

ULTICare Limited

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Inspection report

18 Turnstone Drive
Featherstone
Wolverhampton
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WV10 7TB

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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

About the service

ULTICare Limited provides personal care to people living in their own homes who may live with dementia, poor mental health, a physical disability or sensory impairment. There were two people receiving personal care at the time of our inspection.

Not everyone who uses the service may personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People said they had a positive experience in respect of the care and support they received. They told us they received support from staff in a timely way and were not kept waiting for assistance.

People were comfortable in the presence of staff and told us they felt safe. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised without compromising people's rights.

People were supported by staff who were caring and compassionate. People told us staff consistently showed respect for their rights, privacy, dignity and independence.

People received effective person-centred care and support which was based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and people told us they had good relationships with all staff. People's care records reflected people's involvement and how person-centred care was planned.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, felt confident and well supported. Staff received supervision they felt was constructive from the provider. People's health was supported as staff worked with other health care providers as needed to ensure their health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff responded to their needs effectively and their preferences were known and respected by staff.

People knew how to complain. Staff knew how to identify and respond if people were unhappy with the service. People were confident they could communicate how they felt to staff, who were approachable and listened to what they had to say.

People and staff gave a positive picture as to the quality of care people received and said management and staff were approachable.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection– This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

ULTICare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider (who was the registered manager) are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 16/08/19 and ended on 28/08/19. We visited the office location on 19/8/19.

What we did before the inspection

We reviewed information we had received about the service since they were first registered with CQC. We looked at details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. We assessed the information 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. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with the registered manager/provider, and their peer who provided the registered manager with reciprocal support.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two members of staff following our inspection and continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people.
- People's relatives told us they knew who to contact if they had concerns about their loved one's safety but told us they had no concerns.

Assessing risk, safety monitoring and management

- Risks to people were identified and staff were aware of these risks and how people should be supported to reduce any avoidable harm.
- Staff demonstrated an understanding of how to follow risk assessments without compromising people's rights.

Staffing and recruitment

- People's relatives told us staff arrived at the times they should. A relative told us, "Nothing drastic as its 15 to 30 minutes either way of agreed call time, and no missed calls, if late they would phone."
- Staff told us they had time planned in between calls for travel, and if delayed the provider had systems in place to plan for people's care calls to ensure their care was provided.
- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- The agency was not involved in supporting people with medicines at the time of our inspection except for the application of one prescribed cream. Staff told us they knew how to apply and record the application of this cream. A relative told us, "They [staff] write down what creams given in the book."
- The provider told us staff did have face-to-face as well as on-line medication training, followed by a medication competency assessment.

Preventing and controlling infection

- Relatives told us they had no concerns with how staff worked regarding the practices they followed to ensure any risk of infection was controlled.
- The provider told us staff were provided with PPE (for example gloves and aprons) and staff we spoke with confirmed this. They were also aware of how to promote good infection control.

Learning lessons when things go wrong

- The provider had systems in place to identify learning from any incidents, for example they had audits which identified learning from incidents and there were appropriate steps to ensure staff learnt from this these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed to identify people's needs and preferences. When there were changes in people's need these were reviewed.
- A relative told us the provider, "Met us in hospital and arranged everything there." Relatives told us staff knew people well and delivered the care as agreed with them.
- The provider considered any protected characteristics as defined by equality legislation at the time of assessments. For example, how people's disability impacted on the care and support they required in respect of any reasonable adjustments.

Staff support: induction, training, skills and experience

- Relatives told us they were happy with staff skills. Relatives told us, "Some of the new [staff] are a bit slow on uptake, but this is when they are shadowing, and they come with another more experienced staff that is their trainer" and, "As far as I can see they are alright."
- Staff told us they were well supported by the provider with supervision and training. Training records the provider showed us also confirmed this. Staff comments included, "I'm happy with the training" and, "I do all the on-line training including moving and handling and its quite good, there is no other training needed. Staff confirmed some training such as moving, and handling was face to face with a trainer.
- New staff were supported with an induction that included the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider told us the agency was not currently supporting people with food and drink, this confirmed by relatives we spoke with. Staff were aware of the importance of promoting a balanced diet if needed however.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us they would contact community health professionals when needed although staff understood what they should do if a person needed access to healthcare services, for example in the event of an accident.
- A relative told us staff had been present when an occupational therapist (OT) gave guidance on use of lifting equipment. A member of staff said, "I have been there when the OT was there - had guidance and

have seen booklet."

- Relatives told us people knew all the staff visiting. Relatives comments included, "Regular staff, even though there are a few new ones" and, "Usually have regular carers on the calls."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found they were. Relatives told us staff sought people's consent before and during care provision.
- A relative told us staff "Do ask [the person] and tell them what they are doing."
- Staff had a good understanding of how they should gain people's consent. One member of staff told us, "I have done MCA training and I will always check with person if they consent to the care I am to provide."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff treated their loved ones well and showed them respect. Their comments included, "Yes, they [the staff] are lovely, have a bit of fun, happy with gender of carers" and, "Carers, [the person] likes them and has no complaints. I have met a few and they are nice."
- Staff understood how to provide care in a way that respected people's dignity, with their comments including, "I always show and give respect" and, "You ensure people are well looked after, have good relationship and trust (with the person). You would look after them like you would own relatives."

Supporting people to express their views and be involved in making decisions about their care

- Relatives said people were supported to make choices. We were told staff would explain these choices when providing care and explained what they were doing when providing care.
- Staff understood what care people needed but told us they would always check to ensure people had choices when visiting them.
- The provider told us advocacy services would be sought if a person requested an interest in these. An advocate is an independent person who puts a case on someone else's behalf. People also told us their relatives were supported to maintain existing relationships with them.

Respecting and promoting people's privacy, dignity and independence

- Relatives said people were treated with respect by staff and their dignity, privacy and independence was promoted.
- A relative told us their loved one was able to, "Do what they can do and what wants for self" and they would always ring the bell when they arrived.
- Staff told us how they promoted people's privacy, dignity and independence. One member of staff told us for example, "If the person is having a wash I would cover them with a towel for privacy and where able encourage them to wash themselves where able, for example their face."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information about people's needs and preferences was gathered, and care plans were in place, these reviewed when people's needs changed.
- Relatives told us they, and their loved ones, were involved in planning their care, and they had access to their individual records when wanted. Their comments included, "[The person] was involved in their care plan. They told [the provider] what they wanted" and, "We have folder with all the paper work in. We speak to [provider] as comes weekly with carers."
- Staff were knowledgeable about people's needs and preferences and this reflected what relatives told us about their loved ones wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Relatives told us they had information presented in ways they understood and could explain this to people. They also told us if there were any queries they were able to ask staff or the provider and get further information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency was not supporting people with help to follow their interests or take part in activities with the wider community as this was not required by the two people they visited at the time of our inspection. The provider would offer this service as part of people's support package if needed however.

Improving care quality in response to complaints or concerns

- Relatives told us concerns and complaints were listened to, and responded to by the provider. Relatives comments included, "Any complaints mentioned are sorted can't say fairer than that" and, "No complaints."
- The provider had a complaints policy and procedure. We did note there was no reference to a person's right to approach the local government ombudsman (LGO) in the procedure. The LGO look at individual complaints all adult social care providers (including home care agencies). The provider said they would add this to the procedure.

- Staff told us how they would know if a person was unhappy and what they would do to try and identify their concerns.

End of life care and support

- The agency was not supporting any one with end of life care at the time of our inspection although the provider was able to tell us how they would look to cater for people at this time of their life with the support of community healthcare services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives said the registered manager [who was also the provider] was easily accessible and visited on a regular basis or could be contacted by phone. A relative told us, "Well managed as far as we are concerned."
- The provider had a range of quality monitoring arrangements in place. These were put in place from the point the service was registered.
- Relatives told us they were happy with the service provided to their loved ones. Comments included, "Satisfied at the moment" and, "I'm confident in [provider] his alright."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood when we were to be notified of events as required by regulation. They were aware of the requirement to display CQC inspection ratings when received.
- Staff said they were confident in raising any concerns, they had if necessary and said the provider was approachable.
- The provider understood their responsibilities under their duty of candour and was open about areas where they wanted to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We saw the provider was aware of how to use feedback from others, analysis of any incidents and findings from audits to improve the service. They also told us how they used the peer arrangement with another registered provider for support and learning, as well as use of professional organisations, for example the National Institute for Health and Care Excellence [NICE].
- We found the provider was positive about the inspection and embraced the opportunity to receive further feedback and learning this may offer them. The provider told us how they wanted to develop the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were able to talk to the provider and staff. People had regular reviews of their care, and the provider completed spot checks on staff. Survey forms to capture people's views of the service were used.

- Staff felt well supported by the provider with comments including, "I'm happy, it's the best job in the world. I always have someone to speak to" and, "I enjoy working for them, would not if didn't."

Working in partnership with others

- The provider told us they worked in partnership with statutory care providers such as district nurses, occupational therapists and general practitioners to ensure people received good care.
- Relatives and staff told us how the service was guided by advice from other professionals.