

Unique Care Provider (UCP) Limited

Two Hoots

Inspection report

Main Road
Harlaston
Tamworth
Staffordshire
B79 9JX

Tel: 01827383855
Website: uniquecareprovider.co.uk

Date of inspection visit:
26 February 2019

Date of publication:
13 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Two Hoots is a domiciliary care agency, set up to provide care to people in their own home. At the time of inspection, there was one person using the service.

People's experience of using this service:

The person using the service felt safe and had confidence in the provider to act on any concerns. The person told us, "I feel safe now. I have no worries. I have people around me that actually care about me and I get on well with all my staff." The person and provider were honest about the fact that in the previous year there had been times when the care had not been good. The registered manager had taken action to rectify this, which included employing an entirely new staff team and reviewing how the company worked. We understood from conversations that in many respects this meant the service was starting anew and things were still settling.

The registered manager and staff worked closely with the person to involve them in changes and decisions over how their care was provided. This included involving the person in recruitment and staffing decisions. It was clear that the previous year had been difficult and we considered some areas of improvement with the registered manager, to ensure lessons were learned to prevent reoccurrence of events. The registered manager and operations manager were engaged with our inspection and open to feedback, to ensure improvements would be made. This included aspects of governance, record-keeping and quality assurance that needed to be developed to underpin safe, good care. Our judgements reflect what we found at the time of our inspection and the experience of the care the person had in their own home at the time of our visit, which was good.

Recruitment was ongoing to rebuild the person's staff team, however they felt there were enough staff to meet their needs. Safeguarding and risk management processes were in place, which staff were aware of and in which the person was involved. The person checked their own medicines and took them with support from staff.

The service focussed on good outcomes for the person and a promotion of their independence. The person and staff spoke warmly about each other and we observed caring, encouraging and respectful interactions. Training for the new staff was being rebuilt, but the registered manager was at hand to show staff what they needed to learn. Comprehensive care plans were in place to provide staff with person-centred knowledge. Care was personalised and responsive to individual needs.

The service continued to meet the characteristics of Good in most areas. More information is in the full report, which is also available on our website at www.cqc.org.uk.

Rating at last inspection: Good (22 September 2016)

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and checking relevant notifications

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 remained Good.

More information is in the detailed findings under Safe.

Is the service effective?

Good ●

The service remained Good.

More information is in the detailed findings under Effective.

Is the service caring?

Good ●

The service remained Good.

More information is in the detailed findings under Caring.

Is the service responsive?

Good ●

The service remained Good.

More information is in the detailed findings under Responsive.

Is the service well-led?

Requires Improvement ●

The service deteriorated to Requires Improvement.

More information is in the detailed findings under Well-Led.

Two Hoots

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Two Hoots is a domiciliary care agency, set up to provide care to people in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 72 hours' notice of the inspection. This was as this is a small service and we needed to ensure someone would be in. We also gave notice, so that the registered manager could check with the person to see if they would be happy to speak with us.

We visited the service offices and the person's own home, which are located on the same site, on 26 February 2019.

What we did:

Before the inspection

- We reviewed notifications we received from the service in line with their legal obligations.
- We looked at information the provider had sent us about the service in the Provider Information Return (PIR).

During the inspection

- We looked at the care records belonging to the one person using the service.
- We reviewed records of safeguarding investigations, accidents, incidents and complaints.
- We discussed quality assurance processes and checked recruitment, supervision and training information.
- We spoke with the person who used the service and observed interactions between them and their staff.
- We spoke with two care staff members, the operations manager and the registered manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The person using the service felt safe and confident with the support and care from their current staff team.
- The person told us, "Last year, some things happened, but they got sorted. They will never happen again. There is no risk for me now, I have no worries. The people I have around me actually care for me."
- The person and the staff team had confidence that the registered manager would listen to and address any concerns they may have. Staff were aware of safeguarding procedures.
- Staff told us they would feel confident to whistle-blow and this was supported by the provider's policy.

Assessing risk, safety monitoring and management

- A variety of risk assessments was in place to support the person safely. These included assessments of risks linked to specific health conditions, mobility support and risk of pressure sores. The registered manager reviewed risk assessments regularly.
- The person told us they did not like the use of a hoist, so other equipment was in use that worked better for them. We found that the person had input into the management of their own risk to promote their independence.
- We discussed that records linked to risk assessments at times needed to be kept more effectively. This had not impacted on the person's safety and we considered it under the question whether the service was well-led.
- An emergency procedure was in place and staff checked the person's fire alarm weekly. The registered manager was developing audits to include recording of health and safety checks.

Staffing and recruitment

- The registered manager had had to completely change the staff team due to previous issues. This meant there were some vacancies at the time of our inspection, for which the provider was recruiting. The person using the service told us, "For now, I have enough staff but we are in the process of employing more. We have the right number, but we need a few more, to take the pressure of some people." Staff agreed with this.
- There were three staff covering the majority of the shifts, with support from the registered manager, operations manager or informal, unpaid support by a family member, who may simply be spending time with the person in their own home.
- Recruitment checks were in place to ensure new staff were suitable to work with people who may be vulnerable as a result of their circumstances. Staff had worked along others and under the supervision of the registered manager until all their checks had cleared.
- Applicants had a first interview with the registered manager and a second interview with the person using the service. The registered manager discussed staffing options and arrangements with the person using the service, to ensure the person agreed with them.

Using medicines safely

- The person told us, "Staff check my medicines and I check them. I make sure staff have put the right tablets in my pot. Medicines are locked away – which is safer for me, so I am happy with it. It is safety for me and safety for everyone else."
- Staff signed a record to say they had supported the person with their medicines. The registered manager was supporting new staff around medicines management.
- The person told us staff were also aware of when to give their 'as required' medicines. For example, "I tell staff when I do not feel right, so they can deal with it straightaway. So there is a protocol for my [specific medicine] and risk assessments, for when staff need to administer it."

Preventing and controlling infection

- Staff kept the person's own home clean and hygienic.
 - Hand sanitising gel and personal protective equipment, such as gloves and aprons, were available for staff.
- The need for good infection control was highlighted in care plans.

Learning lessons when things go wrong

- Staff explained that the purpose of recording incident and accidents was to learn from them and prevent reoccurrence.
- The last incident had been recorded in 2018 and the registered manager had reviewed this with staff to learn from what had happened. .
- We discussed opportunities for further development of quality assurance processes with the registered manager, to help learn from lessons and prevent reoccurrence.

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

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; 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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The person confirmed staff always sought their consent before providing care. They said, "Staff would never force me to do anything." The person also confirmed their right to make choices was supported, for example, "I have lots of tattoos – that is my choice."
- Legal arrangements were in place regarding certain decisions and the person told us they agreed with these.
- There was a focus on good outcomes in care plans, such as support to the person's health and well-being.
- The person chose not to be supported by district nurses. The registered manager had agreed with the person that they would employ a part-time nurse instead. We clarified the need to review the provider's registration if staff employed by the service were to provide nursing care.

Staff support: induction, training, skills and experience

- Staff felt well supported. A staff member said, "The registered manager is always around and there for us to speak to."
- Staff supervisions and monitoring of staff competence took place. Staff completed online learning on a variety of subjects. The registered manager explained training was in the process of being redeveloped together with a new training provider.
- The evidencing of training completion, particularly practical manual handling, needed to be clearer. Staff had access to the Care Certificate, a recognised induction standard, as well as vocational qualifications.
- The person felt staff were competent in their role. They were aware that more training was to be arranged for staff and were happy with this. The person told us, "[Staff] do get shown, but if they are not sure they get [the registered manager]. If they have an issue, such as broken skin, they get [the registered manager]. It will take some time to learn, as they are complex procedures."

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

- The person had enough to eat and staff were aware of the person's food preferences. We considered with the registered manager how working with the person around different healthy options could further promote their wellbeing.
- Staff monitored how much the person had to drink, as this was particularly important for their health. We found that records and actions around this needed to be clearer.
- The registered manager agreed with the person a creative way of having their drinks, which would also help with the recording of fluid amounts consumed.

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

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

- The person had regular appointments at specialist hospitals, to support their specific health needs.
- The person had access to a GP when they needed them.
- The person's daily diary had been developed to record information and outcomes.
- The person was supported and encouraged to use their "own gym" in the back garden, to promote their physical wellbeing.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The person and staff spoke warmly about each other.
- The person had confidence in their current staff team, but also told us about events in the previous year, from which they and the registered manager had learned.
- The person told us, "What happened last year, we never had it that bad. But that was last year. I know what to look for in a person now. I now have people around me that care for me, that really want to do things for me."
- The person said, "If I needed something, even emotionally, I could talk to staff. I have tried to talk to staff about things and it really helps. I think it helps them and you, it helps with the connection."
- Staff spoke about the person with kindness and knowledge of their preferences.
- We asked a staff member how they ensure they treated the person with respect. They told us, "By respecting their wishes and giving them the respect they deserve, treating [name] as an individual. [Name] has their own views, we discuss their computer games, they are an independent person, who says how they likes things and I support them with that."

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 involved in the planning and delivery of their care.
- There was a focus on maintaining the person's independence.
- For example, the registered manager had supported the person to have a specially customised bike, to get around on. The person told us how much this had helped with their independence and mobility.
- The person said, "That bike, I can go anywhere on it, it means I can go to places independently. It is an amazing piece of kit."
- The person raised no concerns regarding confidentiality and staff were mindful of protecting this.
- Staff gave us examples of how they protected the person's dignity at sensitive times and we observed this.
- We observed staff engaging with the person in a respectful and supportive way. When the person did their gym exercises, we saw that staff were kind and encouraging.
- The registered manager had arranged for staff to receive training in the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

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

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

- There was a comprehensive care plan in place to inform staff of individual needs. This included a life history, as well as information about health conditions and risks.
- Staff told us they were still familiarising themselves with the care plan and not all had signed for their awareness.
- We discussed consistency in care plans, such as linked records, as part of the service's record-keeping.
- The person had the option to be involved in the development of their care plan. They told us, "I looked at it once, but as far as I am concerned, it is for staff. I do not really want to get involved. It has got all the important phone numbers, my condition, what staff need to know. It helps staff to understand that my condition is life-threatening."
- The person felt the care they were receiving met their needs.
- They told us they went on holiday once a year, with their family and a staff member. The person told us about a particular holiday and how accessible the beaches there had been.
- The person used their specialist bike to travel into town, accompanied by staff. The person explained, "I want staff to be with me, as I feel safer that way." We understood that when the person's staff team grew, their community outings would also increase.
- The person told us they would like to explore more social connections with others. They told us the registered manager would be able to help them with this.
- The person's care plan detailed approaches for staff to support communication with the person, to ensure information was clear for the individual.

Improving care quality in response to complaints or concerns

- The person confirmed that when they had had a complaint, the registered manager had resolved it.
- The person told us, "We also have a team leader now. [They are] very good at addressing things." The person told us they could always raise a complaint to the team leader, if they needed to.
- The registered manager checked with the person using the service before a new staff member's probationary period was completed. This was to check whether the person was happy with that staff member's support.
- There was a complaints log book in use, however this had been used for staff complaints. We discussed with the registered manager that it would be good practice to formally record the person's complaints and resolutions of these.

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

Leaders and the culture they created support the delivery of inclusive, person-centred care. However, some aspects of record-keeping and quality assurance needed to be improved to ensure high quality care through consistent service management.

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 sent statutory notifications to CQC to inform us of changes to their details. However, we clarified in light of the staff performance issues from the previous year, the need to consider notifying CQC of investigations into potential allegations of abuse. We highlighted that this was necessary if performance concerns, such as poor care, amounted to possible neglect, although the registered manager had taken all appropriate actions.
- These notifications are important to inform CQC's monitoring of services and identify any risks. The registered manager had previously notified CQC of clearly identified safeguarding investigations.
- Record keeping needed to improve, to ensure consistency of information and evidence.
- For example, a pressure sore prevention care plan stated a 'Waterlow score' should be completed every month, but this had not been done. This score assesses different factors that can change, that may make the person more likely to be at risk of pressure-related sores. Staff had however carried out appropriate checks of the person's skin.
- We also discussed that evidence of the training staff had completed to ensure their competence needed to be more effective.
- The registered manager had identified the significant quality issues in the previous year through their checks. However, they were honest that these should have been identified much sooner. Therefore the registered manager needed to develop more frequent and effective audit and quality checks, to ensure consistent service delivery.
- The registered manager discussed with us that they would introduce a more comprehensive and monthly check, rather than the previous quarterly audit.
- The registered manager was working with a Human Resource specialist to support the quality and performance management aspects of the service.
- We found all of the staff we met on inspection warm and welcoming. The registered manager and operations manager engaged positively with our inspection and were motivated to implement changes following our feedback throughout the day.
- Ratings from the last inspection were displayed in the service offices.

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

- A staff member said about the registered manager, "[Name] is not like the managers I used to have. She knows her stuff about [person using the service], she is good at drawing the professional boundary. She will

come over and tell you what to do."

- Staff supported the person using the service as an individual, to explore their own interests, to develop and maintain their independence.
- The detail in the person's care plan promoted insightful care of individual, specific conditions. However, the support the person received recognised them as an individual with unique interests and needs. We felt privileged that the person also shared these with us when we spoke with them.
- The person told us, "I think my service is running well at the moment, I have no issues and no complaints. Things are moving forward." The person praised particular staff for trying to sort out whatever was needed. "I have never seen anybody work so hard."

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

- Staff told us they enjoyed working at the service and felt very welcome. Staff felt that things were constantly improving and going well.
- Managers were always available for staff to speak to. Staff told us that managers were very supportive. Team meetings for all staff had not taken place over the last few months, but the registered manager informed us they were to recommence in March.
- Following our conversation with the person using the service, they asked the registered manager to also take part in the team meetings. This meant the staff and the person would have regular opportunity to come together for discussions and to develop the service.
- The registered manager explained how they involved the person in the design and delivery of the service. They said, "We try 'pilots' of different types of staffing, then discuss with [person's name] how they think it went and what they would prefer."
- The person was content with the care at the moment and stated, "It is working well. I do know it can be hard for both [those delivering and receiving care], but we make sure we get 'breaks from each other'."
- The managers and the team leader had weekly meetings to ensure they were up to date on developments. A handover book supported communication of any issues between staff.
- Staff were scheduled to receive a yearly appraisal, which was a positive development.
- A comprehensive staff handbook and policies were in place to guide staff in their role.

Working in partnership with others

- As the service was 'trust funded', there was no current involvement of local authority commissioners. However, the registered manager had contacted clinical commissioners to seek partnership working.
- The person and the registered manager also maintained connections with specialists at hospitals, for example in Southampton, Salisbury or Sheffield.
- The provider had purchased a defibrillator, which was installed on the outside of their office buildings in a public space. This was available to those members of the public trained to use it.