

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 April 2016.

Universal Care Services Coleshill provides domiciliary care to people in their own homes. Some people required 24-hour care. At the time of our inspection, 93 people were supported with care.

The service had a registered manager. 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.

People and their relatives told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. Some people's ability to make their own decisions fluctuated, and there was not always detailed information on this. However, staff and the registered manager had a good understanding of the Mental Capacity Act.

People and relatives told us staff were respectful and treated people with dignity, kindness and respect. People's privacy was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Some care plans were updated with the most recent information and were detailed, others were not. The registered manager was aware of this and was working on ensuring all were updated. People were involved

in how their care and support was delivered, as were their relatives if people needed and wanted them to be.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives with a view to improving the service going forwards.

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.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were mostly up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people's ability to make their own decisions fluctuated, there was not always detailed information about this. However, staff knew how to manage this and supported people with decision-making appropriately. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good ●

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People participated in activities and interests that were important to them. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People felt able to approach the registered manager and were listened to when they did. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems in place to identify any areas needing 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.

The inspection took place on 28 April 2016 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the inspection visit, we spoke by telephone to sixteen people who received care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we spoke with the company director, the registered manager, one senior carer and five care staff.

We reviewed eight people's care plans, to see how their care and support was planned and delivered. We

looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "Staff wear apron and gloves."

The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "We have regular 'clients' so I know them and how they behave. For example, if someone was acting strangely, or if they had unexplained marks, I would document it and report it to the manager straight away." They added, "I would contact CQC if I thought it was not being dealt with." Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People and their relatives told us they were supported by a consistent group of care staff, which they found reassuring. They also told us if there was any change in the staff supporting them, they were informed of this in advance. One relative told us, "If a particular member of staff is off sick or on annual leave they provide other staff and tell us in advance so people are not afraid to see new faces." The registered manager told us people had consistent care workers. They said this was so people were familiar with staff and felt comfortable with them, and so staff could get to know people well and knew how people preferred to be supported. Staff confirmed they supported a small number of people on a consistent basis. One staff member commented, "It is nice as the people I go to are all used to me."

Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. In some of the care records we looked at, they had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve.

However, information in people's care plans had not always been updated. The registered manager was aware of this and showed us the work they had been doing to update all care records. Staff confirmed they were aware of, and were working safely with, people's current needs, which were detailed in the call sheets each member of staff received.

Staff told us they had received training to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by the registered manager to ensure they were competent to administer medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, some people managed their own medicines, with support from care workers. Where this was the case, care records gave staff guidance about how they could help people to do this safely. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand on what medicines were for and why they had been prescribed.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed.

Records showed medicines were checked by senior members of staff on a regular basis to ensure people had been given the right medicines at the right times. One senior staff member told us, "We look at the MAR sheets and if we find an error we take it up straight away with the care staff concerned so we can investigate what happened and address any issues."

Is the service effective?

Our findings

People and relatives told us staff who supported them were well trained and knew how best to meet people's needs. One person told us, "They all seem to be trained."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff before attending to people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were signed off as being competent by a senior member of staff after a 12 week period.

Staff told us working alongside more experienced staff helped them become more confident in their role. One staff member said, "I shadowed [worked alongside] one of the senior workers for a bit, and was observed by them. They asked me if I felt comfortable to carry on and go out by myself. This meant I could get used to a small number of people so I wasn't in at the deep end."

Senior staff regularly checked how new staff provided care for people. A staff member commented, "Any questions I had they were always answered. I never felt like I couldn't approach any management with a problem or a question."

Staff told us they were well trained and knew how to support people effectively. One staff member commented, "You learn every day in this job. Say for example you go to someone who needs hoisting, you need to know what you are doing. We get training to make sure we do." Another staff member told us they were completing a level two diploma in health and social care. They told us, "It is fantastic, very enlightening. I love learning. It helps me work out if, how, when, where with my assessor. It helps with caring for people." Staff were willing and able to share their skills and experience with colleagues, and told us they were encouraged to do so. One experienced staff member commented, "I have just redone my moving and handling training. It is an everyday thing for me, so I will often shadow other staff and show them how to use the equipment properly."

The registered manager had a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed so they could be assured staff had updated their knowledge and skills.

Staff told us they had regular supervision meetings with the registered manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. One staff member commented, "It is where you can talk about any problems or concerns and talk about the 'clients'." Another staff member told us, "When we have supervision, they always say if we want any training on anything we can have it." A new member of staff said, "I get regular supervision meetings, which are in-depth. We discuss the things I have learnt in training, and how I am going to put them into practice."

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.

People told us staff asked their permission before supporting them, which showed they understood the importance of gaining people's consent. The person said, "Staff are very friendly and supportive, they always ask before they take me to the bath or shower and if I am ready."

Staff understood and worked within the principles of the Mental Capacity Act, although some did not know this was linked to MCA and DoLS legislation. The registered manager confirmed staff had received information about the MCA and DoLS as part of their dementia training. One staff member commented, "Oh yes, [name] can make their own decisions. We are there to support them but not to do everything for them and make all their decisions. I always ask people first. I never assume." Another staff member told us, "It is about talking to people. If you think they don't understand, you have to go over things clearly and explain everything."

People's care records included information about the level of support they needed with decision-making, although records did not always give staff information on which decisions people needed support with, and in which circumstances. We looked at two care plans for people we were told had fluctuating capacity. This was not clearly documented on care plans. However, one person did have a recent capacity assessment which had been completed by the local authority when they began to use the provider's services, and staff we spoke with were able to speak knowledgeably about people whose capacity might fluctuate and how they would approach this. Daily care records written for people whose capacity fluctuated, showed staff made appropriate judgements about how they supported the people day to day.

People and their relatives told us care staff helped people prepare and cook food where they needed this support. Some people had been assessed as needing specialised diets. For example people who had difficulties with swallowing food and fluids, had a soft food diet and their drinks thickened. Where this was the case, people's care plans included information for staff about how to support people safely, by telling staff how much thickener they should use and with what type of food and drink. One relative told us, "[Name] needed a soft diet and carers mix and mash their food properly and feed them."

Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health could be maintained. Where necessary, staff had been trained to use specialised medical equipment and to understand specific medical conditions. The registered manager told us this training had been provided by the district nursing team, and included information for staff about when to raise any concerns to the nursing team. Care plans also included information for staff about how to support people with specialised medical equipment. Records showed how health professionals had been contacted when people needed this.

Is the service caring?

Our findings

People told us staff were kind and caring. One person commented, "Staff from Universal Care are polite and respect me". Another person told us, "The girls are very caring and lovely." Relatives also told us staff were kind. One commented, "I admire the staff at Universal Care, they bring [name] from their bedroom to the lounge every day. Sometimes [name] is withdrawn from everything but I really appreciate that they are not lonely in their room. That shows that they care for each individual".

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. They also told us the registered manager matched staff with people to ensure, as much as possible, that people got on well with staff who supported them. One staff member said, "We've got compassion. [Registered manager] is fantastic. They seem to know where people fit. Some people respond better to people than others." Another staff member told us, "Keeping continuity of care is really important for people. You get to know them and they get to know you. They get comfortable with you. You form bonds and trust." They added, "People's spirits pick up when we go. It's company."

We spoke with staff about what made a caring service for them. They told us continuity, trust, listening and emotional support made up a caring service. One staff member told us, "We are good at building trust with our 'clients'. It's not just about tasks, it's also emotional support. Someone to listen. This morning for example I was talking with someone about 'Laurel and Hardy' films. There is a connection." They added, "At the end of the day, the call takes as long as it takes."

People told us staff supported them to live independent lives. One person told us "I am quite independent and they [care staff] always encourage me to wash my own face." Relatives agreed. One relative commented, "[Name's] mobility is poor but staff encourage them to do regular basic exercise to keep them fit." Staff understood the importance of supporting people to be as independent as possible, and the impact this could have on their well-being. One staff member told us, "With one of the people I support, I encourage them to make a cup of tea, brush their own teeth, that sort of thing. I reassure them I am there if they need me but give them positive praise and encouragement to do things for themselves. We are all individuals."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. Staff tried to communicate with people in ways they understood in an effort to establish what they wanted. One staff member told us, "You've got to let people speak. Let them talk." They were supported in this as the provider had made care plans available in an "easy read" format ('easy read' formats use visual images and large print sizes to make the documents more accessible to people).

People were supported in ways that promoted their dignity and privacy. People's care records reminded staff they must respect the fact that they were going into people's own homes. For example, staff were reminded to knock and introduce themselves on arrival. Records showed this was one of a number of key questions people were asked by the service when it sought feedback about how satisfied people were with the care and support they were provided. Staff understood the importance of maintaining people's privacy

when personal care was provided. One staff member told us, "We stand outside the person's bathroom for example, so people know you are there if they need you, but you aren't intruding."

Is the service responsive?

Our findings

People told us they made choices about what they wanted and how they wanted to be supported. They told us staff had supported them to be involved in developing and reviewing their own care plans. One person told us, "Staff encourage me to share what I like and dislike so they can offer me the right support in regards to my preferences and choices".

Relatives agreed. One relative said, "[Name's] care plan contains a personalised plan of the care and treatment to meet individual needs". They also described how senior staff arranged meetings to come and visit the family, to discuss whether there were any changes to the person's care plan so they could be updated where required. They told us, "We have built a good relationship with them [staff] so we can openly discuss any issues or concerns we may have".

Care plans we looked at varied in how much detail they included. Some had been fully completed and gave staff information on how people wanted to be supported, their likes, dislikes, preferences and history. However, some had not been fully completed, and included little information on people's life history, for example. One person's care plan included information on how to support their mental health. Whilst there was general information on how the person might present, it was not clear from the care plan how staff should manage this. However, when we spoke with staff about this person and how they were supported, staff had a consistent approach, and were clear any changes in behaviour should be reported to the office who could then liaise with the relevant health professionals to help support the person maintain good mental health.

Records showed people's care plans were regularly reviewed. One of the care plans we looked at had last been reviewed in March 2016. One staff member commented, "Care plans are updated with new changes. Someone from the office will always phone us and tell us about changes. Like if someone is taking new medication for example. Also, if we notice anything that needs changing, we will phone the office to let them know."

Relatives told us staff were able to respond to people who had specific needs, and could adapt how they supported people as their needs changed. One relative said staff were flexible. They told us, "If I contact them to say they are coming too late or too early, they do listen and change things." People and their relatives agreed staff regularly communicated with them if there were any changes in their care needs. One relative said, "I was so pleased to see when the carer visited and noticed that [name's] needs had changed, they immediately contacted the office and staff visited [name] and effectively liaised with other health professionals".

Staff confirmed they were able to support people with specific needs, and that they could change their approach as people's needs changed. One staff member told us, "I would look at the care plan but would also ask the person what they wanted or needed that day as things can change." Some people who used the service had behaviours which could be seen as challenging to others. Where this was the case, people's care records included information for staff about how this should be managed. We spoke with staff about how

they supported people whose behaviour could challenge. One staff member told us, "I try and talk [name] down. I know straight away if [name] is feeling agitated. The first thing I'll do is try and take [name] out of the situation. 90% of the time that works. If [name] refuses I back off." Talking about a person who could sometimes refuse help with their personal care, one staff member said, "I would say something like, 'let's go into the bathroom and fill a bowl.' Break it down into smaller parts so it is easier to understand."

The registered manager told us staff were able to cope well with people who had complex needs. Speaking of a person staff had managed to support to be at home for longer than expected, they said, "It made me very proud of the staff team."

People who wanted to, were supported to maintain social activities which they enjoyed. One person told us they had asked for support to go into town at the weekend, for example. They told us care staff had made sure they were available to help them do so.

People told us they felt able to complain if they were unhappy with the service, and had been given information which included contact numbers of who they could complain to and how they could be contacted. People and their relatives told us they had no concerns about contacting the registered manager if they wanted to raise something. Staff also ensured people knew how to complain, and felt confident in doing so. One staff member told us, "Sometimes people can be scared to make a complaint in case they are seen as causing trouble. I would reassure the person that wouldn't happen."

The registered manager kept a record of any complaints and compliments they received. These records showed one complaint had been made in the past 12 months. Records showed this had been dealt with effectively, according to the provider's policy and procedure.

The registered manager had received a compliment recently, praising staff for how they had supported someone. It read, "I would like to thank staff and carers for their dedicated and thoughtful care."

Is the service well-led?

Our findings

People told us the registered manager was effective in their role and was approachable. One person told us, "When the manager visits us we talk openly and if we need any changes they act upon it." Another person said, "Whenever I contact the office someone is always there and if not I leave a message and the manager is very prompt in returning the calls. Relatives agreed the registered manager was approachable and told us they took action when they needed to. One relative told us, "This service is very well managed."

Staff were positive about the registered manager. One staff member told us, "I have to say, if [name] wasn't the registered manager I wouldn't be here. They provide support, knowledge, always at the end of the phone." They added, "[Registered manager gives really clear guidance. They are absolutely fantastic." Staff also told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance which made them feel valued and respected. One staff member told us, "It was a change of career for me so [registered manager] made it interesting and you feel like you've achieved something. If you've done something good [registered manager] will tell you. That makes you want to get better and better."

Staff were also positive about the provider. One staff member commented, "They are very hands-on. It is not like working for other companies where you can just be a number. This company (Universal Care Services) is more part of the community."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared. For example, we saw there was a discussion about the recommendations made following a visit to the provider by the local authority contracts team. The registered manager made staff aware of what had been recommended, and asked them to ensure they played their part in making improvements. Staff were asked to ensure they tracked the outcomes that had been identified in people's care plans in their daily records to help people achieve what they wanted to. Daily records we reviewed showed staff had acted on this advice.

Monthly 'spot checks' (unannounced visits) were undertaken by senior staff. This was to check staff remained skilled and competent, and that they were working safely and in line with the provider's policies and procedures. One senior staff member told us, "I will turn up at a call unannounced to ensure care staff are following the care plan. I will also talk to the person and ask what they think of the care and to make sure everything is OK." Records confirmed this happened.

Care records showed people were asked to give feedback when their care plans were reviewed. In addition to this, there were quarterly satisfaction surveys that went out to people and their relatives, which asked people to comment on a number of questions, for example, time keeping of care staff; whether they were being supported to achieve their outcomes, and whether care staff were presentable and greeted then on entering their home. Analysis of these showed people were happy with the service being provided. For

example, in the most recent analysis, 100% of people and their relatives had rated their general level of satisfaction as either good or satisfactory.

Relatives also told us the provider gave them the opportunity to give feedback about the service provided. One relative told us they had received a questionnaire about the service. They told us, "The manager also visited and asked questions about how they could improve the service or if we would like to see any changes within the service."

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.