# U5 Limited

# U5

## Inspection report

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## Ratings

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

## Overall summary

This inspection took place on 17 and 22 June 2015 and was announced.

U5 Limited is registered to provide personal care to people living in their own homes. The service is located in West Derby, Liverpool. The service is a domiciliary care service and people are provided with a flexible package of care in line with their assessed needs.

The home required 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.

Medicines were not always managed safely because the administration recording sheets were not always fit for purpose or completed correctly.

We found that the care plans did not refer to any consideration having been given to support people under the Mental Capacity Act 2005 (MCA). We did not see any

# Summary of findings

written evidence of consent being given or documentation confirming if people using the service had capacity to consent. For example for administering medication or sharing of information.

Care plans were under review as the information in the plans in the office and those in the homes of people using the service did not always correspond. However, the staff knew the people they were supporting and the care they needed. They were trained to provide the support individuals required and a planned programme of refresher training was in progress.

People using the service, staff and relatives that we spoke with were all positive about the service provided.

We found that the provider had policies and procedures in place that included complaints, medication administration, Infection control, moving and handling and safe recruitment. People knew how to raise concerns and complaints were dealt with effectively.

Staff were seen to have good interaction with people using the service and their relatives and people spoken knew how to contact the provider if they wanted to raise a concern.

The provider had measures in place to support staff wellbeing. They included evidence to show that they were meeting the national standards of the workplace wellbeing charter. An employee handbook had been issued to all staff and they had access to a 24 hour free employee assistance line.

The provider demonstrated a commitment to address any issues identified in a planned and structured way.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The service was not always safe.

The information in the care plans held in the office did not always correspond with those held in peoples homes.

Medicines were not always managed safely.

Staff were recruited safely and trained to meet the needs of people who used the service.

**Is the service effective?**

Good

The service was effective.

There was no written evidence of consent being given or documentation confirming if people using the service had capacity to consent.

Staff received regular supervisions and had a good understanding and knowledge of people's individual care needs.

**Is the service caring?**

Good

The service was caring.

People using the service told us that they were well cared for. We saw that the staff were caring and people were treated in a kind and dignified way.

We spoke to staff and found that they were knowledgeable about people's individual needs and were undertaking training to support people at the end of their lives.

**Is the service responsive?**

Good

The service was responsive.

We saw that the provider ensured that as much as possible, care staff were well matched to the people they supported.

People we spoke with knew how to raise concerns or make complaints and

the provider had effective systems in place to deal with them.

**Is the service well-led?**

Requires improvement

The service was not well led.

We have informed the provider that they must notify the Care Quality Commission without delay of any alleged safeguarding incidents.

Improvements were needed to the audit and quality control procedures as issues requiring attention were not being identified.

# Summary of findings

There was no registered manager and an application had not been received by CQC.

# U5

## 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 on 17 and 22 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that arrangements were in place to enable us to talk with staff, people who used the service and their representatives. The inspection team consisted of a lead Adult Social Care (ASC) inspector and a second inspector.

This comprehensive inspection was conducted following receipt of information of concern in relation to missed or late visits and poor care. The concerns were also being investigated by the Local Authority safeguarding team.

Because of this we had not asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However following the inspection the provider did complete the document and returned it within the given timescale.

We reviewed the information we had on the service including concerns that had been raised with us. We also reviewed information from the Local Authority and notifications sent to us by the provider.

We spoke with 18 people who used the service, four relatives and 10 members of staff. We looked at seven care files, eight staff recruitment files and other documentation relating to staff training and supervision. We also saw audit files and other records relevant to the running of the service.

We observed and chatted to staff throughout the inspection and spoke to people using the service and their relatives either in their own home or over the telephone.

Requires improvement

# Is the service safe?

## Our findings

One person using the service told us, “They look after me really well and I always feel safe when they are here”. Another said “The carers are second to none – I can`t speak highly enough of them and feel very happy when they are here”.

Family members told us “I have no concerns about the carers who go to my relative – she thinks the world of them”. Another “I know [person] prefers the same carers to come but she trusts and likes everyone who calls”.

We reviewed the medication administration record charts ( MAR’s) but found that they were not always fit for purpose or completed correctly. For example entries for administration had been made for 30 February 2015 and 31 April 2015 which are dates that do not exist. This demonstrated that that staff were not paying attention to what they were signing and were causing some confusion in the medication cycle. The charts also made provision for staff to sign and confirm that they had left medication out for the person using the service to take at another time when the staff member had left their home. There were no risk assessments in place to support this. This was unsafe practice as there was no witness to if the medication had been taken or not. There was also the possibility that doses could be taken too close together or too far apart. We discussed this with the senior management team who took action to rectify the situation during the inspection.

We looked at the seven care plans for the people we visited in their homes. We also looked at the same care plans that were kept in the office. The care plans in the office were being reviewed and contained more relevant information than those we saw in the person`s home. A newly produced risk assessment form was observed in the care plans in the office but not in those in people`s homes. This meant that there was the possibility that people using the service may not be kept as safe as they could be if the information was not updated in both files.

We looked at the provider’s safeguarding policy that had been updated in February 2015. This contained appropriate information including the contact phone number for the local safeguarding team. The provider also had available on site the local authority safeguarding policy.

Care staff that we spoke with, had undergone safeguarding training and were aware of the whistleblowing procedures. The training records we looked at confirmed this, but some staff member’s training required updating. We saw evidence that the provider had made arrangements for this to take place.

We looked at the provider’s whistleblowing policy. We found that it lacked information on which organisations staff could raise concerns with outside of the organisation and made no reference to the Care Quality Commission.

We saw that there had been occasions when a call to a person using the service had been missed or was later than planned. This meant that there was the possibility they may come to harm or miss receiving medications at the prescribed time. The provider had a procedure in place that supported a welfare visit to the individual when this had happened to ensure that they were safe following the incident. We discussed with the senior management team that every effort should be made to ensure that these events were not regular occurrences.

During an accompanied home visit we found an incident of concern and safety in relation to medication for an individual. We were told this was a situation that had happened before but had not been addressed or reported. Following discussion, action was taken by the provider to resolve the situation.

We looked at the recruitment records for eight staff members. The files we looked at included a Criminal Records Bureau/Disclosure and Barring Service check, (CRB/DBS) and two references had been obtained and also verified. Photographic identification was seen as well as driving licence/birth certificates. Application and interview forms were seen in addition to the interview procedure and the list of questions that had been asked were the same for all applicants. This

meant that the provider had procedures in place to ensure that people were supported by staff that were of good character and suitable to work with vulnerable people .

The majority of the people using the service had a key safety box installed so that staff could enter their homes safely without them having to answer the door. We saw that staff wore uniforms and identity badges and had been issued with personal protective equipment such as gloves and aprons which they used appropriately.

Requires improvement

# Is the service safe?

We saw that the provider had a policy in place for lone working to ensure that staff were kept as safe as possible when working in the community. There was a senior member of staff available via a duty rota for each 24 hour period so that staff or people using the service could obtain advice and support in an emergency situation. People using the service had been issued with a handbook containing the relevant contact details for the office.

Good

# Is the service effective?

## Our findings

A person using the service told us "It took a long time to get the carers I wanted but I am happy now – everything is fine". Another person told us "I could not ask for more – they do everything I need and more". A family member told us "If there`s any problems they always give us a call – I can`t remember doing any surveys but they do keep in touch with me".

CQC is required by law to monitor the Mental Capacity Act (MCA) 2005. The act is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in peoples best interests.

We reviewed care plans for people using the service but we did not see any written evidence of consent being given or documentation confirming if people using the service had capacity to consent. For example for administering medication or sharing of information. However in practice staff were all seen to gain verbal consent before any care or support was given.

We spoke with staff about training and supervision. One member of staff told us "Yes, we get regular supervisions and go in for meetings every couple of months – they do listen to us"

The staff that we spoke with told us they had completed inductions which included safeguarding and medication training and the records reviewed confirmed this. Induction training lasted for 12 weeks and also included Infection control, moving and handling and food hygiene. In addition to this there were regular observations of practice and a 30 hour period of shadowing a more experienced member of staff. Staff had also been issued with copies of the Code of Practice for Social Care Workers. The staff that we spoke with, all told us they had been happy with their training and induction.

The providers training schedule was under review at the time of the inspection but we saw evidence of what was planned to take place with a training provider. This included dementia, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act, catheter care, stoma care and medication.

Staff told us that they had 4 supervisions, 4 spot checks and 4 team meetings each year. The records we looked at confirmed this. The random `spot-checks` carried out by co-ordinators at people`s homes – confirmed by staff and people using the service, included uniform checks, correct use of personal protective equipment such as gloves and aprons, correct completion of records and observation of practice. The provider had in place a logging system for staff to record when they arrived and left people`s homes. This assisted the provider to both monitor staff safety and to ensure that visits had taken place.

Staff spoken with had a good understanding and knowledge of people's individual care needs and were able to explain the different needs of people using the service. We saw that people had been referred to their GP or relevant health professional, such as the district nurse, when necessary and families had been informed.

When possible people using the service were supported and encouraged to remain independent with everyday activities such as personal care, eating and preparing meals and dressing themselves. This was reflected in the care plans that were seen and all activities completed by the staff members during the visit had been recorded appropriately, no gaps were observed.

Good

# Is the service caring?

## Our findings

People using the service told us that they were happy with the care provided. One person said, “I am very happy with the care – it`s nice to have someone to chat to – they make my day”. Another

“They have been wonderful to me – I do appreciate everything they do for me”.

A member of staff told us “I look after everyone as if it`s my own mum or dad – I think it is what they deserve” and a family member said “I know for a fact [person] is delighted with the care and attention she gets – she has never had a problem”.

Staff we accompanied on house calls were observed knocking on doors before entering people`s homes and calling the person`s name before entering. When providing care they were patient, supportive and used the person’s name. There was good on going interaction and conversation between staff and people using the service.

People were supported appropriately when moving in between rooms and upstairs and were supported with personal care requirements. They were assisted to be smart and well-dressed; staff asked people what they wanted to eat and drink and observed them whilst they took their medication. This meant that people using the service were supported to maintain their independence and dignity.

As part of their training programme staff undertook training in palliative care. This enabled people using the service, who were approaching the end of their lives, to continue to be supported in their own home.

We saw that the provider had appropriate policies in place for equality and diversity to ensure that people using the service were not discriminated against for example because of their age, sex, religious or cultural needs.

The provider had implemented a ‘Mum’s test’ document. This enabled members of staff to reflect and assess the care and support they provided to people using the service. This involved all staff members including the management team. When they thought that an aspect of the care they were providing was not safe, effective or caring they were asked to think about how they could improve on it. When they thought that it was a good service they were asked to consider on how they could further enhance it. Staff that we spoke with thought that it was a good tool.

The overall response from staff was that they felt people were well cared for but they would like more time to spend with people. When people using the service were asked 72% said that they thought there was sufficient time available for them to carry out their duties.

Good

# Is the service responsive?

## Our findings

We spoke with people using the service and asked them if the service was responsive to their needs. One person told us "I was asked if I wanted a male or female carer – all the carers that come here are very nice" and another said "I don`t like different people calling – at the moment it is great – I have the same carers calling and it`s great as long as it stays like that''.

We saw that the provider had a procedure in place, to ensure that as much as possible, care staff were well matched to the people they supported. The policy indicated that where possible people using the service and their relatives were consulted prior to any changes to the staff team being made and that the people using the service were able to make the final decision on the compatibility of the staff involved in their care. A survey in 2014 showed that 88.2% of respondents said that they were always visited by the same carer.

We asked staff about how they responded to people's changing needs or how they would support them in the event of an accident. One person told us "If I came out and someone had fallen say, I would ring the doctor and then the office who would contact the family – I would then stay with the person until the doctor or ambulance arrived". Another member of staff said "There are accident and incident forms in the care plans which we fill in and then give a copy into the office for their records – I would also record everything in the care plan – I write everything down". The records seen in the care plans supported this. We also saw that when needed a GP had been called and the relatives of the person using the service had been informed.

In the event that staff had been delayed in their arrival to a person's home then a phone call was made to inform them.

Staff were able to explain the individual needs of the people they supported in accordance with the person's care plans. We observed the staff responding to people's needs in a well-mannered way and with patience.

People using the service and family members told us that they would phone the office if they had a problem but we did not see a copy of the complaints policy within people's files. We looked at the complaints policy and found that it was comprehensive and contained all relevant contact details. The complaints file demonstrated that any complaints received had been recorded and dealt with appropriately.

We saw that compliments had been recorded and included ''To all the staff, cheers for being great''. In reference to two particular carers a family member had stated ''Not only do they look after my relative well but they have enjoyed their company''.

Requires improvement

# Is the service well-led?

## Our findings

We spoke with people who were using the service and one person told us "I have had phone calls from the office and one of the managers comes out now and again for a review – they do keep an eye on things". Another said "I have got a handbook with all the phone numbers in and you can call at any time if you have a problem".

A family member said "We`ve been with the agency for around 18 months now and never had a problem – never needed to complain – everything`s been great". Another relative told us when we asked if they had input to the service "I can`t remember doing a survey but the carers have had quite a few checks off the managers – they happen quite a bit". Some family members said they had not been involved in care plan reviews or surveys. Others said "I know some of the managers have been out and done spot checks and I think that`s good – it keeps everyone on their toes" and "I haven`t completed any surveys but I have been to meetings and enjoyed them – you feel involved in what`s going on".

There was no registered manager in post as they had left during the week prior to the inspection.

A recruitment process had begun to employ a suitable manager but at the time of writing the report we have not been informed that a suitable candidate has been identified.

We found that there was no one individual in the senior management team who had an overall understanding of the organisation and its day to day running. The senior management team acknowledged that the previous manager had not received satisfactory supervision to ensure the correct running of the service. We saw that care plans and other audits had not been conducted or those that had were not fit for purpose. Identified issues with care plans such as the information being different in the office and home documents or medication recording and administration directives had not been identified.

We discussed this with the senior management team who acknowledged our findings and concerns. We saw that they had identified the need for a full audit of care plans, staff files, medications and all relevant documentation in order to plan for the future and move forward. This process was already in progress.

In discussion with the senior members of staff and on reviewing relevant documents we found that safeguarding issues were not being reported appropriately to CQC and that some senior members of staff did not have a thorough understanding of relevant legislation in relation to this. We discussed this with the senior management team and confirmed our findings in a letter following the inspection. The provider responded to this in the appropriate time scale and has since submitted information correctly.

We saw that surveys had been carried out and in 2014. 51 of 177 surveys sent out were returned. We saw that the results had been analysed and actions to be taken were recorded. Members of the management team told us that the actions had been completed. There was no written evidence to support this but we found during the inspection that some of the actions identified, such as giving out guides with phone numbers in had been done.

We spoke with staff members about how the service was run and led. One person said 'The `owner` was approachable and well-liked – very supportive'.

The provider had measures in place to support staff wellbeing. They included evidence to show that they were meeting the national standards of the workplace wellbeing charter. An employee handbook had been issued to all staff and they had access to a 24 hour free employee assistance line.

We found that the provider had policies and procedures in place that included complaints, medications, Infection control, moving and handling and safe recruitment.

The provider demonstrated a commitment to address any issues identified in a planned and structured way.