider updated us about some staffing changes that had taken place since our last inspection. This included a new manager for the branch being recruited. The new manager was in the process of applying to become registered with us. At the time of this inspection, the new manager was being supported in their role by the existing registered manager who was covering the provider's Coleshill branch as well as their own Corby branch.

The provider told us their Clece Care head of clinical governance and compliance supporting manager had been working closely with staff at the service to ensure improvements to quality monitoring systems were made. This support included weekly meetings and oversight of actions to drive forward the improvements needed. The registered manager told us, "Things have definitely improved, we've been well supported and worked hard as a team. There are some things still to be done, but they are being worked towards."

Transparency had improved and the provider shared their vision for the service with staff. People and their relatives felt improvements had been made. One person told us, "Things seem to have stabilised" and another person said, "There is improvement, it's not yet perfect, but certainly better." A relative told us, "It's

better now than it was, certainly latterly there have been improvements."

One staff member told us, "After CQC's last inspection, we had a team meeting and the provider went through the report with us. They explained all the areas we all needed to improve on and how it was going to be done. There's certainly been lots of support, training updates, and it's a better place to work now."

Improved quality monitoring systems were in place and to ensure people received a good service. Checks on people's medicine administration records, daily notes and care plans took place. These checks were effective in identifying where improvements were needed and actions taken were recorded.

Feedback from people had been sought, analysed and acted upon. A survey had been sent to people and / or their relatives during July 2018 and there was a return of 38%. Of those who responded, 82% rated the overall quality of the service as good or above. The provider had used the survey results to learn lessons from where things had gone wrong and identify where further improvements could be made.

Communication systems had been improved upon. The compliance supporting manager told us when an office staff member received a telephone call from anyone who had not experienced the service they expected, a reporting form was completed immediately so that details could be captured and investigated by management. One relative gave us an example of an issue they had raised and following their complaint, the issue had been resolved to their satisfaction.

Staff told us they felt communication between the office staff and themselves had improved. One staff member told us, "It's so much better. For example, a manager or team leader now always phones us back if we ask. The on-call system is working and we can get hold of management if we need to, such as if we have concerns about someone."

Staff were effectively supported through team meetings, supervision and spot checks on their care practices. Staff told us they had met the new manager and felt they, and other management were approachable. One staff member told us, "The managers listen. It is pleasant when we come to the office, it's a better atmosphere totally."

Staff felt valued by the provider. One staff member told us, "Employee of the month has been re-started, I was awarded it in August. I received a certificate and voucher and had a photo taken at a team meeting, it made me feel really appreciated."

The existing registered manager told us they would remain in post covering this branch to support the newly appointed manager for the coming months. This was to ensure a smooth transition of managers took place and improvements were embedded and sustained. The provider informed us that Clece Care's clinical governance manager and compliance manager would continue to have weekly visits to the branch so as to provide ongoing support to managers and have oversight of the service.

The provider shared their on-going improvement plan with us. In addition to planned changes to their call monitoring system due in October 2018, they had a schedule for when audits would take place so they could monitor the quality of the services. The provider explained information was now shared with them on a monthly basis, or more frequently if needed, so they had good governance of the services provided.

Universal Care Services has a website which provides information about their services and a link to their latest CQC rating. The last inspection rating was displayed within the office.