

U&I Care Limited

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Inspection report

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Tel: 01925415073

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26 March 2019

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19 June 2019

01 July 2019

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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

U&I Care Limited is a domiciliary care agency providing personal care and support to people living in their own houses in the community or within the family home. It provides a service to adults. The service was supporting 5 people at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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 this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care and support was delivered on an individual basis as people either lived on their own or with family members. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities that were meaningful to them and to experience new activities with varying degrees of success due to people's general dislike of change.

We were told of several examples when the service had been exceptional in responding to people's needs. For one individual their social worker told us it would have a life changing effect. People had opportunities to connect with other people using the U&I Care Limited services with attendance at social clubs, discos, dinner clubs and with the wider community. We saw that in some cases people had forged friendships with others.

During the inspection of the service we were told that some difficulties had arisen between family members and the service. A relative reported that this was usually around information sharing and activities. We were told that this had improved of late. We discussed with the manager ways to improve this aspect of the service. The possibility of working groups as a way forward to manage family's expectations in line with legislation as people transitioned from children's service to adult services.

People felt safe with the support from staff and showed us in their own individual ways that they were happy with their care. The service worked very hard to promote inclusivity and people's diversity was embraced,

staff demonstrated this with their knowledge of how people communicated and made their needs and wishes known.

Staff told us that they were proud to work for U&I Care Limited and we saw there was a genuine affection for the people they supported. There were processes in place for staff to access support at any time and we were told by staff that they felt supported by the management team. Records clearly showed that staff also received formal supervision, appraisal and regular training.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

You can see our findings in the Effective section below.

Is the service caring?

Good ●

The service was caring.

You can see our findings in the Caring section below.

Is the service responsive?

Good ●

The service was responsive.

You can see our detailed findings in the Responsive section below.

Is the service well-led?

Good ●

The service was well-led.

You can see our detailed findings in the Well-led section below.

U&I Care 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 as part of our regulatory functions. This inspection checked 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 team

The inspection was carried out by one 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.

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

Due to the nature of the service, we informed the provider of our inspection plan. This is because the provider operates a number of care homes as well as the domiciliary care service using one large staff team. For the domiciliary care agency, inspection activity started on 26 March 2019 and ended on 01 July 2019. We visited the office location on 08 May 2019.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we visited the office, we looked at one person's care records and checked records relating to staff administration of medicines. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment supervision and training information for nine staff, as staff work across all U&I Care Limited services. We met with three people receiving support in a social setting and observed the care and support that they received, as well as the relationships between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experience of people who could not talk with us. We spoke at length with 22 members of staff who work across all U&I Care Limited services including, support workers, senior staff, the service manager, the registered manager, a director, human resources and the behaviour support psychologist.

We spoke and met with three of the five people supported by U&I Care Limited, we spoke with one relative and a social worker linked to two people receiving support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to robustly ensure that suitable staff were employed. This was a breach of regulation 19 (Fit and Proper Person) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 19.

- At this inspection we found thorough assessments had been undertaken of the suitability of staff to work with vulnerable adults.

Using medicines safely

- Staff received training and support so that they managed medicines safely.
- Senior staff audited medicines regularly and checked that staff were administering medicines safely by observing their practice.
- People were supported to be as independent as possible with their medication.

Systems and processes to safeguard people from risk of abuse

- Staff told us that they received training in safeguarding adults as part of their induction.
- Most staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. We discussed with the manager that the more longstanding staff revisit some of the organisations policies on safeguarding and whistle-blowing. The manager informed us that this had already been covered with further training organised due the recent management restructuring.
- People told us or showed us with their body language they were comfortable with and around staff; one relative told us changes were made to staff when there were miss-matches in personalities.
- The provider told us that it was important that staff built good relationships with the people receiving support.

Assessing risk, safety monitoring and management

- Risks were assessed relating to staff working in people's homes. Although CQC do not regulate the premises for this service, risk assessments were completed to ensure staff safety.
- People had a variety of risk assessments in place according to their needs and activities. These promoted positive risk taking so that people had opportunities to experience new things.

Preventing and controlling infection

- Some people using the service live in their family home. Those who live in their own homes received staff support to them help keep their homes clean and tidy.

Learning lessons when things go wrong

- Staff completed incident and accident reports and were supported to reflect on the incident to help prevent further occurrence.
- Incidents were analysed and reported to the senior staff and strategies to better support people were developed in consultation with the behavioural support psychologist employed by the service.
- The services manager and the registered manager of the service had a good oversight of all incidents occurring in the U&I Care Limited service portfolio.

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 available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People we spoke with supported by U&I Care Limited told us they were looked after and supported to do the things they liked.
- One person told us "I chose what to do and when to do it".
- We met with one person who was being supported to a social event by a favoured member of staff who was employed in the office. This demonstrated that staff were flexible and worked to meet people's needs.
- Care plans were thorough and comprehensively covered people's needs and preferences. We found the standardised format of the plans meant sometimes information was recorded when not required or relevant to the individual.

Staff support; induction, training, skills and experience

- New staff received induction training into the role covering the standards in the care certificate. There was an assessment of staff skills after the training. Some new staff were not offered a permanent contract if they had not reached agreed standards at the end of their probationary period. This helped ensure staff had the right skills and qualities for the role.
- Staff told us they had ample opportunity to meet the people they supported and time to given time to get to know them.
- Staff told us they were never asked to undertake tasks they did not have the knowledge or training to do.

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

- Staff supported people with eating and drinking in accordance with their health and cultural needs.

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

- We spoke with a social care professional who told us the service had been very effective in managing difficult behaviours presented by individuals for whom they had a acquired support.
- We were told "The contact is really positive, they are very flexible and that the work has resulted in better outcomes for them".

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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- We saw that mental capacity assessments and tests to consider whether people were being deprived of their liberty had been completed.
- We discussed with the services manager where they had identified to social workers that people may be being deprived of their liberty. The local authority in these cases needs to make applications to the Court of Protection; however, we understood that there was a backlog of applications. We therefore asked the service to keep evidence of when they had followed up on application progress with the local authority.
- We saw evidence the service supported people to make a variety of decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy and dignity and independence

- Staff were fully familiar with people's likes and preferences including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.
- We were told by a relative staff were genuinely interested in the people they supported.
- Staff told us they think of the people they supported as either friends or family.
- We read a compliment from one of the commissioners saying that parental feedback had said, "Nothings too much trouble, they [the relatives] have been very positive about your commitment and skills in supporting [name]."
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring conversations between staff and people during social activities.

Supporting people to express their views and be involved in making decisions about their care

- We saw evidence people were involved in the planning of their care. We found the service had used various methods to incorporate people's wishes.
- Care plans incorporated how the individual communicated, and how they identified their wishes. We saw examples of planning for and some trial and error attempts to engage in new activities.
- The staff enabled people to "vote with their feet", to leave situations when they were uncomfortable or overwhelmed and they worked flexibly so that people could remain in control of their lives.
- When people were unable to make decisions about their care advocates were involved in the planning to support them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People were seen very much as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage participation with activities and maintain or re-establish contact with family in line with their preferences.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw information was provided to people in a variety of ways, including picture books, Makaton (this is a specialist sign language used to communication with some people with learning disabilities), and audio information.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home. Staff supported people to attend clubs externally or visit friends and attend community activities. People led their own activities programme and decided whether to participate or not.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure, improvements had been made to the management structure which supported clear lines of accountability.
- A relative told us that concerns they made were responded to effectively, but there were some difficulties when they were asking for information in respect of what their relative had been doing.
- We suggested the service improve the quality of recording the complaints made by people using the service. We found some examples where people had raised concerns and while we could see the action taken in their care plan, this had not been logged as a concern.
- Records of complaints acted upon can provide good clear evidence that the service is responding and acting on the information raised.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance ensured high quality, person-centred care; supported learning and innovation and promoted an open fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly identify shortfalls in the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management restructuring had assisted the service to make the necessary improvements. The improved structure and the audits in place were effectively monitoring the service and needed time to embed and achieve the necessary consistency.

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

- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "It's not like being at work; it is like a family here. We work as a team and get things done." Another staff member told us, "The teamwork is wonderful." Another told us "I am very proud to work for U & I Care".
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team were engaged and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and 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

- Improvements had been made to the structure of the management team since the last inspection. This was seen as a positive move. The service had employed a service manager and this had created another layer of management to monitor performance and outcomes of the service. It also afforded another level between them and the registered manager who also owned the business.
- The service manager was knowledgeable, very experienced and well respected by people and staff. Staff also spoke highly of their individual line managers and the support they received from them.
- Managers had sent notifications about specific events to CQC in line with legal obligations.
- Ratings from our last inspection were displayed on the provider's website and within the service.

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

- We saw that staff enabled them to retain their independence and they supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- Staff told us that the service was multicultural and people's faith and their diversity was acknowledged for them and those using the service. The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- The service has a long history of working with other organisations to support people moving from children's services into adult services.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where things had not gone as well as they could, the service had analysed in detail what had not gone well and what measures needed to be put in place to improve the quality.
- The appointment of a behavioural psychologist has assisted in identifying potential behavioural challenges at an early stage and support to develop suitable strategies to support people effectively.