Universal Care Services (UK) Limited

Universal Care Services Northampton

Inspection report

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16 February 2017
17 February 2017

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 14, 15, 16 and 17 February 2017 and was unannounced. The service is registered to provide personal care to people living in their own homes when they are unable to manage their own care. At the time of the inspection there were 59 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Care and support was not always delivered as described in people's care plan; people did not always know which staff were coming to care for them and some staff were not always spending the time with people that had been agreed.

The provider had recognised that changes needed to be made and had taken steps to improve the monitoring of the quality and safety of the service. The systems in place were yet to be fully embedded.

People were cared for by staff caring and kind. Care plans were person-centred and detailed people's preferences, likes and dislikes and past history. Risk assessments were in place which helped staff to deliver safe care to people and mitigate any identified risk.

Staff understood the need to protect people from harm and poor practice and knew what action they should take if they had any concerns. People told us that they felt safe. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and were supported to have access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

People had good relationships with staff that provided their care regularly. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management was approachable and both the people and the staff were confident that issues would be addressed and that any concerns they had would be listened to.

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 felt safe receiving care from staff in their homes as staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care

and support with the staff that regularly supported them.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place but staff did not always read them and follow them.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a transparent complaints system in place and
complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor the quality and safety of the service were being improved which meant we were unable to assess the effectiveness of them at this time.

People were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Universal Care Services Northampton

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 was unannounced and took place on 14, 15, 16 and 17 February 2017. It was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also sent out questionnaires to some of the people who used the service, their families, staff and other health professionals.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed the previous inspection report.

We contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited one person who used the service and spoke with four people, ten members of staff, which included five care staff, an administrator, a team leader, the registered manager, a regional manager and the provider. We also spoke to four relatives of people who were unable to speak for themselves.

We reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People and their relatives told us they felt safe with the care staff. One person said "I am quite at home with the staff; if I had any concerns I would just ring the office." Staff told us that they felt able to raise any concerns around people's safety or at risk of harm to the management and outside agencies. Staff had access to information on who to contact and an up to date safeguarding policy to support them. We found that all staff had undertaken safeguarding training and this was regularly updated. The registered manager had raised the appropriate notifications in relation to safeguarding issues, and investigated and took appropriate actions.

At our last inspection in February 2016 we found that peoples' individual care plans contained basic risk assessments to reduce and manage the risks to people's safety. At this inspection we saw that the risk assessments had improved and that they contained sufficient level of detail to instruct staff to help them to mitigate any risks identified. For example one person's risk assessment for manual handling included detailed information about the number of staff required and the equipment to be used. The provider told us that they continued to review the risk assessments to try and strengthen them further.

There were appropriate recruitment practices in place. People were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work. The registered manager reviewed staff checks every three years to ensure that people continued to receive care from suitable staff.

People told us that they felt there were sufficient numbers of staff to meet their needs. The provider told us they ensured they had sufficient resources before taking on new packages of care in order to meet people's care needs at a time people wanted. People told us that staff were usually on time and they were either informed if staff were running late or they contacted the office themselves if the staff were late. One person told us "The staff actually come on time most of the time." A relative commented "The staff usually keep to the time agreed." Staff we spoke with told us they felt there was enough staff as they had the time to support the people with their personal care needs; if they needed more time they just contacted the office to let them know. Staff rotas were well organised and people received care from enough staff to meet their needs.

People who required support with their medicines had care plans and risk assessments in place that instructed staff how to support the individual with their medicines and details of what medicines people were prescribed. A new electronic monitoring system ensured that any medicines which the staff needed to administer were recorded before the member of staff could complete their visit to the person, this minimised the risk of people missing any of their medicines. Staff told us that they were trained in the administration of medicines; training records confirmed that this was updated on an annual basis. There was an up to date policy about the administration of medicines.

Good

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an induction programme which comprised of five days classroom based training and a minimum of two days shadowing more experienced staff before working alone. One member of staff told us "The induction was enough; everything you needed to know was covered." Newly recruited staff undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff training included manual handling, safeguarding, first aid and infection control. The provider told us that they were planning on improving the staff training; they were in the process of recruiting a nurse to support staff with their training needs. People who used the service and their relatives told us that they felt the majority of staff were well trained. One person said "The staff have been trained for the equipment I need." Records showed that all staff had completed their training and received regular training updates that helped to refresh and enhance their learning.

All staff had regular supervisions which included 'spot-checks' undertaken by the team leaders and registered manager to ensure that staff delivered the care as planned. Staff told us that as part of their supervision and annual appraisals they had the opportunity to discuss their training needs and opportunities for development and progression. People received care from staff that received support to carry out their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA and had all undertaken training. Staff sought people's consent; people told us that staff always asked them what support they needed before they provided any care. People's care records included information about their MCA assessments and signed consent forms which people had completed prior to the service commencing.

We observed staff seeking the consent of a person before they supported them and staff were able to demonstrate to us through discussion their understanding of working within the framework of the MCA. Records included information as to whether people had any lasting power of attorney and following discussion with the registered manager and provider they agreed to ensure that sought confirmation from families of any power of attorney in place.

People were supported with their meals and drinks as planned People's care plans provided staff with details of the level of support each person required to eat and drink. Staff monitored people's nutritional intake and their ability to eat or swallow and reported any changes or concerns to the team leaders or

registered manager who then referred people to the appropriate health professionals. Where people were identified as at risk, staff maintained records of what they had eaten; this was reviewed by the manager and their family kept informed.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist.

Good

Is the service caring?

Our findings

People were supported by staff that they described as caring and nice. One person said "They [the care staff] are brilliant and very good." Another person said "My carer is very polite; they always check if I am happy." A relative commented "They are very good; [relative] is not the easiest person to deal with."

Care plans detailed people's preferences and choices about how they wanted their support to be given. People told us that most of the care staff took time to listen to them and respected their wishes. One person said "[Name of care staff] always asks me if I am happy with what they have done and to tell her if it is not right." Another person said "I prefer to have female only carers this has been respected."

Staff demonstrated their knowledge of people's likes and dislikes and spoke passionately about the people they cared for. One member of staff described to us how with humour they were able to encourage one person to walk more using their walking frame. They said "[Name of person] is lovely; they may get a little confused at times but they always tell you what they like; we have a good laugh together."

Peoples' privacy and dignity was respected. One person told us "I have no complaints; I am always treated with respect." Staff demonstrated how they maintained people's dignity by keeping people warm and covered up as much as possible when washing them; ensuring the care was carried out in a private area that was not overlooked. Staff asked people how they liked their care and encouraged them to be as independent as they could. One member of staff told us "It is important to put people at ease; I always ask them what they want to do for themselves first."

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. Some people were unable to make decisions for themselves or had no identified person to support them. Although the registered manager was aware that some people may require help from an advocate there was no information available. We brought this to the attention of the registered manager who agreed to address this immediately.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February 2016 we found that care plans were very basic and not person-centred. At this inspection we found that the care plans were now more detailed and included information about the person, their past history and their likes and dislikes, however, staff did not always read or follow the care plans.

One person told us "They [staff] do not always know what to do; I don't like having to explain all the time what they need to do." People did not always get regular care staff and relied on staff that were not familiar with their needs to provide their care at weekends. One person told us "Some of the staff are very caring but some are not so; I need a slide sheet to be moved in bed, some staff don't use it and say they don't need to, but they do." Although there was an expectation by the provider that all staff should sign a 'care plan acknowledgement form' to confirm they had read and understood the care plan, this had not always ensured that staff deployed at weekends had the required knowledge and understanding to support people's individual needs.

Daily records were kept and people told us that staff normally read them each time to keep up to date with their current needs. People's care plans were regularly reviewed and updated when necessary. One member of staff told us "I speak to the registered manager if I think someone needs more help and they will come out to see the person."

People were involved in their care planning. One person told us "They [registered manager] sat down with me and my husband and we discussed what I needed and when." A member of staff told us "The care plans are better some are really good." The registered manager explained that they try to match people with care staff who may have similar interests.

People met with the registered manager at Universal Care Services Northampton before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop a care plan for people. If the provider was unable to meet those requirements then the service was not offered.

There was information available in people's homes about how to contact the agency if there were any concerns or a need to pass on information. The provider had a system in place which meant people could contact a member of at any time. One person said "If I have any concerns I would ring the office."

Prior to the inspection we had been made aware of a number of complaints about the service. We saw that when complaints had been raised that they had been responded to in a timely way and actions taken. One person told us "[Name of registered manager] came out to see me when I made a complaint, promises were made and we have seen some improvement in the service." A relative told us "On the whole they try to resolve issues, 8/10 times they do."

Requires Improvement

Is the service well-led?

Our findings

The provider had recognised the need to improve their systems to audit and monitor the quality of the service. A new electronic monitoring system had been recently introduced which ensured that all tasks were completed before care staff left the person they had supported, this included medicine administration and also monitored the length of time staff spent with a person. However, we were unable to assess the effectiveness of this system at the time of this inspection as it had not been fully embedded.

There was a new regional manager in post who was working with the registered manager to ensure any information gathered from complaints, safeguarding investigations, feedback from people and audits of records were used to drive improvements within the service. However, again we were unable to assess the effectiveness of how such information had led to any changes or service development at this time.

Staff told us that they found the provider and registered manager approachable and supportive. One member of staff commented "If I have any concerns I would go to [name of registered manager]; she knows what she is doing and will deal with things." However not all staff felt they had the opportunity to raise suggestions to help improve the service. Although the registered manager had an 'open door' policy which enabled staff to contact them at any time there had been no staff meetings for several months. We brought this to the attention of the registered manager and provider; they immediately took action to address this and a staff meeting was planned.

The service had aims and objectives that were clear and staff were able to demonstrate to us their understanding about enabling people to live at home as independently and safely as possible. Staff were keen to deliver the best care they could to people.

People had been asked for their feedback about the service and we read a number of comments from people. One read 'All the carers that care for me treat me like a human being; I could not ask for better carers; even the office staff are always polite and caring." There was overall satisfaction with the service but there were some comments about the punctuality of some of the care staff and not having information about who would be providing their care each day. The new electronic monitoring system had the ability to monitor staff punctuality and the provider needed to consider what information they gave to people about who was supporting them each day.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The provider and registered manager were actively working with the local authority and other health agencies to develop a new model of care focussed on outcomes. The provider strived to provide people with the care and support they needed to live their lives as they chose.