Universal Care Services (UK) Limited

Universal Care Services Nuneaton

Inspection report

125 Queens Road
Nuneaton
Warwickshire
CV11 5LD

Tel: 02476371197

Date of inspection visit:
23 August 2018
24 August 2018
28 August 2018

Date of publication:
25 September 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Prior to our inspection site visit, we spoke with people and staff on 23 and 24 August 2018 to gain their feedback. Our inspection site visit took place on 28 August 2018 and was announced. This service is a domiciliary care agency. It provides personal care to adults living in their own homes. At the time of our inspection visit, 244 people were receiving the regulated activity of 'personal care.'

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, during March 2017, the service was rated 'Requires Improvement' overall. We found the service was not consistently responsive to people's needs because they had not ensured staff always had the information they needed to support people in a way they wanted. Quality monitoring systems were not always effective and the service was not consistently well led.

At this inspection we found some areas of improvement had been made. However, the overall quality of services provided had not been sufficiently improved and some previously good areas had not been sustained. We found two breaches of the regulations. The overall rating given to the service continued to be Requires Improvement.

People, relatives and care staff felt some improvements had started to be made from February 2018 onwards, when a new management structure was put into place by Clece Care. However, people felt further improvements were needed. Prior to our inspection visit, the provider had recognised improvements in the service delivery were required to ensure people received a safe, effective, caring and responsive service.

The provider had appointed a business consultant who was supporting them to introduce more effective systems to check the quality of the service provided and identify actions needed to help it improve. Many of these were 'work in progress' or planned for; with timescales for implementation.

People's health, safety and wellbeing was not consistently maintained because, on occasions, some people experienced missed or late calls. Risk management plans did not always contain the information needed so that staff knew how to safely move and handle people using equipment. Staff were trained and, overall, had the skills and knowledge they needed. The effectiveness of moving and handling needed to be improved upon. Staff did not always ensure they wore their identity badge when undertaking call visits to people in their homes.

People knew how to make a complaint about the services they received when these fell short of their expectations. However, complaints were not always recorded, investigated or responded to.

The provider undertook pre-employment checks prior to staff starting work, to ensure their suitability to provide care and support to people. Staff were trained to protect people from the risks of abuse.

Staff had received training in the Mental Capacity Act 2005 and, overall, worked in line with this to promote people's best interests. Staff gained consent before, for example, supporting people with personal care.

There were enough staff employed to undertake care calls to people and meet their individual needs, although rota care call scheduling meant care calls did not always take place at the times arranged.

People were supported to eat and drink enough and care staff left people with drinks when needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People had, on occasions, experienced missed or late calls. Risks of harm or injury were not consistently well managed because staff did not always have the information they needed.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training was not consistently effective because staff did not always have the skills they needed to safely move and handle people.

Overall, people were supported to make their own decisions and were involved in planning their care and support. Staff supported people to access support from health care professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Overall, people were supported with kindness, dignity and respect. This, however, was not consistent and some people experienced a lack of respect shown toward them by some staff. Some areas of communication needed to be improved on.

People were supported to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Complaints were not responded to or used to improve the services provided.

Care plans were personalised and, overall, people were

supported by a consistent and regular group of care staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were quality monitoring systems in place but these had not always been effective in identifying areas needing improvement. Some recent quality monitoring audits had identified the need for improvements to be made and some work was in progress to make the needed improvements and other actions were planned for.

Staff felt supported and that the registered manager was approachable and would listen to any concerns they raised.

Universal Care Services Nuneaton

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 comprehensive inspection took place on 23, 24 and 28 August 2018 and was announced. This was to ensure the manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector and an expert by experience who made telephone calls to people and their relatives to gain their feedback about the services they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. One local authority told us they had received an increase in the number and level of 'concerns' about the service. These included complaints from people in receipt of services.

We did not ask for a Provider Information Collection (PIC). This 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. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they planned to make.

As part of our inspection we had telephone conversations with eight people and 12 relatives. During our inspection visit, we spoke with 14 care staff, one care supervisor, two care co-ordinators, the training manager, the office administrator, the registered manager, and the provider for Universal Care Services. We also spoke with the provider's business consultant during our visit to the provider's office.

We reviewed 11 people's care 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 two staff recruitment files, the provider's quality assurance audits, electronic care call records and records of complaints. This was so we could see how the registered manager and provider assured themselves people received a safe, effective quality service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2017, we found the service provided was safe. We gave a rating of Good. At this inspection we found the safety of the service had not been sustained and we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have rated the safety of the service as Requires Improvement.

People's health, safety and wellbeing were, on occasions, put at risk because the provider's call monitoring system did not always identify missed or late calls. When we asked the registered manager how many missed calls had taken place, they told us they were aware of some and gave us an example of one missed call which had occurred the week before our inspection because staff had misread their rota.

However, people gave us examples of more missed calls than the registered manager or provider were aware of. One person told us, "Just recently, my morning call was missed. I was still in bed at 11.00am. I couldn't get any food or drink because I am bed bound without their help. I couldn't get to the phone to call them." A visiting healthcare professional raised the alarm to Universal Care Service's office when they arrived at this person's house for a scheduled appointment. One relative told us, "My family member's care has been in place about ten weeks now and in that time, they've missed two calls. They are not fully reliable yet."

Some people made negative comments to us about staff time keeping. One relative told us, "Today, my family member's morning call was one hour and 40 minutes late, my family member was distressed and had been in bed for 13 or 14 hours." This relative added, "Once staff arrived for the 9pm bedtime call at midnight, we'd had no calls to let us know."

People's safety was, on some occasions, put at risk by staff not wearing or showing people and / or their relatives their identity badge that was provided to them before they undertook call visits to people. One relative told us, "New staff don't have a name identity badge or uniform." Another person told us, "They don't always have their identity badge."

Assessed risks of potential harm or injury that related to moving and handling people lacked any detail on how safe transfers should be undertaken. Management plans did not provide staff with the information they needed to keep people safe from potential harm and injury. Some people required staff to support them to transfer using a hoist or other special equipment such as a 'rotunda.' One person's care plan stated they had 'had lots of falls' and their mobility was 'poor.' A form entitled moving and handling risk assessment stated risks should be minimised by 'using equipment.' There was no information to tell staff what the technique was or how to use the equipment. Another person's care plan gave details of them being at risk of experiencing pain and were unable to transfer themselves. This person's risk assessment described the technique to be used as 'use equipment supplied' and gave no further information about how transfers should be carried out so as to ensure this person was safe and did not experience pain on being transferred.

Some people felt staff were not knowledgeable about how moving and handling equipment should be used.

One relative told us, "At the start of the care package, the two staff did not know how to use the hoist. They had not had enough general hoist training." Another relative told us, "Staff could not use the hoist properly. I had to get on to the manager." A further relative told us, "At weekends we get different staff who don't know how to use a 'rotunda.' They keep trying, she has had one slip with them."

This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about people's experiences of missed care visits with the provider and registered manager. The registered manager told us no staff member, based within the office, had the delegated role of monitoring the current system used, but assured us they would address this and ensure a staff member was delegated this as a part of their daily role. The provider told us they had identified their current call monitoring system was not fully effective in meeting the needs of the service. They wished to improve the effectiveness of the system so an automatic alert was sent immediately in the event of a late or missed call. The provider told us they had arranged a meeting with one local authority to discuss changes to one system used. The provider informed us they needed to have this discussion with the local authority because it formed a part of their agreed terms when people's care visits were funded by the local authority.

Some risks of harm or injury to people were well managed. The registered manager and provider had acted on potential risks posed to people from fire. Staff gave us examples of people they supported who chose to smoke cigarettes. One staff member told us, "I've hung out one person's linen and clothing on the washing line and seen cigarette burn holes." Another staff member said, "We've had recent fire training and know we have to report any concerns like burn hole marks or someone who might be unsafe in their kitchen." One care supervisor gave us an example of a fire safety risk assessment they had undertaken. They told us, "The person is bed bound and smokes cigarettes. They have prescribed creams that contain paraffin, that's a risk factor we've been told about. Also, airflow mattresses, that's another risk factor." Records showed this person had accepted the provider making a referral, on their behalf, to the local fire service, who would provide advice and guidance around fire safety specific to this person and their environment.

Staff knew what to do in the event of an emergency. Most staff told us they had not completed first aid training, however, they demonstrated they knew what actions to take. One staff member told us, "I've had to phone 999 on several occasions, I always follow what they tell me to do." Other staff gave us examples of what they would do if they could not rouse a person, one staff member told us, "It might be a diabetic coma, I'd phone 999." Whilst staff did not recall having first aid training, the staff member who delivered training told us first aid awareness was part of staff's four-day induction and records confirmed this.

People were protected from the risks of abuse. Staff had received safeguarding training and 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." The registered manager had sent information to us, though this had not always been as detailed as required and we had needed to request the notification to be re-sent to us. The registered manager had reflected on this and was now aware of the level of detail needed and incidents that required reporting. The provider kept records of all safeguarding incidents that had been reported to the local authority.

The provider's recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' We spoke with some new staff members who all told us they had taken part in an interview, and provided details so that checks such as references and a criminal background search (DBS) could be undertaken. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions. Two staff files looked at, confirmed all checks were

undertaken prior to staff supporting people.

Where staff supported people to take their medicines as part of the agreed tasks undertaken, this was done safely. Staff completed training before supporting people with their medicines and understood the importance of safe storage, safe administration and accurate record keeping. One staff member told us, "If I saw a person's creams were left on their window ledge in the bright sunshine, I'd move them for the person. I'd explain to them about safe storage and the hot sun might make the cream 'go off' (alter the effectiveness), I'd make sure they were happy with wherever was a better storage place." Another staff member told us, "One person I support recently had an eye infection, they had two sets of eye drops; one for each eye. I always made sure I used the 'R' and 'L' for their correct eyes so that infections did not get worse."

Overall, people were protected from the risks of infection because the provider made personal protective equipment (PPE) available for staff to use, which they did. People told us staff always wore disposable gloves when carrying our personal care, though some said staff did not wear disposable aprons. One staff member told us they did not wear aprons because they were 'not available.' However, we found they were available. We discussed this with the registered manager, who took immediate action to text a message to staff work mobile phones to remind them of what PPE was provided.

Lessons were learned and improvements made when things had gone wrong. The provider gave us examples of lessons learned from other services within Clece Care and how these had been used to make improvements to this service. These included working in partnership with West Midlands Fire Service (WMFS) when potential fire risks to people were identified. A further example shared included the recent improvements to medicine administration records to ensure they were detailed.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in March 2017 we found the service was effective. At this inspection we found the effectiveness of the service had not been sustained; in relation to staff training and their moving and handling skills. We have rated this key question as Requires Improvement.

Staff told us they received an induction and undertook shadowing shifts with an experienced staff member when they started working for the service. One staff member told us, "I started in July 2018, before I started supporting people I did four days of induction training. It was a lot in one go, I'd done care work before so it was more of a refresher for me, so it was okay." Another member of staff said, "I found the four days helpful."

Staff training was not consistently effective. Some people felt staff did not always have the skills they needed to undertake agreed tasks. For example, whilst staff had received moving and handling training, they did not always know how to use equipment in people's homes. The training manager told us staff were shown, during their four-day induction, how to safely move and handle people using equipment. However, we found the provider's process to assess staff understood their training and the lack of information in people's risk assessment management plans led to some staff not being confident or able to use equipment when in people's homes.

The training manager told us they based new staff's 'in-house' four-day induction on the Care Certificate. The provider's business consultant had identified to them the benefits of staff undertaking the Care Certificate to embed knowledge learned during their initial induction training and consideration was being given to this by the registered manager and provider. 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.

On-going training was given to existing staff members to update and refresh their skills and knowledge. However, staff were not currently offered the opportunity to gain a nationally recognised level two or three qualification in health and social care. The training manager told us this was something they hoped to implement in the future so staff had opportunities for development.

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.

Care staff told us they asked for people's consent before supporting them with personal care. One care staff member told us, "I always talk to the person and explain what I'm doing." Another staff member told us, "Whatever task I do, I tell them what's happening. Like if I'm hoisting someone, I say, 'going up' or 'going down' to make sure they are happy with what I am doing."

Overall, consent was gained from people before new staff accompanied existing staff on their call visits. One care supervisor gave us an example of when a person had declined their consent and the new staff had not shadowed that call visit. Another staff member told us, "I knew the week before that I'd have someone new with me, so I asked the person I supported if it would be okay." However, one person told us they and their family member had been 'very upset' and 'had complained' when they had not been asked to consent and a new staff member had arrived with their two expected staff members. The registered manager demonstrated they understood their role and responsibility under the MCA. They assured us they would ask staff to make a diary entry about any conversation to record consent for new staff shadowing visits.

Care records showed where people had appointed a power of attorney for financial and / or health and welfare decisions this was recorded. On the day of our inspection visit, the registered manager made a healthcare referral for one person and informed their named power of attorney to keep them informed of actions taken. One supervisor told us where people have a named power of attorney any care reviews are arranged to include them as well as the person themselves. The supervisor added that whenever the person wanted any relative involved this would be arranged.

People's needs were assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs.

Care staff told us they had one to one supervision meetings where they could discuss issues relating to their work and any developmental needs they had. Team meetings took place and staff said these were used to update them on any changes. Staff gave us the example of being informed about the new medicine administration records that had recently been introduced.

Care staff told us they were responsible for preparing some people's food and drink. One care staff told us, "Some people are bed-bound and can't get anything for themselves, so we always make sure we prepare what they want and leave them with it and flasks of drink." One relative told us, "Communication from the care staff to me about my family member is good, they let me know when she was running out of milk." Daily notes made by care staff recorded what meals had been prepared and whether people had eaten or not. Staff told us they would raise a concern to supervisors or the registered manager if they felt someone was not eating or drinking sufficiently.

Care staff told us they would report any health concerns if needed. One care staff member said, "If someone feels poorly, I'll offer to phone their GP or their family for them. I'd also write it in their daily book. " Another staff member told us, "I have the district nurse's phone numbers on my mobile so I contact them directly if I have any concerns about someone, like them having sore skin or if their airflow mattress was not working properly. I wouldn't just leave it."

Requires Improvement

Is the service caring?

Our findings

At our last inspection in March 2017 we found staff were caring toward people they supported. We gave a rating of Good. At this inspection, most people described staff members who undertook call visits to them, as having a caring approach. However, this was not consistent with all staff and some did not always demonstrate a caring approach toward people. We rated this key question as Requires Improvement.

The provider did not ensure staff were consistently caring toward people and demonstrated kindness, respect and compassion. Most people and their relatives spoke positively about most of the staff that undertook their call visits. One person described staff as 'amazing' and told us, "They are the best we've had so far, and we've had a few." Another person said, "They are mostly lovely, but some care and office staff let them down." However, some people had poor experiences with staff undertaking their call visits. For example, one relative told us, "Some staff are very dedicated, but others just speak in their own language and we cannot understand them."

The communication with people and their relatives did not consistently reflect a caring approach. One relative described one office -based staff as 'a bit obstructive' when they had telephoned to discuss an issue. Another person told us, "If I phone, they tell me they will get the right person to call me back, but I don't hear back from them." The registered manager told us the provider's recent feedback survey undertaken in August 2018, had shown only 25% of survey respondents felt their contact with the office was dealt with promptly. The provider had actions in place to make improvements in effective communication so that a caring approach was consistently taken. Actions included office staff attending customer service training.

People had mixed experiences in relation to staff's time keeping. One person told us, "Their time keeping is good." However, other people described it as 'poor.' Both care co-ordinators told us they scheduled call visits to people 'back to back' with no travel time between locations. Both co-ordinators believed it was acceptable for care staff to take five minutes off a person's call visit for travel time to their next call. We discussed this with the provider, who told us they felt a lack of travel time did not fit with their overall vision for the service and the caring approach they desired all staff to have. The provider told us they were in the process of undertaking an analysis of rota scheduling, so that travel time could be allocated where needed so staff visit time-keeping could be improved on.

Overall, people and their relatives were involved in planning their care and support. One person told us, "My family member and I met with staff when the service started with us, so we could discuss the care needs." However, people told us they had not been asked if they had any preference about the gender of their care staff. A few people told us this was very important to them, one relative told us, "We would prefer only female staff, we told them this, but it didn't happen. When I raised it again, I was told by an office staff member that we had no choice."

We discussed this with the provider who was unaware that a few people's views about their care and the gender preference of staff had not been respected. They told us this would be addressed immediately. The provider's business consultant also showed us, during our inspection visit, that a question about staff

gender preference had been added to the initial assessment form which would then provide a record of people's views and wishes so they could be followed.

Staff knew how to maintain people's privacy and dignity, and gave us examples of ensuring blinds and curtains were closed.

Staff promoted people's independence. One person told us, "The service they provide to me has helped me to remain in my own home. I'd recommend them." Staff told us they always encouraged people to do what they could for themselves. One staff member told us, "When I help people to have a wash, I ask them if they want to do their face and I do what they cannot manage."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in March 2017, we found the service was not consistently responsive to people's needs. Care plans had not always been updated to include the information staff needed to meet people's needs. We rated this key question as Requires Improvement.

At this inspection, we found some improvements had been made to areas we had previously identified as requiring improvements. However, other areas relating to the responsiveness of the service had not been sustained. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result. The rating continues to be Requires Improvement.

Complaints were not used to improve the quality of the service. Complaints were not always logged, investigated or responded to. The registered manager showed us their complaints file, which had 15 recorded complaints for 2018. Prior to our inspection visit, one relative had shared their written complaint about the service with us, however, there was no record of this or any investigation or response to the concerns raised about the care services received. During our telephone calls to people and their relatives we were told of concerns and / or complaints that had been made to the office staff. We found most concerns or complaints shared with us as feedback had no record or investigation or outcome recorded. Of the 15 complaints that were recorded, seven had no details of any investigation or outcome. The remaining recorded 'discussed with staff' and the provider's complaints policy had not consistently been followed.

We discussed the handling of complaints with the registered manager and they told us, "Things have not happened as they should." The provider told us they had been unaware that their complaints policy and processes had not been followed.

People and their relatives knew how to make a complaint to the provider. However, people did not consistently believe a complaint would be listened to or responded to. As part of our inspection we made telephone calls to people and their relatives to gain their feedback about the services received. A few told us they had raised concerns and complaints and felt these had been dealt with. For example, one relative felt their family member's privacy and dignity had not been maintained when a window blind had not been closed. This relative said they felt it had been dealt with because it had not happened again. However, other people told us they had made previous complaints and these had not been dealt with. They told us they had further issues with the care services provided, but had not raised these as complaints because they had little or no faith in issues being dealt with. One person told us, "My relative complained about my care, but I think they (the provider) ignored it. I've still got complaints like recent missed calls to me and them changing my care staff all the time. I have phoned about it, but haven't made a formal complaint because nothing changed last time."

This was a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that, overall, they were happy with their regular care staff, who knew them and met their

needs. One person told us, "I'm happy when my regular girl (staff) comes. But, the office keep changing them. I don't know who's coming most of the time, I phone to ask, but they can't always tell me."

Staff told us they enjoyed their job role supporting people. One staff member told us, "If the person I care for is happy, then I am happy." All staff spoken with told us they preferred consistency in the people they supported, but this did not always happen. Staff said things had 'improved' but there were still changes and they were aware people preferred the same 'team' of care staff.

Care co-ordinators told us they attempted to maintain consistency of care staff for people, but described this as 'impossible' at times due to staffing resources, whether staff could drive or not and whether call visits were single or double calls. The provider told us they wished to continue to improve on the consistency of staff, and to achieve this, recruitment was on-going.

Since our last inspection, there had been some improvement to personalise and add more detail to people's care plans. Of the 11 care plans looked at, overall these were personalised. A page entitled 'This is Me' gave care staff a profile about people and their needs. Some personalised information enabled staff to build a rapport with people. For example, one person's care plan recorded they had previously worked as a coal miner. Staff told us they found the more detailed care plans helped them in their role and to respond to people's needs more effectively. The registered manager told us where people's care plans had not yet been updated to the new paperwork, these would be done when care and support reviews took place.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2017, we found the service was not consistently well led. Staff practice was not consistently monitored and quality monitoring systems were not always effective. We rated this key question as Requires Improvement. At this inspection, we found action plans were in place to drive forward improvements, though many improvements were still planned for and had not yet been fully implemented. The rating continues to be Requires Improvement.

The provider had recognised their need for support to identify and make the necessary improvements to the services provided. They had engaged the on-going support of a business consultant from May 2018. During our inspection visit, the provider introduced us to their business consultant and the work in-progress to make improvements to the services provided.

The registered manager told us that during July 2018 people's feedback had been sought. The provider's quality assurance questionnaire had been sent to 236 people and 28% of the surveys had been returned. The results had been analysed by the provider and overall, represented similar mixed feedback that we received from people as part of our inspection telephone conversations. The provider shared their action plan for improvements with us, which detailed actions which had already been taken and others that were planned for.

Feedback showed 42% of the survey respondents had needed to make a complaint about the services received. The provider informed us they were taking action to improve the way complaints were handled. They told us their business consultant had re-written the complaints policy and this was currently in draft form to be approved to be implemented. A new form was being introduced to ensure the right procedures were followed when a complaint was received. The registered manager told us this work was 'in progress' at the time of our inspection visit and due to be implemented immediately before the end of August 2018.

Missed and late calls were not effectively monitored and records the registered manager showed us of missed calls, did not include those missed calls people told us about. No staff member within the office had the delegated role of monitoring the current system used. The registered manager told us they could address this immediately so that a designated person had oversight of the system. When a care staff member had not logged in on their work mobile phone to say they had arrived at a call visit, action could be taken to ensure people received their calls as needed so their safety and wellbeing were maintained.

The provider had recognised their call monitoring system was not fully effective, and had a meeting arranged during September 2018, with one local authority to discuss changes to one of their systems used.

The provider shared information with us which showed some medication errors had occurred. Improvements had been made to people's medicine administration records (MARS) following an audit of the people's MARs which identified them to lack detail. The registered manager told us the new MAR format had been implemented in people's homes from 1 August 2018. Staff told us the new MARs were 'much better' and clearer to follow. Other actions included on-going refresher training for staff and increased 'spot'

checks on staff practices.

Spot checks on staff practices on their call visits took place, however these were not always effective. For example, we saw one staff member's spot check recorded an issue that needed to be improved upon and a further spot check should have been undertaken the following month. Records showed this had taken place, but made no reference to the issue previously identified. The provider's business consultant's service audit dated 31 May and 1 June 2018 had identified the importance of following up on previously identified performance issues during spot checks. The registered manager told us care supervisor staff members were being supported by the training manager in how to undertake effective spot-checks and complete the records effectively.

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.

Following our feedback on the day of our inspection visit, the provider told us they were committed to making the needed improvements. They told us they would continue to use their business consultant to support the registered manager and other staff to implement the improvements identified by their quality assurance systems and the recent service audits undertaken. An improvement implementation plan was sent to us following our site visit and this detailed deadlines for improvements, who was responsible for those and who the provider was to maintain effective oversight and governance of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always assessed. Risks were not always mitigated.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always investigated, and necessary and proportionate action was not always taken in response to complaints.