

United Care Concepts Limited

# United Care Concepts Limited

## 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

About the service: United Care Concepts is a domiciliary agency. It provides personal care to people of all ages who may have a physical or learning disability. At the time of the inspection the agency was providing support to eleven adults.

People's experience of using this service:

People received support that was tailored to meet their needs. People's preferences and routines were recorded and staff ensured people were given choice on a daily basis about how their needs were met.

Staff cared for the people they supported and enjoyed spending time with them. Relatives confirmed staff had built strong relationships with the people they supported; this was aided by the consistent staff teams each individual had in place.

Systems and processes were put in place to help ensure people were safe and the care they received was delivered by trained staff, and based on best practice.

Regular checks were completed of records, and feedback was collected from people, relatives and staff. These helped ensure the service was able to act on any areas requiring improvement.

Relatives and staff told us they felt the service was well led. They felt confident any concerns or ideas they shared would be listened to and acted upon.

More information is in the full report.

Rating at last inspection: Good. Report published on 18 October 2016.

Why we inspected: This was a planned inspection based on the previous rating.

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

The full details can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below

Good ●

# United Care Concepts 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in learning disability and mental health. The expert by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

**Service and service type:** United Care Concepts is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people of all ages with physical disabilities and /or learning disabilities or who may be living with dementia.

Not everyone supported by United Care Concepts receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, the service were supporting eleven people with personal care.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual told us a manager was in the process of registering with us.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be available at the office.

Inspection site visit activity started on 17 April 2019 and ended on 23 April 2019. We visited the office location on 17 and 18 April 2019 to see the nominated individual and speak with staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed:

- notifications of incidents we had received. A notification is information about important events which the service is required to send us by law
- feedback and information we had received about the service.

During the inspection we:

met and spoke with five staff and the nominated individual  
telephoned five relatives  
emailed a relative for their views  
telephoned one staff member  
reviewed three people's care records.  
reviewed records of accidents, incidents, compliments and complaints.  
reviewed staff recruitment and training.  
reviewed audits and quality assurance reports.

People using the service were either unable or unwilling to speak with us, so we spoke with as many relatives as possible.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives knew who to contact if they felt their loved one was at risk.
- People were supported by staff who regularly updated their safeguarding training. Staff told us they knew how to recognise and report abuse and felt confident they would be listened to.
- If people became anxious or upset, relatives told us staff understood how best to support and reassure people.

Assessing risk, safety monitoring and management

- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm.
- Risk assessments were in place to guide staff how to reduce any risks to people.
- Relatives told us staff followed people's preferred routines for entering and leaving their homes and made sure they were safe before leaving.

Staffing and recruitment

- Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- Some staff did not have a full employment history in place, however this had already been identified in checks completed on the files and action was being taken to ensure these were in place.
- Relatives told us they and their loved ones had support from a consistent staff team and knew which staff to expect.
- A system was in place for staff to contact the office each day. This helped ensure staff safety and helped the office staff stay up to date with people's needs.

Using medicines safely

- Some people required assistance from staff to take their medicines.
- People's care plans described which medicines they took and what support they needed.
- Staff had received training and competency checks before they were able to administer people's medicines.
- Records were kept of medicines staff administered. These were checked by office staff to help ensure any errors were identified and any actions put in place to reduce future errors.

#### Preventing and controlling infection

- Staff had received infection control training.
- Relatives told us staff handled food safely and helped keep people's homes clean and tidy.

#### Learning lessons when things go wrong

- Staff were aware of how to report any incidents or accidents. These were reviewed by senior staff who ensured any learning was shared with individual staff members or with the whole staff team.

# 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

Good: 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

- People's needs and choices were assessed when they first received support.
- Staff took an interest in learning about best practice relating to people's needs, beyond the information contained in people's care plans. For example, reading information available in the person's home or doing further research on the internet.

Staff support: induction, training, skills and experience

- Relatives told us they thought staff were knowledgeable and well trained.
- Staff confirmed their training was regularly updated and any further training they requested was provided.
- New staff completed an induction and shadowed existing staff. They were then observed by senior staff to help ensure they were competent before working alone.

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

- Relatives told us staff knew people's likes and dislikes regarding food and drink. They confirmed staff offered choice and always left any food or drink to hand, as required by the person, before leaving.
- One relative told us staff respected and followed specific routines and requests their family member had in relation to their food.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure people received the care and support they required. This included attending meetings with other professionals involved in people's care and working with other domiciliary agencies to ensure people received a smooth service.

Adapting service, design, decoration to meet people's needs

- People's service was designed around their individual needs. Relatives and staff gave examples of when rotas were changed and adapted to ensure people's preferences were met.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us staff responded promptly to any health or wellbeing concerns.
- They also confirmed staff supported people to make and attend appointments, if required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Staff had received training on the MCA.
- People could make their own day to day decisions and where bigger decisions had been made, the agency had contributed to best interest decisions.
- Relatives and records confirmed people were regularly asked for their consent before staff provided care or support.

# 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

Good:  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 were courteous and built relationships with people based on people's interests. Relatives told us, "Mum and the carer got on so well, they were reciting poetry together" and "They are interested in what he says, they chat and make him feel comfortable."
- It was clear when talking to staff members that they enjoyed spending time with the people they supported and valued their time together. A relative told us, "We have a good rapport and trust them implicitly." A staff member explained, "I don't want people to feel like they're being looked after - it's not reminding them about their disability. We go out and have a laugh and enjoy being with them."
- Relatives confirmed staff respected and took care of people's personal belongings and their home. Comments included, 'Yes, they do, we're impressed about that, they take care with his washing'.
- Another relative told us, "I couldn't wish for better care, it's 100 percent"
- The nominated individual was in the process of updating the service's assessment form to ensure staff always clearly covered any needs people may have related to the protected characteristics described under the Equality Act.

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

- Staff described how they involved people daily in making decisions about their care. For some people this meant learning their preferred communication method. For example sign language or reading facial expressions.
- Relatives confirmed, "Carers are flexible to change" and "They make sure he is where he wants to be".

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff respected people's privacy and dignity.
- They also provided examples of how staff supported people to maintain or regain their independence. Comments included, "Carers support [...] to vote", "Carers have helped [...] and now they sort out their washing and put it in the washing machine" and "They don't rush [...] and often say 'take your time, slow down', to help them be independent."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans that clearly explained how they would like to receive their care and support. These were reviewed and updated regularly, in consultation with people and their relatives, to help ensure people's and wishes were being met.
- People's needs under the accessible information standard were being met. (The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) One relative told us, "The staff member has made a chart and put it on the wall this helps [...] know exactly what is happening and when."

Improving care quality in response to complaints or concerns

- Everyone we spoke to said they were aware of how to complain and were happy with the response when they had raised a complaint or concern in the past.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The nominated individual talked passionately about providing person centred support to people that enabled them to maintain or develop skills. This passion was shared by the staff members we spoke with. One staff member told us, "I enjoy enabling people to improve. For example, people who have been told they will never live alone and then getting them to where they have their own flat."
- The nominated individual was open and honest about where improvements were required and what action they intended to take, as a result.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear ethos of team work. A staff member told us, "There are systems in place, so it is clear what everyone's role is; and planners have been implemented in the office, so we all know what we are responsible for, when. It all works well and I feel supported."
- Relatives told us they felt there was a positive culture within the staff team.
- Staff gave examples of when they had been given opportunities to develop their role and responsibility, which had also benefited the service.
- Supervisions, appraisals and spot checks were used to check staff were meeting the standards required by the service.

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

- Relatives told us they were asked for their views of the service. One relative confirmed their comments were always taken into consideration.
- Staff were also encouraged to share their views about the service and told us changes had been made as a result of suggestions they made.
- Relatives told us they thought the service was well led. Staff confirmed they enjoyed working for the service. One staff member told us, "I really love this job and working for the company."

Continuous learning and improving care

- Checks were regularly completed on all aspects of the service by senior staff.
- The nominated individual had recently created a process of checking work that was delegated to senior staff.
- These checks helped identify where improvements could be made to the service or to an individual's

care.

#### Working in partnership with others

- Relatives told us the agency worked well in partnership with them and their family member.
- The nominated individual and staff gave examples of how they worked closely with other professionals to help ensure people received the right support to meet their needs.
- People's care plans clearly described advice from other professionals and staff had good knowledge of this information and how they should support people to follow it.