

Unique Care Provider (UCP) Limited

Two Hoots

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 was announced and took place on 4 August 2016. Our last inspection took place in November 2013, and at that time, we found the provider was meeting the regulations we looked at. The service was registered to provide personal care support to younger adults and people with a physical disability. At the time of our inspection, one person was using the service.

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.

The person was protected from abuse and avoidable harm. Risks were managed safely and people were involved with these decisions. Plans were in place to deal with emergencies. There were sufficient staff to meet the person's needs and ensure their safety. Medicines were managed safely for the person.

Staff had the knowledge and skills to carry out their roles to meet the person's needs. They were able to make their own decisions about their care, and staff gained consent before supporting them. The person was supported to have sufficient to eat and drink, and were enabled to maintain their health and well-being.

Positive caring relationships were developed with the person who used the service. Their privacy and dignity was respected and prompted. The person was enabled to be as independent as possible, and they were able to maintain relationships that were important to them.

The person received individualised care that was responsive to their needs. They were involved in the planning of their care and support. The person knew how to raise any concerns or complaints, and the provider responded to these in a timely manner.

There were systems in place to monitor the quality of the service through feedback from the person who used the service and a programme of audits. The provider acted upon these to make improvements within the service.

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.

The person was protected from abuse and avoidable harm. Risks were managed safely and people were involved with these decisions. Plans were in place to deal with emergencies. There were sufficient staff to meet the person's needs and ensure their safety. Medicines were managed safely for the person.

Is the service effective?

Good ●

The service was effective.

The person was supported by staff who had the knowledge and skills to carry out their roles. The person was able to make their own decisions about their care, and staff gained consent before supporting them. The person was supported to have sufficient to eat and drink, and were enabled to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Positive caring relationships were developed with the person who used the service. The person was involved in making decisions about their support. Their privacy and dignity was respected and prompted. The person was enabled to be as independent as possible, and they were able to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

The person received individualised care that was responsive to their needs. The person was involved in the planning of their care and support. They knew how to raise any concerns or complaints, and the provider responded to these in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The person that used the service spoke positively about the management and leadership and staff felt supported. They were encouraged to give feedback about the care they received. There were systems in place to monitor the quality of the service and these were used to drive continuous improvement.

Two Hoots

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 visit took place on 4 August 2016 and was announced. The inspection team consisted of one inspector. We gave the provider three days notice because the location provides a domiciliary care service for one younger adult and we needed to be sure that someone would be in.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with one person who used the service, two members of care staff, the registered manager and the general manager. We looked at the care plan of one person to see if it was accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet people's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

The person who used the service said, "I feel safe with the carers, they don't endanger me. They never shout at me. I'm in a safe environment with the people who care for me. If I didn't feel safe, I would tell someone like the registered manager."

Staff knew and understood about the different types of abuse that could happen and what to do if they were concerned about people. One staff member said, "If I ever saw anything that was wrong, I'd report it to the manager straight away. I know they would respond immediately. I'd also look out for any signs that something wasn't quite right; maybe they were behaving differently to usual." Procedures were in place to ensure any concerns were reported to the correct people. We saw that when needed, these procedures had been followed by the provider.

Risks to the person were identified and managed to ensure they were protected from harm. The person who used the service told us, "There are some things that I can't do myself as it wouldn't be safe. But the carers know this and so do some things for me and follow all the safety rules." They also told us, "I need to use a board to transfer from my wheelchair, and the manager did a risk assessment for this. I don't like using a hoist, and the board works well. The manager shows the carers what to do and then will observe them doing it. If the carers have any questions, then they will ask." We saw there were a variety of risk assessments in place which staff signed to confirm they had read and understood.

One staff member described the process that had to be followed when the person's personal care needs were being met. They commented, "Things have to be done in a specific way and in a certain order." We looked at records for this person and the information recorded matched what the staff member had told us. We saw records that showed checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

We saw and were told about the plans that were in place to deal with emergencies. The person who used the service said, "We had a fire check last week and the carers made sure I got to the right place outside and then informed the manager that I was safe. The staff know what to do if there is an emergency." We saw that the staff had access to 'walkie talkies' which they used to communicate with the registered manager if any assistance was required and they were not on site.

The person told us and we saw that there were sufficient staff to meet people's needs and keep them safe. They said, "There is someone always available to support me, there's no problem with that. They are here 24 hours a day all week." One staff member told us, "Yes, there are enough staff to meet their needs." We saw that the staffing levels were determined by the needs of the person who used the service.

We spoke with staff about the recruitment process. One staff member told us, "They asked for my employment history when I applied. I had a DBS from my previous job, but it wasn't transferrable, so I had to have a new one before I started work here." The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. Another staff member said, "They took out three references for

me." We looked at two recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated there were recruitment checks in place to ensure staffs suitability to work with people who used the service.

The person told us they received their medicines as prescribed. They said, "The staff look after my medicines. I get them properly. They do medicine checks and count them. They'd know if anything was missing. They have to do these checks now." One staff member described the process that was followed to administer medicines and how the records were kept. We saw that there was a protocol in place to administer medicines that were taken 'as required' and not every day. One staff member told us, "This is now in a spray form which will be a lot easier to use. [Person who used the service] is usually able to tell us if it is needed which is good, but we also know what signs to look out for. We know we have to act quickly if it is needed." We saw there were effective systems in place to store and record medicines to ensure people were safe from the risks associated to them.

Is the service effective?

Our findings

The person who used the service told us that staff had the knowledge and skills to carry out their role. They said, "The staff know what they are doing. The manager tells people how to do things and also trains them so they know."

Staff received an induction and training that helped them to support the person. One staff member told us, "I had a fabulous induction. I spent time shadowing the other staff and they showed me everything and explained how things were done. It was all really personal. Now every year we re-do our training that covers all the areas of care." Another staff member said, "I had training before I started which covered all the really important main things I needed to know. Then I've spent time observing the daily routines, how they like to do things and what I need to do. I've got more training coming up soon." Staff told us they benefited from the 'hands on training' they attended and how they put their learning into practice. One staff member said, "I find it so much better than reading a book, we are shown how to do any new ways of working, like transfers, as we actually have to do them."

Staff told us about the ongoing support they received to enable them to carry out their roles. One staff member said, "I have regular supervisions with the manager. They will ask how I'm getting on and if there is any further training I need. I'm always learning more." We were also told how the registered manager would spend time observing staff carry out their roles to check that they were putting their learning into practice.

The registered manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

We saw that the person was able to make their own decisions about the care and support they received. They told us, "The manager does ask what I want with my care, and I dictate this. I can't be made to have someone working with me if they're not right, and I have the final say." One member of staff said, "[Person who used the service] will make their own decisions about everything." We observed staff gaining the person's consent before they supported them.

The person who used the service said, "I like all foods and can pretty much eat anything I like. I get the choices I want; if I ask for a Sunday dinner in the week, they'll do it. Some of the carers are really good at cooking, and some are learning. They will always get me a drink when I want, and will ask me in between if I

want anything." One staff member told us, "[Person who used the service] will tell you what they want to eat. Sometimes they may ask for ideas or options, but will always have their meal when they want, which can be at any time."

The person who used the service told us, "I feel healthy at the moment, but would go to the doctors if there were any problems. The carers support me to do this and will go with me. Sometimes they may suggest that I might need to go to the doctor if they pick up that something's not quite right." One member of staff said, "We will go to the dentist and any other appointments that are arranged." We saw that when needed, referrals had been made to a variety of healthcare professionals. When recommendations had been made by these professionals, we saw the person was supported in line with these. This demonstrated the person was supported to maintain their health.

Is the service caring?

Our findings

The person told us and we saw that positive caring relationships had been developed. They said, "They give me great care. I've got a good team. The staff listen to me and treat me as an adult. There are other agencies out there if I wanted, but this is a good service." We observed people chatting together and laughing with each other and saw the person was relaxed in the staffs company. Staff knew the person well and were able to spend time with them when not involved with personal care tasks.

We saw that the person was actively involved in making decisions about their care and support. They told us, "It's all up to me really; I say what I want to do, and the carers help me do it. I make the decisions, and I live my life as I choose. The carers and the manager listen to what I tell them, it all works out really well."

The person told us their dignity and privacy was maintained. They said, "The carers treat me with respect. I get on really well with them all. They will always shut the blinds when I get up in the morning and make sure the door is closed; they keep my privacy." One staff member told us, "We always make sure that any care is done in private, and will take time and explain what we're doing and talk with [person who used the service] while we are giving the care."

We were told how staff would promote the person's independence. The person who used the service said, "They don't take anything away from me independence wise; they'll only do the things I can't do myself, or the things that could harm me." One staff member told us that the person had a new wheelchair on order and explained, "This will make a difference as they will be more independent when it comes to transfers, as it will be easier for them to slide themselves across." The staff member also told us that some gym equipment had also been purchased and said, "This will help them as well as their upper body strength will be increased."

During our inspection, the person who used the service was visited by a company who provide specialist wheelchairs and equipment. The registered manager had arranged this with the person who used the service. They were trialling a specialist bike which would enable them to move around independently when out in the community. The registered manager told us, "This is the first time they have been able to go up the road themselves; it's going to make a huge difference to them."

The person was able to maintain relationships that were important to them. They told us, "I can see my family at any time, and the carers will help me if needed. They will also support me to see my friends when I want to." One staff member said, "It's so important that [person who used the service] can spend time with people they chose, in places they want."

Is the service responsive?

Our findings

The person told us that they contributed to the planning of their care. They said, "I talked with the manager about my care recently, and we made some changes. I said that I wanted to have just one person during the week, but to regularly have two carers at the weekend. This is now happening, and it means that I can do what I want, when I want to at the weekend. Before, I used to have to plan everything in advance so there was enough staff to support me when I went out. But now it's a lot more flexible." The registered manager and staff confirmed that this was happening and working well. The person who used the service told us how they would meet with the registered manager each week. They said, "I will be asked what I want out of my care, and if there is anything I want for the week." This demonstrated they received care and support that was individual to them and responsive to their needs.

The person who used the service told us that they were involved with the recruitment of new staff. They said, "People will have two interviews; first with the manager and general manager. If they decide that they may be any good, then I will have a chat with them myself. I tell them what I'm like and what I want. I have the final say if I think they're not suitable." This showed that the registered manager took the person's views into account.

We saw the person was supported to follow their interests. They said, "The carers will help me do what I choose. We may stay in and watch a film, or I may decide to go out. It all depends." One staff member told us, "Wherever they want to go, and whatever they want to do, we'll help them to do it."

We saw that the person's care plan was individual to them and had been updated to reflect any changes in their support needs. One member of staff told us, "Everything you need to know is there. The care plans explain what to do and how to do it. Any changes in needs are communicated with us either face to face, by memo, in a meeting or in the diary. We are always kept up to date with things."

The person knew how to raise any concerns or complaints. They told us, "If there is anything I'm unhappy about I will raise it with the manager or general manager. I have done this and things got sorted out." The registered manager told us, "There was one issue recently, where [person who used the service] told us that they were fed up with carers being on their phones when they were watching a movie together. So now there is a 'no mobiles at work' agreement. All the staff have signed up to this, and [person who used the service] is a lot happier." This demonstrated that the provider had listened to people's complaints and acted on these.

Is the service well-led?

Our findings

The person told us they felt the service was managed well. They said, "The manager knows what they are doing, and does listen to anything I have to say." One staff member told us, "The management team are good at their jobs and are really approachable." Another staff member said, "I know I could bring anything up with the manager; they're down to earth and helpful."

We saw there was visible leadership, and the person who used the service and staff we spoke with knew who the registered manager and management team were. Staff told us they were given clear direction by the registered manager and spoke positively about working within the service. One staff member said, "This is a great place to work; it's a pleasure to be here. We have regular staff meetings and can bring anything up we want; the communication is good and we all know what we're doing and what's expected of us." This demonstrated that there was an open culture within the service.

Staff told us they would be happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices, anonymously if they preferred. One staff member said, "Yes we have this policy in place; I wouldn't hesitate to tell someone if I saw anyone doing anything wrong." This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

The registered manager told us how they had learnt from events that had happened in the past. They said, "We have learnt a lot from this; we are clear now regarding professional boundaries. It's important that the staff get on well with people who use the service, but they are paid carers, not friends." The person who used the service said, "Everything has got better now; it's a lot more professional."

The person was encouraged to give feedback and the registered manager told us, "We have a session every Monday morning with me, [person who used the service] and the general manager. We actively encourage people to share their views, and any issues or actions are communicated with the staff in supervisions or team meetings." We saw the feedback was recorded and that the information had been shared with staff.

The registered manager and general manager had systems in place to assess, monitor and improve the quality of care people received. We saw various audits had been completed and as a result of these, actions had been taken to make changes in the support for the person who used the service. We saw and the registered manager confirmed that observations to check the staffs competencies were carried out, and saw that any issues were raised within staff supervisions and re-training.

We saw that any confidential records were kept securely which ensured only authorised persons had access. The registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.