Mrs Tracy Birkin

Universal Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 June 2016. This was an unannounced inspection.

At the time of our last inspection in December 2013, Universal Care Services was found to be meeting all of the essential standards relating to the quality and safety of care.

Universal Care Services provides a domiciliary care service to four people in a shared living environment.

There was a registered manager in post. 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.

The service was safe because people were protected from the risk of abuse and avoidable harm and staff were aware of the processes they needed to follow. People were supported by enough members of staff who knew them well enough to ensure their needs were met. We also found that people received their prescribed medicines as required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively. People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed. People were also supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were very kind and caring. People received the care they wanted based on their personal preferences and likes and dislikes because staff were dedicated and committed to getting to know people well. People were also cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand. People were also encouraged to offer feedback on the quality of the service and knew how to complain.

People were actively encouraged and supported by staff to engage in group and individual activities that were of interest and important to them. People were also supported to maintain positive relationships with their friends and relatives.

The service was not always well led because quality monitoring processes had not always identified areas for improvement such as record keeping. However, this was not found to have had a negative impact on the people that were receiving a service and everyone we spoke with were complimentary about the registered manager.

Staff felt supported and appreciated in their work and reported Universal Care Services to have an open and honest leadership culture.

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 protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported by staff to engage in group and individual activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had some quality monitoring systems and processes in place, but these had not always been effective in identifying shortfalls found during the inspection, mainly surrounding record keeping.

Everyone we spoke with were consistently positive about the registered manager and staff felt supported and appreciated in their work. They reported Universal Care Services to have an open and honest leadership culture.

Universal Care Services

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 was an announced inspection. We gave the provider 48 hours' notice to let them know we would be visiting the service, because we needed to ensure someone would be available at the office. The inspection took place on 8 June 2016 and was conducted by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people by Universal Care Services.

During our inspection, we visited both the office location and the shared house where the four people who used the service were living, with their consent. Some of the people living at the home had complex care needs and were unable to tell us about the service they received; therefore we contacted their representatives to see what they thought of the care their relatives were receiving. We spoke and spent time with one person who received a service from Universal Care Services and one relative. We also spoke with four members of staff including the registered manager, a team leader and two support workers.

We reviewed the care records of three people, to see how their care was planned and recorded. We also looked at training records for all of the staff that worked for the Provider and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including feedback surveys and forums, health and safety audits, compliments and complaints as well as the policies and procedures for the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they were happy with the care that people received from Universal Care Services and they were satisfied that people were safe. One person told us, "They [staff] look after me here". A relative said, "I cannot fault them; I know [person's name] is safe". When we visited the shared house, we saw that people looked relaxed and comfortable in the presence of staff and staff interacted in a kind and supportive way with people.

All of the staff we spoke with felt that the Provider promoted the safety of people. Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training which is mandatory; we do it every year to make sure we are up to date. If I noticed anything like changes in a person's behaviour or emotionally, I would speak with them and I would report it to the manager straight away; I know they would deal with it". Another staff member said, "There are different types of abuse, physical, emotional, neglect and there are signs and symptoms we look out for like marks [on their body], bruising, changes in behaviour or emotions, weight loss, or unkempt appearance; I would talk to my manger about it and go through the processes, social services, CQC, the police if needed, but I know [registered manager's name] would deal with it straight away". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that there had not been any safeguarding concerns raised since their last inspection.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "We have emergency and basic first aid training; in an emergency we would call 999". Another member of staff said, "If a person had a [epileptic] seizure, we would move any obstacles and try to make the environment safe for the person and call emergency services". Records we looked at showed that people had generic risk assessments in their care files and these were not always specific to people's care needs or sufficiently detailed. However, staff we spoke with told us that they had worked with the people who were receiving care from them for a long time. We found that staff knew people's individual needs well and knew how to keep people safe, without relying on these documents. Therefore, this lack of written information had not had an impact on the safety or care that people were receiving at this time. However, the registered manager recognised the benefits of robust risk assessments and care plans and assured us that this would be an area for development.

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One person told us, "They [staff] are always here". A relative we spoke with said, "There is always someone there 24 hours a day and they make sure people get what they need and do the things they want to do". We found that staff were available at the shared house for people at all times throughout the day and night and that staff accompanied people to go out, if they required staff support to keep them safe in the community. Staff we spoke with did not raise any concerns about the staffing levels within the service. One

member of staff told us, "There is always someone around to help out if we need it". Another member of staff said, "[registered manager's name] is always on call to help out if we need it". The registered manager told us that all of the people who use the service have a weekly activity planner which includes the activities they want to do or appointments they need to attend that week and the staffing schedule is planned around these and is reflective of people's needs.

We were told that all of the people living at the shared house required support to take their medication and that all staff had received training on safe administration and management of medicines. One member of staff we spoke with told us, "They [people] all know when they are due to have their medication and they come to us for it. It is locked in a cupboard and once we have given it to them and seen them take it, we mark it down as administered on their MAR (medication administration record)". The staff we spoke with were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early such as hand overs between staff and monthly MAR chart reviews overseen by the registered manager.

Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Good

Is the service effective?

Our findings

Everyone we spoke with and records showed that the staff that provided care had the knowledge and skills they required to do their job. One person told us, "They [staff] are good". A relative we spoke with said, "The staff are good; I was a carer myself for 20 years so I know what I am looking for and they do have the knowledge and skills to do the job". One member of staff we spoke with said, "We do lots of training including additional training as well if it is of use to us; I have recently done a degree and [registered manager's name] supported me to do this". The registered manager told us that they used an external training agency to provide face to face training to all members of staff on an annual basis. This meant that all staff training was due at the same time which made it easier for the registered manager to monitor when updates were due. However, we found that one member of staff had recently joined the service and had not received a training induction. The registered manager told us that they do not currently offer an induction training programme as they do not have a high turnover of staff. They told us that this member of staff had worked for them previously and whilst they had not undertaken refresher training within the last 12 months with the provider, the training they had done previously with the provider was still valid. They also explained to us that they had received additional training elsewhere in their previous role and that the member of staff was able to demonstrate their competencies to the registered manager at the time of recruitment. We also found that this member of staff was able to demonstrate their knowledge and skills to us during our inspection. Nevertheless, the registered manager recognised the need to be able to offer a comprehensive induction programme to new members of staff and they were currently considering alternative training options such as e-learning programmes.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and that staff felt supported in their jobs. One member of staff told us, "We are very supported; [registered manager's name] is a very supportive employer". Another member of staff said, "I have supervision regularly, but if I ever need to know anything, I can always ask". They said, "[registered manager's name] pops in regularly to see us and she or whoever is covering for her is always available on the phone if we need anything".

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We always give people choice and the opportunity to make decisions for themselves when they can". Another member of staff said, "We encourage people to be as independent as possible and this includes making their own decisions and giving people choices". However, it was not always clear from the records we looked at that the provider had taken in to consideration people's capacity to make decisions and the processes they had followed to make decisions on behalf of people in their best interests. For example, in one person's care plan and risk

assessment we saw that they, "Should be discouraged from drinking alcoholic beverages", but it did not identify why or what the risks were for the person if they were to drink alcohol or what this person's level of capacity was to make an informed decision as to whether they wanted to consume alcohol or not. Nevertheless, we found that both the provider and the staff were able to articulate the rationale for why certain decisions had been made and the processes they had followed. These included liaising with health and social care professionals as well as peoples representatives. However, the provider recognised the importance of recording these processes formally to ensure that they can evidence that they are protecting the rights of people they provide care for lawfully.

The MCA (2005) also requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and to notify the local authority, who will in turn submit an application to a 'supervisory body' for the authority to deprive of a person's of their liberty in order to keep them safe, for example. This is known as the Deprivation of Liberty Safeguards (DoLS). The provider was able to articulate their understanding of DoLS and was aware of their responsibilities within a community service. There were no DoLs applications in process or authorisations in place at the time of our inspection because all of the people living at the shared house had the autonomy to come and go as they pleased, either with or without the support of staff.

People we spoke with were happy with the food that the staff prepared for them. One person we spoke with told us, "The food is good, they [staff] are good cooks!" Staff we spoke with told us that there were no set meal times and that meal times were based on individual people's daily routines. One member of staff said, "Sometimes people eat together, other times people eat out… it varies". Staff we spoke with also told us that they prepared all of the main meals on site but they always encouraged people to join in with meal planning and preparation to ensure people had food that they enjoyed. One member of staff told us, "We encourage people to get involved in preparing meals to promote their everyday skills but we always support them". Another member of staff said, "We sit down all together once a week to plan the menu's with people, we discuss what they [people] would like and what we haven't had for a while and make sure everyone is happy with what they are eating; no week is the same".

We saw that nutritional risk assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that the service monitored peoples' weights to enable them to identify any significant changes or potential risks to their diet and/or physical health and people were encouraged to maintain a healthy balanced diet and physical fitness.

We found that people were supported to access doctors and other health and social care professionals as required and to attend any appointments as necessary. A relative we spoke with told us, "If [person's name] is unwell or needs anything, like to go to a GP appointment or anything like that they always support [person's name] and let me know". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Good

Is the service caring?

Our findings

People we spoke with were consistently positive about the caring approach of the service and the individual staff members. One person we spoke with said, "They [staff] are nice, they look after me". A relative we spoke with told us, "They [staff] are brilliant; I can't fault any of them, they are all lovely. I can't praise them enough". They said, "[Person's name] has come on leaps and bounds; I am reassured that she is there and being looked after by them".

From visiting the shared house and observing the interactions between the staff and the people that they supported, it was evident that staff had developed positive relationships with people and that people felt comfortable in their presence. We saw staff interacting with people with warmth, compassion and with an appropriate level of humour. Relatives we spoke with told us that this extended to their contact with the staff too and that they had also built 'trusting' and 'supportive' relationships with the staff. One relative told us, "They are brilliant, I find it difficult to visit now but they bring [person's name] to see me every fortnight. They have a chat with us and then leave us to it, to give us some personal time together and privacy, but I have their mobile numbers if I need anything. They are very supportive".

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. They said, "We get to know people well and we do things with people that they enjoy which helps us to build a rapport. We also do things that we both enjoy together and encourage people to try new things and develop new shared interests together". Another member of staff said, "We know what people like and their interests because we have gotten to know them over the years". Records we looked at showed that people had personal profiles that had some detail about their personal histories and people and things that were important to them.

During the inspection, we saw that staff adapted their communication and interaction skills in accordance to the needs of people. For example, we saw staff repeating what a person had said to clarify that they had heard correctly and to validate that they were listening to a person attentively. This also enabled staff to ensure people were involved in their care. Everyone we spoke with told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One member of staff told us, "We have daily dialogues with people to make sure they are happy and to discuss any issues or concerns they may have or if they want to change any of their activities or plans for the day". Another member of staff said, "We are always talking to people and asking them what they want or need". We saw that staff supported people to offer their feedback on the service they were receiving and to make any suggestions or changes to their care.

During our inspection, we found that people were encouraged to maintain their individuality and independence. For example, we saw one person had visited the local shops independently to get a newspaper and shared the football news with staff which they were particularly interested in. Staff we spoke with also told us of how they supported people to develop their everyday skills, such as cooking, shopping

and house work. One member of staff said, "One person likes to wash-up so we encourage that as it helps them to maintain their everyday skills". We saw that rooms were personalised and people were able to express their individuality. We also found that staff were mindful of the need to respect people's equality and diversity. One member of staff said, "Everyone has different needs and interests, so whilst we treat everyone fairly, we respect them as individuals".

A relative we spoke with told us that staff treated people with dignity and respect and staff we spoke with were able to explain how they respected people's privacy. One member of staff said, "We respect everyone, we are mindful that this is their home and we are visitors, there to support them". Another member of staff told us, "We are mindful of gender boundaries and minding people's privacy; we always knock before we enter bedrooms and wait for people to welcome us in to their space as we work in their homes".

Good

Is the service responsive?

Our findings

We found that people and/or their representatives were consulted about their care; this ensured that people received the care they needed in the way they wanted it. We saw that staff had spoken to people about the service and engaged in conversations about whether they were happy or if they wanted anything in their care plans to be changed.

We found that people were supported to engage in activities that they enjoyed. For example, we saw staff talking to one person about football and liaising with an external agency regarding their planned football practice. We also found that people were supported to continue with hobbies and interests, including voluntary work commitments. We saw that people had items in their rooms which promoted their engagement in activities that were of interest to them. We also found that staff would strive to keep people engaged with people who were important to them and in activities within the community. One member of staff told us, "We are mindful that people have their own hobbies and interests, so we make sure that our time is planned fairly to ensure everyone has an opportunity to do the things and go to the places that they enjoy; we do group activities too but we also make sure people get to do things individually".

Everyone we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One relative told us, "They send out questionnaires every now and again". Staff we spoke with told us, "We have staff meetings where we can offer our suggestions and we have meetings with the residents [people] about their feedback". We saw that staff made every effort to seek feedback from people using the service and surveys were sent out to their relatives.

During our inspection, we saw that the provider had a complaints procedure in place and the registered manager was aware of their roles and responsibilities in managing complaints. They told us that there were no outstanding complaints and everyone we spoke with told us they knew how to complain. One relative said, "I have never had to complain; but if I did I would speak to the manager".

Requires Improvement

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. During our inspection, we found that the registered manager had some quality monitoring systems in place such as feedback surveys and meetings, a review of records and health and safety audits. However, we found that the registered manager had not always implemented effective quality monitoring processes to identify some of the shortfalls found during our inspection. For example, the registered manager had not always identified that care records were insufficiently detailed or non-specific to people's individual care needs. They had also failed to ensure that they could provide a comprehensive induction programme to new staff and some of the quality monitoring checks that they reported to have done, were not recorded. These included maintenance checks and their subsequent liaison with the landlord of the shared house to request repairs on behalf of the people living there. Whilst, none of the above were found to have had a negative impact on the safety of people receiving support from the service at this time, the registered manager recognised the need to improve record keeping and quality monitoring processes within the service.

Nevertheless, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture. Everyone we spoke with told us that the registered manager had continuously been a supportive manager. One relative we spoke with said, "She [registered manager] is brilliant, I can't fault any of them in fact". Staff we spoke with told us that the registered manager had consistently supported and encouraged them. One member of staff said, "It's a good small company which is very personalised, we are all like a big family and [registered manager] is very supportive employer and very flexible". Another member of staff said, "She [registered manager] is very supportive; I have supervision regularly and if ever I need anything, I can always call her; she also pops in regularly to the house to make sure everything is ok".

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. The provider was working collaboratively with other external agencies.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "Whistle-blowing is there to protect us if we want to raise any concerns, I know I can speak to [registered manager's name] first, and then social services or CQC if I had to". The registered manager told us that they were confident that staff would feel comfortable to raise any concerns with them but they also ensured that all staff were aware of the whistle-blowing policy that was in place. Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. 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. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "I speak to people and I want to make sure people are happy and reassured that they are getting the right support". They told us that they had not received any formal complaints but any feedback or concerns they receive are taken very seriously and acted upon.