Upward Care Limited

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Inspection report

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13 March 2017

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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

This inspection took place on 9 and 13 March 2017 and was announced. Upward Care Limited provides community support and personal care to people with physical and learning disabilities, mental health needs, and sensory impairments in their own homes. At the time of the inspection 57 people were receiving a regulated service. At the last inspection in October 2013, at a previously registered location, we found the provider was non-compliant in the area of quality and suitability of management, in relation to conducting reviews of people's care and support. At this inspection we found improvements had been made and the provider was now meeting the regulations.

There was a registered manager in post however they were not available at the time of the inspection. However, there was an acting manager who took day to day responsibility for the management of the service and they were supported by the operations manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff were aware of their responsibility to report any concerns about people's safety and knew how to escalate any concerns to the relevant authorities. People were supported to manage their risks by staff who were aware of the need to protect people from avoidable harm. There were sufficient numbers of staff available to provide people with the care and support they needed. The provider carried out safe recruitment practice to ensure staff who supported people were safe to work with vulnerable adults. People received their medicines as prescribed and there were system in place to ensure medicines were managed and stored safely.

People were supported by staff who received training to ensure they had the skills and knowledge to meet people's care and support needs. Staff told us training benefited their understanding and knowledge. People were asked for their consent before care was provided, and their capacity to make decisions had been assessed and recorded to enable staff to support them to make their own decisions where possible. People were happy with the food and drink they received and were supported to maintain a healthy diet. People received support to access relevant healthcare professionals where required which helped them maintain their health and wellbeing.

People received support from staff who were caring. People were supported to make their own decisions and these were respected. People were encouraged to maintain their independence and staff supported people in a way that respected their privacy and dignity.

People were involved in the planning and review of their care and support. Staff were aware of people's individual care needs and supported them according to their personal preferences. Information about changes to people's care was shared with staff to ensure people received up to date and relevant support. People and their relatives were aware of who they could contact if they were dissatisfied about the service

they received. There was a system in place to manage complaints and where improvements had been identified; the provider had made changes to reduce the likelihood of events reoccurring.

People told us they were happy with the support they received. Staff expressed confidence in the management team and provider and told us they could share any issues or concerns. People, relatives and staff had been invited to share their views on the service, and the provider used these responses to drive improvements across the service. The acting manager and provider were aware of their responsibilities in relation to their roles and had notified us of incidents and events as required by law.

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.

People were supported by staff who knew how to identify signs of potential abuse and were aware of how to report any concerns. Risks were assessed and managed to protect people from avoidable harm. People received support from sufficient numbers of staff, most of whom knew them well. People received their medicines as prescribed and systems to manage medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training relevant to their role, which they felt benefited their understanding of people's support needs. People were asked for their consent before receiving care and were happy with the food and drink provided. People were supported to access health care professionals when required and staff followed guidance from professionals to ensure people maintained their health.

Is the service caring?

Good

The service was caring.

People described staff as caring. Staff recognised the importance of people being able to make their own decisions and supported them to do so. People received dignified support from staff who supported them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care and support. People received support that was tailored to their

individual needs and took account of their personal preferences. People and their relatives knew how to complain if they were unhappy with the service they received and the provider had a system in place to manage and investigate complaints.

Is the service well-led?

Good

The service was well led.

People were happy with the care and support they received. People, relatives and staff had been invited to share their views on the service and their responses were used to identify and drive improvements across the service. Staff felt supported in their roles and felt able to raise concerns when they arose. There was a system in place to monitor the quality of care people received and this was used to make improvements where required. The provider had notified us of significant events as required by law.

Upward Care Limited

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.

This inspection took place on 9 and 13 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services to people living in their own homes; we needed to ensure that the manager would be available to assist with the inspection.

The inspection team consisted of one inspector and an 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 service. Their area of expertise was learning disabilities. Prior to the inspection we looked at the information we held about the service. This included feedback from people and statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we spoke to six people who used the service and 10 relatives. We also spoke with 14 staff members, the acting manager, the operations manager and the provider. We looked at four people's care records and records relating to the management of the service including systems used for monitoring the quality of care provided.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Staff being around makes me feel safe." Most of the relatives we spoke with felt their family members were safe, one commenting, "I do feel [person's name] is very safe. I have no concerns". A small number of relatives shared with us that in the past other people's behaviours had at times caused them to be concerned for their family member's safety, but these issues had since been resolved. Staff we spoke with were able to identify signs of potential abuse and knew how to raise any concerns they may have for people's safety. One staff member told us, "I would speak to one of the managers and if nothing was done I'd contact the police, CQC or the local authority". We spoke with the acting manager who demonstrated a good understanding of how to report to concerns to the local authority in order to protect people from avoidable harm. The provider had previously made appropriate referrals to the local authority safeguarding team and had notified us of these events as required by law.

People were supported to manage their risks by staff who were aware of how to keep people safe. Risks had been assessed and were regularly reviewed to ensure people were protected from avoidable harm. We spent time with some people in their homes and saw how staff supported people in a way that kept them safe. For example, where people became upset or agitated, staff encouraged them to spend time in quieter areas of their home so they had the time and space they needed. People's care records contained guidance for staff on how to support people who may present behaviours that could be challenging to others, and we saw staff followed this guidance as they supported people. Staff we spoke with were aware of potential risks to people and shared with us how they supported people in a way that minimised risk. One staff member said, "One person I support can lose their balance easily, so they have one to one support when out. While walking in the street for example they always link their arm in mine, this helps them feel secure".

People told us there were enough staff available to support them. One person told us they had built strong relationships with regular staff who knew them well. All of the people receiving support from the service had staff present in their homes throughout the day and night. Some people received one to one support for some or part of each day. One relative shared with us how pleased they were to be introduced to new members of staff, commenting, "The staff are very good, there's a new one starting and we've already been introduced to them". Two of the relatives we spoke with expressed concern about the consistency of staff and said they felt there was a 'high turnover' of staff. We discussed this with the operations manager and the provider who told us they were aware of the issues this could present to people and were actively trying to recruit staff. We visited a number of people in their own homes and found there were sufficient staff available to meet people's care and support needs.

Staff told us and we saw from records that before they supported people alone in the community the provider had carried out checks to ensure they were suitable to work with people. These recruitment checks included references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines as prescribed. People and relatives we spoke with told us they were confident they or their family members received their required medicines. One relative told us, "Staff support [person's name] with their medicines when needed". Another relative said, "[Name of person] gets their medicine every morning". Staff told us they had received training in how to safely administer people's medicines and that their competency to do this had been assessed by a senior member of staff. One staff member said, "I've done a medication handling course as well as training in administering emergency medicines. I was observed by a senior before I was signed off as safe to give medication." We observed people being supported to take their medicines and saw they were given a clear explanation from staff about the reasons they needed the medicine and were given time to ask any questions about this. Medicines were stored safely and securely in people's homes and Medication Administration Records (MAR) were audited daily by staff to ensure people received their medicines as directed and any errors were detected. One staff member told us, "As a staff member I sign to confirm the person has had their medicines and then after every 24 hour period there is an audit to make sure records are accurate."

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their care and support needs. A relative told us, "I think staff know what they are doing. They would know if [person's name] had a problem, because they understand them well". Staff told us they received training that gave them the skills they needed for their job roles. One staff member said, "I've had quite a lot of training recently, including training in epilepsy and managing people's behaviours. This has given me the skills to work with people. I think we are encouraged to develop and you can ask for more training if you need it". Staff told us they had received an induction when they started working at the service, which gave them a good introduction to people and their support needs. One staff member said, "I was supported through my induction by senior staff, they were helpful". The provider supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, at the time of the inspection some staff were in the process of completing the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings.

People told us they were asked for their consent before staff provided them with care and support. One person said, "Staff might encourage me to do things, but they never force me. If I don't want to do something, I just tell them." Staff we spoke with understood the importance of gaining people's consent and told us they had received training in the Mental Capacity Act 2005 (MCA). The 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 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. One staff member told us, "One person I support cannot make big decisions, but they show their consent and make themselves understood by their actions. For example, when they go to the door, we know they want to go out". We reviewed information about capacity in people's care plans and found they contained assessments of people's capacity and detailed decisions that had been made in people's best interests in accordance with the MCA. Where there were restrictions placed on people's rights and freedoms the provider had acted in accordance with the MCA and sought advice and support from the relevant authorities.

People told us they were happy with the food and drink they received. One person shared with us how the staff supported the people living in their house to prepare meals. They told us, "We take it in turns to cook, one night each and then on Friday's we have a takeaway". Relatives also expressed positive views about the meals their family members received. One relative told us, "The food is good; it's like home from home." Another relative shared how pleased they were as staff were supporting their family member to eat more healthily. We saw people's dietary requirements as well as their preferences were documented in their care records. For example, one person required a soft food diet to reduce the risk of them choking. Staff we spoke with were aware of people's individual needs in relation to food and drink and followed guidance available in people's records to support them safely. One staff member told us, "One person I support is in danger of choking and so they have thickener in their drinks and their food is mashed. We follow the advice from the Speech and Language Therapist (SALT). A SALT is a healthcare professional that provides support and care

for people who have difficulties with communication, or with eating, drinking and swallowing.

People were supported to maintain their health and access healthcare professionals when required. A relative told us, "Staff manage all of [person's name] health appointments and keep me updated." We saw from people's care records they had input from health professionals when needed and staff followed guidance given by community nursing teams and SALT. Staff were aware of people's health needs and knew how to respond to people's specific health needs. For example, changes in a person's physical health. One staff member told us, "We can usually tell if someone isn't well, and it's important to get them seen by a doctor as soon as possible." Staff told us, and records confirmed, they had received training in how to respond to emergency medical situations and were aware of the procedures to follow should someone become unwell.

Good

Is the service caring?

Our findings

People and their relatives told us they felt staff were caring. One person told us, "Staff will always help me if I need them, that's how I know they are caring". Relatives expressed similar views. One relative told us, "The staff are really nice, I have no complaints, that's why [person's name] is very happy there". We saw staff interacting with people and saw they had developed positive relationships with people. For example, in one person's home we saw a person laughing and joking with staff and the person deliberately seeking out a staff member to share the joke with them.

Staff were able to share examples of how they supported people in the way they preferred. One staff member said, "I think people know I genuinely care because I respect the things that are important to them. Like their personal routines, or their wish to be independent, these things are important and we [staff] need to recognise that." People told us staff listened to them and understood their needs and preferences. One person said, "Staff understand what I'm interested in and know what I like. The support I get is good because they know me." We saw people's preferences regarding their care and support were detailed in their care records. This provided staff with guidance about how the person wanted their care and support to be delivered.

People told us and we saw from care records that they had been involved in making decisions about their care and support and where this was not possible, people's family members had been consulted. A relative told us, "It's important that [person's name] has the right to make their own decisions. Their care isn't institutional, it suits them really well". Staff members were able to share examples of how they offered people choice when supporting them. One staff member told us, "It's important that people get to live the lives they want to live. People should be able to choose how they spend their time, and our role is to support them to do it." While visiting people in their homes we saw people were supported by staff to make decisions for themselves, including how they spent their money, what they had to eat and how they spent their time.

People told us staff supported them in a way that respected their privacy and dignity. One person told us, "I like my own space and staff respect that." Another person shared how staff supported them discreetly when playing pool, "Staff help me because my hands aren't that good, but I enjoy playing". Staff were able to share examples with us of how they protected people's dignity and privacy. One staff member told us, "With some people, they like talking to new people, but sometimes this could mean they get taken advantage of, so I'm conscious that they could be at risk if they share too much information about themselves". Another staff member said, "The person I support finds certain situations extremely stressful, so I try and pre-empt if something is about to happen, because the situation could become undignified for the person".

People told us staff supported them to maintain their independence. One person said, "I make my own decisions and go where I like. Staff might point things out to me, like if the weather's bad or something, but they always encourage me to do my own thing". One staff member shared with us how they encouraged a person to buy their own drinks when they were out, in an attempt to develop the person's confidence.

Good

Is the service responsive?

Our findings

People told us they had been involved in the assessment, planning and review of their care. One person told us they regularly had an opportunity to discuss their care and make sure their care plan reflected their current needs. The person told us, "We have meetings with staff where I say what I think about things, make any changes, things like that." We saw that staff had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. One staff member told us, "One person I support likes to be independent, their daily routine of setting the table is important to them". While visiting people in their homes we saw staff were aware of people's personal preferences and life histories. This included their interests and hobbies, who their friends were and their preference in terms of room decoration.

People received care that was responsive to their needs. Care records were individualised and contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. For example, one person's care records outlined actions staff should take when supporting a person whose behaviours might be challenging to others. Staff we spoke with were aware of this guidance and were able to clearly explain the steps they would take to try and reduce the person's agitation. Staff told us, and we saw, they reported any changes in people's needs to senior members of staff. One staff member told us, "If I notice any changes I tell the team leader. This then leads to an update in the care plan. If it's something bigger we would contact the office and they might contact the person's family or other professionals. Information then gets shared with us, so the person gets the right support". Staff told us they received updates on people's needs during shift handover meetings which were held daily. This meant staff were able to provide people with care and support that met their changing needs.

People and their relatives knew who to contact if they were unhappy with any aspect of their care. One person told us, "I say what I think to staff, they do listen". Relatives also knew who they could contact if they had any concerns. One relative told us, "I've raised some issues in the past but not really complaints. They always sort them out and say to contact them any time if I have any issues." Another relative shared, "I made a complaint and they dealt with it straight away". We reviewed records relating to complaints and found the provider had responded appropriately to any concerns raised. Investigations had been carried out in to allegations and an outcome had been provided to the complainant. We saw that where investigations had identified that improvements could be made, the provider had made changes to reduce the likelihood of events reoccurring. For example, reviewing and updating risk assessments to improve the guidance available to staff.

Good

Is the service well-led?

Our findings

All of the people we spoke with told us they were happy with the care and support they received from Upward Care. One person told us, "The staff are good and I get to do the things I like". Relatives, on the whole, were positive about the care their family member's received. One relative told us, "It's the individual staff members that give me faith in the care. Any problems I just call [name of staff member] and they sort it out". Staff we spoke with understood their roles and responsibilities and were motivated about their work. Staff spoke positively about the service and told us they felt it was well managed. One staff member said, "I think all of the managers are approachable. There is a level of detail which gives me confidence in the company". Another staff member said, "The support I've had has been brilliant. I've been through some difficult situations but I have always been supported throughout the process".

We saw from records and staff confirmed that the provider and management team were working towards creating a more open culture at the service and both the provider and the acting manager told us they encouraged staff to give feedback. The provider told us, "We do get complaints, and always investigate them; we encourage staff to raise concerns". We saw from records that staff had been contacted by the provider and invited to meet with them informally if they wished. Staff we spoke with confirmed this. They told us they would be confident in raising concerns with members of the management team. One staff member told us, "I've raised concerns in the past and this gives me confidence. My concerns were dealt with and I was given feedback. There is always someone you can speak to".

The provider had systems in place to monitor the quality of care provided to people. We saw that senior staff compiled weekly reports which contained a review of people's care and support. These were reviewed by the management team. Reviews had also taken place in relation to accidents and incidents to identify any trends, and we found appropriate action had been taken. The management team were open about areas in which they needed to improve and shared with us findings from recent incident investigations. The operations manager told us, "We always want to see what we can do better. We know communication is key to everything, and we need to keep improving". The acting manager demonstrated a good understanding of the requirements of their role and the provider had notified us of events and incidents as required by law.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the provider, acting and operation managers had been open and honest in their approach to the inspection, co-operated throughout and acknowledged the identified areas for development.

The provider had recently undertaken a survey to gather the views of people, relatives and staff. Although they had not received a high number of responses, they shared with us their plans to try and increase the amount of feedback they received from people and relatives. The operation manager told us, "The last format was different in terms of quality assurance; the forms were reviewed and revised to try and encourage more detailed responses". The provider held regular reviews of the service delivery and senior

staff were involved in addressing issues relating to staffing concerns, significant incidents and addressing staff practice issues.