Universal Care Services (UK) Limited

Universal Care Services Nuneaton

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 19 May 2015. The provider was given two days' notice of our inspection. This was to arrange for staff and people to be available to talk with us about the service.

Universal Care Services Nuneaton is a large domiciliary agency which provides personal support to people in their own homes. The agency provides support to people in Nuneaton and the surrounding area, and to people in Coventry. At the time of our inspection the service was supporting approximately 180 people, and had employed approximately 70 staff.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People and their relatives told us they felt safe using the service and staff treated them well. However, whilst people mostly received their care calls, there were times, particularly in the Nuneaton area, when staff did not come at the planned times and people were not always told staff were going to be late.

In the Nuneaton area, the provider found it challenging to recruit and retain staff to meet people's needs. This meant people did not always receive continuity of care, as staff they were familiar with; either left the service, or were moved to support other people who used the service. The provider was recruiting new staff at the time of our visit and was looking at ways of improving staff retention rates.

Care workers understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

Care workers received training considered essential to provide health and social care safely and to meet the needs of people they cared for. However, staff did not always record medicines given to people in the way they had been trained. Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

People told us they knew how to make a complaint if they needed to; however some people were not satisfied with the way their complaints had been managed.

The management had a good understanding of the service's strengths and areas for improvement. They had already identified some of the issues we found during our visit and started to work to make the required improvements. There was an open and fair culture which operated at the service.

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.

There was sufficient staff to meet people's needs however sometimes this was not at the arranged times. People felt safe with the staff who cared for them. Staff supported people to take their medicines, but did not always record this to confirm it had been given safely and as prescribed.

Good

Is the service effective?
The service was effective.

Care workers received a thorough induction and training considered essential to meet the physical, mental health and social care needs of the people they supported. Care workers ensured changes to people's health care needs were acted on, and food and drink were provided as detailed in people's care plans.

Good

Is the service caring?
The service was caring.

People and their relatives told us that care workers were kind and caring. They were involved in decisions about the support they received and their independence was encouraged and promoted. Care workers were aware of people's preferences and respected their privacy and dignity.

Good

Is the service responsive?
The service was mostly responsive.

To ensure all people received their calls, rotas were changed when staff left or were absent. This meant people, particularly in the Nuneaton area, experienced a lack of continuity and consistency in the staff who provided their care and support. Not everyone felt complaints or concerns had been responded to well.

Requires improvement

Is the service well-led?
The service was well-led

The management team had already identified and taken action to improve most of the areas of concern identified in this report. They were open and transparent about the service, and encouraged open communication with their staff and people who used the service.

Good

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.

The inspection took place on 19 May 2015 and was announced. One inspector carried out this inspection.

The provider was given 48 hours' notice because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and to ensure staff who worked for the agency would be in the office to speak with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

The provider sent us a list of people who used the service. We sent questionnaires to 49 people who lived in the Nuneaton and Coventry areas, and received 15 responses back. We spoke by phone to eight people and two relatives.

We reviewed information received about the service, for example, from notifications the provider sent to inform us of events which affected the service. We also contacted the local authority commissioning units to find out their views of the service provided. Their views were consistent with what we found at the inspection. We looked at the three 'share your experience' forms that had been sent to us. These are forms people can complete on our internet page, they provide us with feedback about people's experiences of using a service.

We visited the agency's office and spoke with six care staff, the registered manager, care manager, office staff and the in-house trainer. We looked at the records of three people who used the service and looked at a sample of three staff records. We also reviewed records which demonstrated the provider monitored the quality of service (quality assurance audits), and looked at staff rotas and the call schedule.

Good

Is the service safe?

Our findings

One hundred percent of the respondents to our survey told us they strongly agreed that they felt safe with the staff who provided care to them. This was supported by the people we spoke with by phone. For example, one person, when asked if they felt safe with staff said, "Of course I do, they're all very nice, the girl today was lovely." Another person said, "Oh yes, they always turn the lights off and shut the doors."

Care workers we spoke with understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the manager. The provider took safeguarding concerns seriously and took the appropriate action. For example, a member of staff had whistle blown to the manager about the actions of another member of staff. The provider had reported this to the appropriate authority to keep people safe. Notifications received by us confirmed the service had followed the local authority safeguarding protocols.

Only 58% of respondents to our survey said that care workers arrived on time. However, in a more recent survey undertaken by the provider in May 2015, 82% of their respondents said that staff arrived on time. Some of the people we spoke with told us they had experience of staff being late. One person, when asked if staff arrived on time said, "You're joking aren't you – at the week-ends it is a problem, the staff in the office keep altering the times." We asked the management team what they thought the issues were. They told us in the last year they had experienced difficulty in recruiting and retaining staff, particularly in the Nuneaton and surrounding area. They also informed us of the difficulties they had experienced with staff when they phoned to say they were unable to work their rota. This meant that schedules often had to be revised to ensure that each person received their care, but meant people might not get their care call at the time they expected. They confirmed that if it was a 'time critical' call people would still receive their care within that time period. The registered manager told us they had recently made changes to their sickness policy which they hoped would see a reduction in sickness levels. They had also identified a pattern in staff sickness levels which they were addressing.

We looked at staff recruitment and found the provider had taken all reasonable measures they could, to recruit staff to the service. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people in their own home. Staff confirmed they were not able to start working at Universal Care Services Nuneaton, until the checks had been received by the provider.

Risks related to people's physical and mental health needs were identified and managed safely. For example, the service looked at the risks people had with moving, and whether they required specialist equipment and two staff to support them with their care. We found where this was the case, the service had a system of 'double up' teams. The two members of the team would meet up at the beginning of their shift and work their schedules together. This meant that staff were not put in the position of arriving at the home of a person who required the assistance of two staff; having to wait for the second staff member to arrive, and did not have an impact on the person's care who would also have to wait.

The provider informed us that staff supported people to take their medicines. We were told there were checks made by the supervisors to ensure medicines were administered and recorded properly. One person told us the staff supported them to take their medicines because they were blind. They said staff put the medicines in a pot for them, and they could tell by the shape that they were the right ones. They told us the supervisors checked the medicine records to make sure it had been done correctly.

We looked at two medicine records. One medicine record was in a format which the provider had been using for a long time, and the other was in a format which had recently been introduced to staff. We found both had errors in recording which made it difficult for us to clearly see what medicines had been taken, and if they had not, the reason why not. The 'old style' medicine record had been checked and signed off by the supervisor as accurate although it contained errors. The manager told us they would be meeting with the supervisors to discuss their medicine audits. We saw that on a local authority monitoring visit in November 2014 there had been concerns about the accuracy of medicine records.

The recently introduced medicine record did not give a clear account of what medicines had been taken. We

Good

Is the service safe?

needed to contact the person and the member of staff to ensure the person's medicines had been given safely and as prescribed by their GP. We were assured by both this was the case. The manager also followed this up with a phone call to the person's GP. The manager told us they would be seeking further advice on how to complete the new medicine records.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the skills and knowledge to provide the support they required. Eighty six percent of respondents to our survey, also strongly agreed that staff had the skills and knowledge to give them the care and support they needed.

The provider had their own training unit and staff trainer. On the day of our visit, the trainer was providing induction training to three new staff. We spoke to a member of staff who had recently been provided with induction training. They said, "The training was really helpful, there was a lot of theory. The practical side was good, you learned how to use the equipment." We saw the training unit had been equipped with hoists and a hospital style bed to demonstrate to staff how to use equipment safely.

The organisation had started to support staff in gaining the new Care Certificate qualification. This qualification replaced the common induction standards in April 2015 and provides a comprehensive induction for staff who are new to care. We were told that once staff had completed their induction and three month probationary period, they were automatically enrolled for higher level nationally recognised certificates in health and social care. This contributed to improving the knowledge and skills of staff working for the service.

Staff were trained in all areas considered essential to meet people's health and social care needs. Training also included understanding the Mental Capacity Act. Staff understood people's rights to make choices for themselves.

We were told the service had not yet needed to make a 'best interest' decision for a person who did not have the mental capacity to make their own decision. However, staff were aware of the importance of including health and social care professionals in the 'best interest' decision process, and in getting an independent mental capacity assessor (IMCA) to support the person.

We saw where people lived with dementia, care records showed what they could and could not do for themselves, and how staff could support them to be as independent as possible. A care worker told us they could not support people living with dementia until they had taken the dementia training and passed a competency test to ensure they understood the needs of people who lived with dementia.

There were good formal and informal systems available to support staff. Competency (spot) checks were carried out by supervisors to ensure staff were competent to undertake the care tasks assigned to them. Formal supervision meetings were carried out regularly. During these meetings staff discussed the nine objectives identified by Universal Care as being necessary for staff to carry out their roles effectively. For example, one objective was time keeping. Discussions included any barriers which prevented the objectives from being achieved and how they might be overcome. Staff performance was formally appraised once a year. Both the member of staff and their manager completed an assessment of the staff member's performance and this was discussed at the appraisal meeting. Any actions identified were carried forward into their objectives for the following year. This supported staff's personal development.

People were supported to eat and drink. We were told because of the time constraints imposed on care packages, the support in providing people with meals was limited to microwaveable meals. People told us staff ensured they received their drinks, their microwaveable meals, or sandwiches when required. One person said, "They make my sandwiches with the fillings I like, they've always been good to put the fillings in that I like." Another person told us, "If you need help with food they will cut it up. If they see you struggling, they will step in and help."

The service supported people to understand their healthcare needs. One person told us when staff provided personal care they would tell them if their skin was getting a bit red so they could let the district nurse know. Other people told us that although they had not experienced healthcare services being called for themselves, they knew that this did happen. This was because staff had sometimes called to let them know they were going to be late as they had to wait for healthcare professionals to attend the needs of another person on their schedule. One person said, "I believe they do get in touch with nurses, this is sometimes why they are late because they are waiting for someone else."

Good

Is the service caring?

Our findings

People who used Universal Care Services Nuneaton, told us the staff were kind and considerate. For example, one person said, “Staff are really nice, If I want anything they’ll do it for me, I appreciate what I am getting.” Another person said, “Staff are kind, I’ve not had any nasty ones.” This was confirmed by the respondents to our survey with 93% strongly agreeing that staff were caring and kind. The other 7% did not know.

Seventy one percent of people who completed our survey strongly agreed they were always introduced to their care and support workers before they were provided with care and support by them. Twenty one percent strongly disagreed. Staff told us they did not always know about a person before they went out to see them. They said this was more when they were covering for another staff member’s absence. However, they got basic information about the person before they went, and all staff said that before they provided any care they would look at the care plan to check what they needed to do. The organisation also had an interpreting service so that if there were communication issues between a person and a member of staff, they could phone and get someone to interpret for them.

People we spoke with and their relatives, confirmed they were involved in making decisions about their care. We saw they had been involved in developing their care plans. Eighty percent of people who took part in our survey strongly agreed they were involved with the decision making about their care and support needs. People confirmed to us that care supervisors came and reviewed their care needs from time to time to ensure they were receiving the required care. For example, one person said, “The supervisors come regular and check up on us. We get a review every three months. If a carer isn’t doing what they should we have this opportunity to tell them.” Another person told us, “The supervisors come and check the books to make sure they’re doing what they should.”

People told us they were treated with dignity and respect. One person told us they had a body wash in the living room because they could no longer use their stairs. They told us their privacy was respected because the care workers made sure nobody could see in. Another told us care workers respected their needs, “I can’t be rushed, I get out of breath. The carer I’ve got knows I can’t rush and it will take time.” Ninety two percent of respondents to our survey confirmed they were treated with respect and dignity by care workers. We asked care workers what they did to ensure people were treated with respect. One worker gave an example, “I ensure people have privacy when they are sitting on the toilet or using the commode, unless they specifically want you to stay and speak to them.”

Care plans were personalised and included details of how care workers could encourage people to maintain their independence. For example, one person’s care plan told us, “My memory is poor, I do forget things, I have to write them down.” The care plan then went on to say how staff could help the person by “Writing things down such as shopping lists.” People also told us, and 93% of our survey respondents strongly agreed, that care workers provided care and support that where possible, promoted their independence.

Requires improvement

Is the service responsive?

Our findings

As a consequence of the challenges relating to staff retention and staff absence, people did not always receive consistent personalised care from staff they knew (this was more so in the Nuneaton area). This was because the office had to change rotas when staff left employment or were absent, to make sure the calls were covered. Changes were not always communicated to people. One person said, "You get used to them (staff) and suddenly they disappear, only one told me he was going, I liked him." Another person said, "We get a regular one (staff member) come, they stay for a bit, then we're given a different one. We now have regular ones but before any Tom, Dick or Harry was coming. It takes a while to trust people coming into your home." A relative, whose family member had dementia told us, "[person] has one person who comes for a few months and then they change. We are not told about why they change, [person] gets used to a person, particularly because they have dementia."

The provider informed us they met the local authority targets for continuity of care. In the last five months they had achieved targets of between 95 and 98% of people receiving a continuity of service. However, the baseline for this achievement was to have at least one person in the team who had worked with the person for a minimum of two weeks, and to not introduce more than 10 care workers to the person using the service within a one week period. Whilst this provided a level of continuity, our findings showed that people's experiences were that this did not feel sufficient.

One person told us the previous night they had to ring three times for a night call (around 7.30pm) and a member of staff finally arrived at 11pm. When the staff member turned up they apologised but gave no reason. We discussed this with the care manager who checked and told us the member of staff who expected to make the call had not noticed this on the rota and gone home. Once the office had been alerted that the call had not been made, it took them time to find a member of staff who was available. They acknowledged that this should have been explained to the person.

We looked at the formal complaints received by the service. No complaints had been made by people receiving a service in the Coventry area, but six complaints had been made by people in the Nuneaton and surrounding area. We saw that these had been dealt with appropriately.

We found that people's concerns about the service provided had not always been followed up. For example, we looked at the reviews of some people who used the service. We found written in one review, a person had indicated they were not happy with a member of night staff. We checked to see whether this had been followed up by the supervisor. The notes on the system written by the supervisor, indicated that the person was satisfied with the care provided. The care manager told us this should have been identified as a complaint.

However, we were also provided with instances where complaints had been dealt with effectively. One person told us they informed the service that they found one of their care workers was "bossy." They told us the person was taken off their rota. They also told us that a care worker had accidentally broken something in their home, and this was replaced by the service.

The provider had identified on the Provider Information Return (PIR) their complaints monitoring was an area which they sought to improve as well as monitoring and improving the consistency of care workers attending calls. They informed us the complaints received had been about care workers 'running late', the consistency of care workers, and care workers not spending the right amount of time at a person's home. They had taken steps to improve this. For example, they had set up a call centre to respond to any issues if care workers were running late. We were told there were still some teething problems with this, but the provider felt this was an improvement. They also told us they were monitoring the calls more closely to ensure care workers stayed the expected amount of time, and took disciplinary action if this was not the case.

The care plans we reviewed provided sufficient information to support staff in knowing how to respond to people's care needs. These included people's personal history, social aims and objectives, future wishes, as well as information relating to their physical and personal care needs such as eating and drinking, mobility, and washing and dressing. People told us that staff undertook the care as detailed in the care plan.

Good

Is the service well-led?

Our findings

The service had a registered manager, who was registered with us in January 2011. The registered manager was based at the Nuneaton service. The service had moved offices in the last year and was now located in a purpose built office with a training suite and meeting rooms. The office was accessible to both staff and people who wished to visit.

The registered manager was also the provider of the service. They and the care manager were open with us about the challenges the service faced in the Nuneaton area. They told us in the last year, due to an improvement in job opportunities for people in the Nuneaton area, they had experienced difficulties in recruiting and retaining staff, and were working hard to improve this.

They had identified patterns in staff absences, and had started to instigate changes to their policy on staff absence which they hoped would improve the outcomes for people who used the service. An example of initiatives to improve staff retention was a staff 'mentor' scheme to support new and younger staff to help them feel less isolated. The mentor was a more experienced member of staff that new staff could contact if they wanted general guidance or support.

Team minutes demonstrated the provider had discussed their concerns with the staff. For example the minutes showed that the management talked with staff about the importance of having high standards of care, the concerns they had about sickness levels and the importance of starting care calls on time. A care supervisor acknowledged the problems with staffing and the measures taken by management. They said the continued problems were, "Not for the want of trying, they spend a lot of money on advertising."

The office team had a good understanding of their roles and responsibilities, as did the care, and senior care staff.

There was an open culture at the service where staff were encouraged to report and discuss any concerns or ideas they had about the service or their own development. Staff were encouraged to tell the office staff if they felt they wanted further training or re-training, and the in-house trainer was there to support them in their training needs. The service had introduced an employee of the month scheme to provide staff with incentives to improve their care practice.

Staff told us they felt they could discuss their views with senior staff. One care worker told us, "Staff are really supportive, they are always there when you come into the office to help." Another care worker told us they would, "most definitely" feel able to approach the leadership. They also told us they felt supported in their role. A care supervisor told us they had regular supervisor meetings with the care manager where they could air their views. They told us the care manager tried to help them as much as they could.

Ninety three percent of the respondents to our survey told us they knew who to contact in the agency if they needed to, and the same percentage felt the information they received from the service was clear and easy to understand. Only 57% felt strongly that they had been asked what they thought about the service provided. However, since this question was asked, the provider had increased their customer surveys to once a quarter instead of once a year. We were told this was to help them identify and acknowledge any positive feedback during the year as well as identify any trends in concerns so they could rectify them at an earlier stage. At the time of our visit an in-house customer survey had been sent out and the results were still being compiled. We looked at the results which had come back and found they were mostly positive about the service provided. We also found that 13 compliments had been received by the service.