

Ultimate Care Agency Limited

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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

Ultimate care Agency is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. 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. At the time of the inspection the agency was providing care for one person.

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

People benefitted from a management and staff team who were committed to ensuring they received a service which was caring. We received positive feedback from a family member about the service their relative was receiving which they felt was kind and compassionate. External health and social care professionals spoke very highly of the care staff and the registered manager.

A family member told us they felt their relative was safe and secure when receiving care. The person was supported to meet their nutritional and hydration needs, medicines were safely managed and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

The family member had been involved in the care planning and the care plan was comprehensive and reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans. Individual risk assessments and risks relating to their home environment were detailed and helped reduce risks while maintaining their independence.

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. Staff understood consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People had regular contact from the registered manager. The family member and staff were confident the registered manager would listen to them and take any necessary action should the need arise.

A range of audits and quality monitoring processes were in place and the registered manager sought feedback through the use of regular reviews.

At the time of this inspection the service was supporting a person with a learning disability. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for

granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care maximised the persons choice, control and independence.

Right Care: Care was person-centred and promoted dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

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 August 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Ultimate Care Agency 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one adult social care inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 23 May 2023 and ended on 31 May 2023. We visited the location's office on 23 May 2023.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including registration reports. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with a family member of the person who used the service about their experience of the care provided. We spoke with 2 members of care staff, the compliance manager and the provider/registered manager. We reviewed a range of records. This included the person's care records and medication records. We looked at 4 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including training information, policies and procedures were reviewed. We received feedback from 2 professionals who had regular contact with the service.

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 of this 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

- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "Any concerns I would tell [registered manager], I'm sure they would do something. If I needed to, I would report concerns higher, maybe to the local authority safeguarding team."
- The registered manager understood their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in care plans and updated when people's needs changed. The person's risk assessments included areas such as mobility; health and medicine; personal care and potential abuse that may occur due to their needs.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, they were able to explain how a specific health need was managed and how this affected the foods the person could eat. They confirmed they had received training to support the person and manage any identified risks.
- Home and environmental risk assessments had also been completed by the registered manager to promote the safety of both the person and staff. These considered the immediate living environment of the person.

Staffing and recruitment

- Recruitment procedures were in place to help ensure only suitable staff were employed. Staff files included records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included checking staff members rights to work in the UK, full employment history and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions.
- There were enough staff available to keep the person safe. Although the registered manager was planning to expand the service, they were clear they would only accept new care referrals if they had enough staff available to meet people's needs.

Using medicines safely

- Medicines were managed safely.
- Information regarding the support the person needed with their medication was recorded within their care plan, up to date and accessible to staff.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- We were assured appropriate action to minimise the risk of infection for the person.
- There was an up-to-date infection control policy in place, which include specific information about the management of risks related to COVID-19 and other infections.
- Staff demonstrated they understood their responsibilities in relation to infection, prevention and control.

Learning lessons when things go wrong

- There had not been any adverse incidents or accidents since the service commenced providing a personal care service. The registered manager described how, should any incidents or accidents occur, that these would be recorded, investigated and action taken where possible to reduce the risk of recurrence.

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 were completed using a formal assessment tool. This was to ensure the service would be able to meet people's needs before commencing care.
- Information gathered during assessment was used to create an individual plan of care and support. The plan reflected the person's needs, including aspects of their life which were important to them. Records of care provided were detailed, showing staff had provided support that had been agreed during the assessment process. The family member confirmed this when we spoke with them.
- When required the registered manager liaised with health and social care professionals to develop the person's care plan.
- The registered manager completed regular checks of staff practice. This helped to ensure the person received effective and safe care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Health and social care professionals made positive comments in relation to the competency of care staff. A family member told us, "The staff seem well trained. They know how to look after [my relative]."
- Staff received an induction into their role, which included online and practical training. The providers induction training met the requirements of 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 sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff also worked alongside more experienced staff until they felt confident and were competent to work directly with people.
- Staff received regular one to one supervision and monitoring of their work performance. This enabled the registered manager to monitor and support staff in their roles and to identify any concerns or additional training required.
- Staff told us they felt very supported in their role and they could approach the registered manager with any concerns or questions.

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

- Information about the person's dietary requirements were included in their care plan.
- Where staff were required to prepare food, the family member and care records confirmed suitable food and drinks were provided and the person was included in making decisions about what they ate and drank.

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

- The service worked well and effectively with external health and social care professionals.
- The family member told us that staff supported the person to access routine and ad hoc medical support as required. The person had several known health conditions. Information about these was included in the person's care plan and staff knew and understood how these should be managed.

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 MCA 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.

- The registered manager and care staff had received training on the MCA which covered obtaining people's consent prior to delivering any care and the principles of the MCA.
- The person consented to their care and treatment and were involved in decisions about their care.
- Staff told us, before providing care they sought verbal consent from the person. Staff confirmed the person was able to make any necessary day to day decisions about care that was to be provided.
- Staff were aware the person was able to change their minds about care and had the right to refuse care at any point. A staff member said, "If they [person] don't want something, I would encourage them but it's their choice. I would let [registered manager] know." Records of care showed that when the person declined planned care this was supported by staff who would offer care again at a later time.

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

- The family member told us that staff were kind and caring and knew their relative's preferences.
- Staff told us they enjoyed their work. The person had a small team of regular care staff. This meant they had had the opportunity to get to know the person who had also had the chance to get to know staff members.
- Staff members told us that before commencing providing care they had been provided with information about the person's care needs. This meant they would know important information about the person, such as any protected characteristics as defined in The Equality Act (2010). Staff also said they had undertaken shadowing shifts with an existing care staff member before commencing lone working with the person. This helped to promote consistency and quality in the delivery of care services.
- Staff members had completed training which had included equality and diversity.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- The person was able to make day to day decisions about the care they required from staff members. Records of care reviewed showed staff respected decisions made by the person.
- An external health professional told us, "I have briefly met two members of staff within the person's home and found them to be polite, respectful and skilled."
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care and also said they encouraged them to be as independent as possible.
- Staff members had completed training which had included dignity and privacy.
- Confidential information, such as care records, was kept securely so could only be accessed by those authorised to view it.

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

- The person received individualised care which met their needs. The care plan viewed provided information about how the person wished to receive care and support. The care plan identified key areas of needs, such as, personal care, cognitive, nutritional and health needs.
- The family member confirmed they and the person had been involved in developing their care plan and making decisions about their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs had been identified and recorded in the person's care plan. This meant staff had access to relevant information about how the person should be supported with any communication needs.
- A staff member told us, "I understand what [person] is saying and if I'm not sure we work it out together."

Improving care quality in response to complaints or concerns

- Systems were in place that, should any complaints be received these would be managed appropriately. There was a complaints policy in place which was accessible to people. The registered manager described what action they would take if a complaint was received. This included, logging, recording and investigating the complaint and taking action were required. The registered manager also confirmed they would, keep the complainant updated and report to other professionals, as appropriate.
- The family member told us they could raise issues or concerns with the registered manager if they needed to and were confident that action would be taken. A health professional told us, "I have not had any concerns regarding the care for this person but I would feel able to address these with [registered manager] if any were to arise."
- No complaints had been received since the service registered with CQC.

End of life care and support

- The service was not providing end of life care at the time of our inspection.
- The registered manager told us, should the service support people as they approached the end of their lives, staff would receive all necessary training and support to ensure people were comfortable, dignified

and pain-free.

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.

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

- The registered manager had a good day to day oversight and knowledge of all aspects of the service.
- Registered domiciliary social care providers are required to complete monthly reports on their capacity and availability to provide additional care via a central government scheme. This information helps local authorities with planning for meeting the needs of their populations. The provider had been unaware of this however, during the inspection they registered for the capacity tracker and confirmed they will now be completing this as required.
- Effective governance was in place. There were systems and processes to assess, monitor and improve the quality and safety of the service. The registered manager told us they would monitor complaints, accidents, incidents and near misses and other occurrences should they occur. They told us they would, "check for patterns or themes," although there had been no incidents since they registered with CQC.
- The registered manager told us they planned to invest in a digital care planning system when the size of the service increased. They identified that this would better enable them to ensure an effective and responsive service was provided.
- Staff understood what their role was, in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care, which treated people with dignity and respect.
- Policies and procedures and relevant document templates were in place to aid the smooth running of the service. These were from an external policies provider meaning they were updated regularly should new best practice guidance be developed.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and was aware of what required notification to CQC.

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

- The family member felt the service was well-managed and told us they would recommend Ultimate care Agency to a friend or relative. They said, "Yes definitely I would recommend them."
- Staff also felt the service was well managed. All were positive about the support they received from the registered manager and felt they could go to them with any issues or concerns. One staff member said, "[Registered manager] is always available whatever time we call they always respond and come out [to persons home] if needed."

- The registered manager was also the provider for Ultimate Care Limited and had a clear vision for the service. They said their goal for the service was, "For service users to see improvement in wellbeing and feel they are listened to and that staying at home has been the best decision."
- The registered manager undertook formal planned and ad hoc supervision and support sessions with staff. This meant they could ensure staff were working in the way they should be and address any issues promptly.

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

- There were opportunities for the person and family member to provide feedback. The family member said, "We get a questionnaire every six months and [registered manager] is constantly monitoring. I've nothing negative to say about them."
- People had regular individual reviews during which they could provide feedback about the care and the service received. The family member felt able to contact the registered manager and was confident they would get a positive response to any issues or questions.

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 registered person understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered person described how this would be used if the need arose.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within the person's care records and from discussions with the family member and professionals.
- A health professional told us, "My experience with [registered manager] has been very positive; we have met to discuss support plans and staff approach. They seemed to know the person and her needs well, despite not having supported her directly. She had already identified actions/approaches for implementation for this lady before I recommended them! She was also receptive to any further recommendations I identified and was keen to try any strategies which may be of benefit."