

Universal Care Services (UK) Limited

Universal Care Services Corby

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



Overall summary

This inspection took place on the 26 May and 15 June 2015 and was announced. The service is registered to provide personal care to people in their own homes when they are unable to manage their own care.

There was a registered manager in post at the time of our inspection. 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 provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There was a stable staff team and there were enough staff available to meet peoples' needs.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. Systems were in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Summary of findings

Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People were supported to access appropriate health care services and had access to appropriate equipment to meet their needs. People received support that maintained their privacy and dignity and when they required staff to support them with their medicines appropriate systems were in place.

People had confidence in the management of the service and there were systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

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?

The service was safe.

Systems were in place to promote peoples' safety and they were protected from avoidable harm.

Risk was well managed and promoted peoples' rights and freedom.

There were sufficient staff to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good



Is the service effective?

The service was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing care; and management were aware of the guidance and legislation required when people lacked capacity to make specific decisions.

People were supported to eat and drink enough and were encouraged to maintain a varied and balanced diet.

People were supported to maintain their health and receive on-going healthcare support.

Good



Is the service caring?

The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their independence and follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good



Is the service well-led?

The service was well-led.

The management promoted a positive culture that was open, inclusive and empowering.

There was good visible leadership of the service; the registered manager understood their responsibilities and was well supported by the provider.

Good



Summary of findings

Quality assurance processes and data management systems were in place.	
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Universal Care Services Corby

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 was 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 26 May and 15 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in when we visited. Before the inspection we looked at information we held about the service including statutory notifications.

A notification is information about important events which the provider is required to send us by law. We contacted health and social care commissioners who help place and monitor the care of people who use the service and other authorities who may have information about the quality of the service.

During our inspection we spoke with three people in their own homes and we spoke with three people and four relatives during telephone interviews. We spoke with four of the care staff, the manager of the service and the provider. We also looked at records and charts relating to three people, we also reviewed two staff recruitment and training records.

We also looked at a range of records including four individual plans of care, staff files and training records.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when the staff visited to support them with their care. One person told us that they had arrangements in place such as a key safe so that staff could gain access independently and secure their property when leaving. One relative said “The staff are all lovely; it’s a joy to have them in the house.”

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise concerns directly with the provider; they were also aware of the provider’s ‘whistleblowing’ procedures. Staff received training in safeguarding and were able to talk confidently about the various forms of abuse and the action they would take if they had any concerns. Records showed that when concerns had been identified appropriate action had been taken by the management.

The provider had robust recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained the required information. Training records showed that new staff received comprehensive induction training before they were allowed to provide any care to people.

Staffing levels were maintained at safe levels and adjusted to ensure that the service was able to meet people’s needs. Staff told us they had sufficient time to travel between visits and to provide the care that people needed, that there was a stable staff team and confirmed there were sufficient staff

to meet people’s needs. People told us that they received the required number of visits and that the staff were generally on time; they also told us that they were informed by the management if there were any delays due to unforeseen circumstances.

People told us they knew the staff who provided their care because the management scheduled regular staff to provide care to individuals whenever possible. At times when their regular staff were on leave people were informed who would be attending to them.

Peoples’ individual plans of care contained basic risk assessments to reduce and manage the risks to people’s safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks within the environment including the risk of falls. The individual plans of care and risk assessments were being reviewed to ensure they were more specific to the individual and contained more detailed instruction to staff about managing people’s need and risks.

Most people we spoke with told us they managed their own medicines and those who required support from staff told us they had sufficient supplies and received their medicines as prescribed. Basic care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on an annual basis.

Is the service effective?

Our findings

People were provided with effective care and support. New people were assessed on referral to the service to enable the service to determine whether they were able to meet their needs and to put individual plans of care in place. At the time of our inspection people who were already receiving care were being reassessed to ensure their needs were being met and to develop more detailed person centred individual plans of care. The new individual plans of care contained details about people's preferred preferences, including the preferred gender of the staff who supported them and their personal routines. People told us that they had been involved in the development of their individual plans of care and they knew what they contained.

People were complementary about the staff that provided their care. One person said: "The staff are very helpful and happy, I like them and there's not one that's not good." New staff received formal induction training that provided them with the required skills and knowledge to meet people's needs. Staff told us that the induction training was effective and included a period of supervision where new staff worked alongside more experienced staff.

All staff received training in the areas needed to support the people they cared for. For example one member of staff said "We have practical movement and handling training, we are trained to use the hoist, and we use it on each other so that we know what it's like to be supported in this way." Staff also told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development.

Effective communication systems were in place to ensure that staff were updated when people's needs changed; staff told us they were regularly updated and that they fed back

any concerns that they had about people's well-being to senior staff so that appropriate action could be taken such as referrals to a GP or other appropriate health professional. All of the people we spoke with told us that the staff communicated well with them. One person said "I look forward to my visit, the staff help me to prepare my food, we have a laugh and a joke while the food is cooking."

People's views were sought and their consent was obtained before care was provided and people had provided their consent for staff to support them to take their medicines when required. Staff told us they gained verbal consent from people when offering their assistance. During visits to people's homes we saw that staff gained consent to enter people's homes and involved them in decisions about their care.

The manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They told us systems were in place and staff had been trained however there had been no applications to the local authority for authorised DoLS because all of the people they supported had capacity to make their own decisions.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. Training records showed that staff had received up to date training in food safety. People were encouraged to have an adequate intake of fluids during and in between visits.

People were supported to access health care services when needed. Any concerns about people's well-being were reported to senior staff who made contact with the appropriate health care professional such as the GP or district nurse. For example people at risk of the effects of pressure on the skin had input from the district nursing service and the appropriate equipment was provided.

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. All of the people we spoke with told us that staff were kind and considerate in their day to day care. For example one person said “I am absolutely fine, I have no problems whatsoever, I am happy with everything”. Another person said “The staff are kind, compassionate and respectful when they come into our home, I simply cannot fault them.”

During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon.

People told us the management sought and respected their views about their preferences regarding the gender of the staff that provided their care. People told us that the management sustained this when planning the duty rotas and were careful to ensure that people were cared for by regular staff that knew them and the way they liked to be cared for.

Peoples’ privacy and dignity was respected and people were referred to by their preferred names. Staff sought consent before entering people’s homes and personal care was provided in the privacy of people’s own rooms.

People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility. The individual plans of care were being reviewed to include more details about people’s individual needs, preferences and life histories so that the care provided could support their previous lifestyles.

Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

Is the service responsive?

Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their care such as decisions about their personal care routines; including their preferred times of rising and retiring to bed. Care visits were planned according to people's needs and wishes. One relative told us how the management had altered the timing of the visits to fit in with their preferred routines.

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for a new format of individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. We reviewed a selection of these and saw they contained detailed instruction to staff about how people were to be supported. People's daily records and charts

demonstrated that staff provided the care to people as specified within their individual plans of care. One person said "The staff are brilliant, I know whose coming out to us both day and night, they know how we like to be cared for, its working ever so well."

People told us they were happy with the service provided but they knew how to make a complaint if they needed to. All of the people told us they knew the manager and would feel able to raise any concerns and be confident that they would be addressed. One person said "If I had a complaint I would be on the phone to the management."

Both the people who used the service and the staff told us how the manager worked alongside staff to ensure they saw how people were being cared for and to support staff. We reviewed the complaints file and saw that complaints were responded to appropriately and that the management had used complaints to make improvements to the service.

Is the service well-led?

Our findings

The management fostered a positive, inclusive culture; people were treated as individuals and were empowered to make choices. All of the people we spoke with told us they thought the service was well run. One person said “the manager came out to see me last week, she is very nice. They are all smashing people they really make us feel at ease.” Another person told us “the management are very responsive; they often phone to check everything is going all right.”

Staff told us they had confidence in the management of the service and were supported by the management through regular supervision and appraisal as well as at other times when their advice was needed. Staff also told us they felt that people were well cared for and that they had the resources they required. One member of staff said “I love working here, all the staff are good and the manager is very approachable.” They also said “People get very good care, I feel supported and I am happy with how the service is being run.”

The service had a manager who provided people who used the service and the staff with stable management. People told us they thought the service had improved since the new management structure had been put in place in 2013. Subsequent improvements had been made to the running of the service through staff recruitment, training and disciplinary procedures.

The manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service;

such any accidents or safeguarding allegations. Safeguarding records showed that any allegations were referred to the local authority and subsequent investigations were robust. The management took appropriate disciplinary action against staff when safeguarding allegations were found to have been substantiated.

The provider’s aims and objectives were defined within their ‘Statement of purpose’ and states “Quality forms one of the core elements of our service and being able to listen and respond to views, comments, complaints and complements in a self-critical way that continually looks to exceed the expectations of our service users, staff and stakeholders. “

There were robust quality assurance systems in place. The management conducted a range of internal audits for example, audits of individual plans of care, staff files, complaints and accidents, The manager worked alongside staff and conducted spot checks on their care to people in their own homes to ensure that people were being well cared for. The management had conducted a survey of peoples’ views the responses were being collated at the time of the inspection and indicated a good level of satisfaction.

Other improvements included the introduction of an electronic call monitoring system to ensure that calls were timely and of the required duration; and the on-going implementation of a new individual plan of care format. The manager had an ‘open door’ policy so that anyone could share their views or raise any concerns with senior staff.