

U.First Care Limited

U. First Care Head Office

Inspection report

Latton Bush Centre
Southern Way
Harlow
Essex
CM18 7BL






Date of inspection visit:
04 April 2018
09 April 2018
17 April 2018
20 April 2018

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12 June 2018

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 was announced and took place between 4 April to 20 April 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager or the provider would be available for the inspection.

You First Care Head Office provides personal care and support for people with a learning disability living in the community. The care and support is provided for people living in their own homes. At the time of the inspection they were providing personal care support for only two people, however the service also supported people with a range of community-based activities.

Not everyone using U First Care receives a regulated activity; CQC only inspects the service being provided to people who are receiving 'personal care'; which means help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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 registered manager was not present during the inspection and the provider informed us they intended to register as the manager.

We found the service had not arranged to provide a suitable contract specifying the terms and conditions in respect of the services to be provided to the service users. We found this was breach of Regulation 19 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

People were happy with their regular staff but were not always happy with the cover arrangements in place when their usual staff member was absent.

We made a recommendation the provider revisits their service agreements so that people are clear about the cover arrangements the service can provide.

Improvements were required to ensure all staff received regular refresher training. Whilst we saw staff were qualified and had undertaken professional qualifications, regular refresher mandatory training such as manual handling and first aid was still required.

We made a recommendation the provider review their current training programme to support the continuous knowledge and professional development of its staff.

Staff were able to identify safeguarding concerns and the procedure in place to report concerns. We found

that safeguarding referrals were made when the provider recognised people had put themselves at risk, however we found that the provider had not always shared this information with us.

We made a recommendation the provider seeks further guidance related to their responsibility to notify us about certain changes, events and incidents that affect their service or the people who use it.

There were detailed and informative care plans in place, which were regularly reviewed. There was a complaints procedure in place, but people told us they had not always felt listened to. The provider contacted people following this inspection to discuss their concerns.

Some quality assurance processes were in place. However, the provider needed to establish a more robust quality assurance process particularly if the service grew.

Risks to people were identified and managed to prevent people from receiving unsafe care and support. There were robust systems in place to ensure staff were properly recruited and the service was appropriately staffed to meet people's needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives. Staff knew people well and the care provided was person centred. People told us care staff provided an individualised service. Staff were valued and received the necessary support and guidance to provide a person centred service.

The provider delivered clear leadership and was well known to and accessible to people using the service and staff. They also played an active role in working with and visiting people receiving support.

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.

Staff understood how to protect people from harm and abuse.

Risks to people were identified and recorded, detailing how these were to be mitigated to ensure people's safety and wellbeing.

There was enough staff to meet people's needs. However, more attention is required to strengthen cover arrangements.

The service had effective systems in place to ensure the recruitment of staff was safe.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills required to meet people's needs. However, more consideration is required to support their on going knowledge and professional development.

Staff understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive and caring relationships with them and who understood their needs.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's needs were met but cover arrangements were not always robust and people were not always clear about the limitations in place that might make cover difficult. People did not always feel listened to in response to these concerns.

Care and support records contained information about the way people wanted to be supported and by whom.

Is the service well-led?

The service was not consistently well led.

The provider had a limited governance system in place to monitor the quality of the service.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Staff were very positive about the support they received from the provider.

Requires Improvement 

U. First Care Head Office

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 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.

This was a comprehensive inspection and it took place between 04 April and 20 April 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

The inspection team consisted of one inspector. Prior to the inspection we looked at the information we held about the service such as notifications and previous reports.

As part of the inspection we communicated with both people who used the service by email, which we were told, was their preferred method of communication. We spoke to the provider, three staff members and one healthcare professional.

We reviewed a range of documents and records, including care records for two people who used the service, three staff recruitment files, complaints records and audits.

Is the service safe?

Our findings

The systems, process and practices at U first Care enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected someone was being mistreated. This included an understanding of which external agencies they would need to alert. We saw examples where the provider had raised concerns to the local authority related to individual people's circumstances and these were all investigated appropriately and subsequently closed. Whilst we could see the provider had raised these safeguarding concerns in response to individuals placing themselves at risk. We noted these concerns had not been shared with the Care Quality Commission (CQC).

We recommend the provider seek further guidance related to their responsibility to notify us about certain changes, events and incidents that affect their service or the people who use it.

People receiving personal care were very clear about the support they wanted from the service and one person had written their own care plan. The service had risk assessments in place that were designed to encourage people to retain their independence and normalise their lives. In discussions with staff, it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. Risk assessments identified the risk, and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk. For example, one care plan had risk assessments in place for a trip abroad and swimming trips. For another person there was a detailed step-by-step guide for their mobility.

The provider told us they tried to recruit likeminded staff that would treat people how they would want a family member treated. People using the service also interviewed staff prior to staff being considered to work with them. The provider told us they never sent staff to people that had not already been introduced and agreed with the person. This meant on occasions, people had not received their agreed support hours and this has had a negative impact on their wellbeing. We discussed this with the provider who told us they were in communication with people that used the service to work to try to resolve these issues of cover.

The provider sent us information related to the shortfalls in delivering the agreed hours and the actions they were taking to try to remedy this. The provider said, "U.First Care are a team of six and five working with people and this team has taken nearly five years to establish. Recruitment and meetings/interviews and shadowing all take time to provide and the people we support are aware of this. U First Care Head Office continues to recruit however, this is proving difficult." The provider went on to say all essential care such as personal care and necessary appointments were always covered and previous bad weather had contributed to some of the issues. Staff we spoke with thought there were enough staff but were aware the provider was trying to recruit more staff. One staff member said, "There is mainly enough, we are a small team and we try to cover each other, one person has a team of five but I know they are trying to recruit."

Staff were protected whilst lone working, for example, when staff joined the organisation they were

informed of what action they should take to ensure their safety. A lone working policy was in place and an on call service to support staff safety.

The service did not support people with medicines as both people they supported managed their medicines independently. The provider was aware of the necessary processes if they were ever required to support people with medicines and a medicines policy was in place. People were protected from the risk of infection. Staff understood the necessary precautions when undertaking personal care, for example, wearing gloves and aprons as necessary.

People were kept safe by staff who understood what action to take in the event of an accident or incident and followed internal procedures for reporting and documenting these. Most incidents related to incidents of behaviour and included actions taken and learning for staff.

Is the service effective?

Our findings

When staff joined the organisation they received an induction which included the opportunity to shadow more experienced staff until they were familiar with the care and support people needed. The staff we spoke with all had or were completing professional qualifications and were very experienced. When we spoke to the provider, we found mandatory training was limited. Whilst all staff had received training in safeguarding other subjects such as manual handling, first aid and health and safety were not being delivered and staff were not receiving refreshers in mandatory subjects. Staff we spoke with told us they had covered some of these subjects in previous jobs but confirmed they had not received this training from U First Care Head Office. One of the people the service was supporting was receiving help from staff using a hoist to move and position them. The provider told us they worked with staff and the community occupational therapist to ensure this was being done to the correct standard. They also sent us information following this inspection that they had now accessed manual handling training for one member of staff and were organising manual handling and first aid training for the rest of the team. One staff member said, "I have had most training in my previous job but I know they are looking at our refresher training."

We recommend the provider review their current training programme to support the continuous knowledge and professional development of its staff.

Staff were supported by ongoing informal and formal face-to-face supervision. The provider regularly worked alongside staff and used this opportunity to discuss their competencies. Regular team meetings were held and individual sessions were used to support staff with their professional qualifications. Staff were invited to come into the office regularly and staff confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed, and raise ideas on how the service could improve. All staff we spoke with confirmed they felt supported and valued by the provider. One staff member told us, "[Named provider] has been really good and I can go to them for anything." Another staff member said, "[Provider] does an amazing job and is always there to support us."

The provider and staff understood some of their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and the least restrictive option available. We found that the people being supported with personal care had capacity to make their own decisions, however we found the provider and staff had the required knowledge in this area to support people if the time arose.

People's nutrition and hydration needs were met. People's care plans provided details to help staff support people with their nutrition. Staff confirmed that the people they were supporting were in control of their own needs in this area and were supported to shop for and cook their own food.

People saw healthcare professionals as required with the support from staff. One staff member told us, "We support people with this how they prefer, one person likes to go in on their own but another person likes us to go with them, it is their choice."

The provider also worked closely with other mental health agencies and worked collaboratively with a national initiative to improving access to psychological therapies. A professional working at this service told us, "They are great at signposting people to community services."

Is the service caring?

Our findings

People we spoke with were positive about the current staff who supported them and told us staff were caring. Staff developed positive caring relationships with people using the service. Staff spoke of people in a caring, thoughtful way. Staff told us how much they enjoyed working with people. Staff maintained people's privacy and dignity when supporting them with personal care, one person said, "They respect my dignity and support me to feel included within the community and I continually explore my interests." One person's care plan was very detailed about the personal care the person wanted and what support they required from staff. One staff member told us, "We follow the care plan and what people want, it is very detailed." Another staff member said, "The person I am supporting and I have a similar sense of humour so it works well."

People received their care from the same staff member or group of staff members. This suited people's needs and those who found it more difficult to build relationships with new people. Staff told us although this on occasions made cover arrangements more complicated staff knew people really well. A staff member told us, "I can tell straight away if people are having a good or bad day, so I can recognise early that something might be upsetting the person."

Staff we spoke with were very clear they were there to support people in an enabling capacity and people were encouraged to be and remain as independent as they can be. They told us the people they supported at present were in total control of their care and instructed staff in what they wanted and how they wanted their care provided.

We looked at people's support and care records, which included their care planning documentation, risk assessments, healthcare documentation and other records. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and goals. One person had written their own care plan detailing the support they required.

Is the service responsive?

Our findings

The provider had an appropriate policy and procedure for managing complaints about the service. We asked people if they felt the care they received was responsive to their needs. People we spoke with told us they were not always happy with the cover arrangements in place. One person said, "There have been many times in the past where my team have been unable to support me due to sickness and annual leave. Despite being promised by the team leader this will improve it hasn't so I am beginning to feel unimportant." The provider had sent us the information related to these issues and we could see that whilst they provided essential care, there were occasions, particularly in the bad weather, where shortfalls were found. The provider reiterated it was not just a case of sending cover, as staff for the people using this service had to be interviewed prior to working with the people they supported. Following the inspection, the provider contacted both people to review and discuss their issues.

One person told us they were not confident the registered manager would listen to or respond to their concerns. The provider told us the registered manager was currently not taking an active part in the service and the provider would now be the first point of contact for people.

We recommend the provider revisits service agreements in place so people are clear about what the service can provide related to cover arrangements.

People told us they had been involved in their initial assessment and development of their care plan and said they felt able to contribute towards the care they received. One person said, "I have been involved in the construction of my care plan. My hours can be flexible if I want to go out in the evening." The care plans we looked at were very detailed and contained information related to people's likes, dislikes, appointments and preferences. One care plan recorded, "I cook from fresh every day." Information included how the person's condition affected them day to day including what might happen when the person was having a bad day.

Staff were flexible in their approach to providing care, which met the needs of the individual person. Staff supported people to participate in activities of their choice. A staff member told us, "People decide where they want to go and when, and will go out to various events and activities of their choice." We noted people had been supported with trips abroad, swimming, walking and visiting friends. One person wrote their schedule for the following week so staff were aware of the activities and events they had planned.

The service also provided community events and activities for people, which included film clubs, park walks, bowling, and a multi-sensory room was available at the service. Although CQC does not regulate this aspect of the service, we could see it provided people using the service with a variety of community events they could access if this was their preference.

The people that used the service were younger adults and did not have any needs related to end of life.

Is the service well-led?

Our findings

The registered manager was not present during this inspection and the provider told us they were now actively managing the service. People had raised concerns about the registered manager responding to their correspondence. The provider said they had now taken over the running of all aspects of the service and were considering applying to register as the manager.

When we visited the service we asked to see the service contracts in place for people receiving personal care, we were told by the provider people did not have a contract or service agreement and care had been agreed verbally. The provider subsequently sent us a service contract they had prepared and told us they would be visiting people to ensure the service provided was agreed. However, when we looked at the contract we found it was not detailed or sufficient to cover the requirements of the regulations.

The provider failed to provide terms and conditions, which would specify all aspects of people's care and treatment. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Some quality assurance processes were in place and staff were asked the question on their timesheet that said, "How good was this week's support." We saw staff were very positive about the support they had provided to people that used the service. The provider told us as they were such a small team records and processes were checked regularly and we did see policies, procedures and care plans had been reviewed recently. We discussed with the provider the need to establish a more robust quality assurance process particularly if the service grew.

The provider's management style was described by staff as being very supportive. There was a clear staff structure in place and staff knew their roles and responsibilities. Staff spoke positively about the leadership of the service and told us the provider and senior team were accessible and supportive. They told us the provider and senior team led by example and when necessary, the provider worked alongside care staff to provide care and meet people's needs. Team meetings were held regularly and used to discuss all aspects of people's care and support.

Staff comments included, "I love working here, I have never felt so appreciated", "[Named provider] is lovely and supportive, never had such a good boss" and, "I would recommend anyone who wants to work in care, go to [named provider]." The staff used a private messaging service to communicate with each other and we saw staff had also wrote messages about the support they received from the provider. One staff member wrote, "[named provider], you make it easy and keep staff happy and appreciated." Another wrote, "You're the one that makes it a pleasure to work for, always keeping an eye on your staff, making us feel appreciated and always there to support us as much as the clients."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 Registration Regulations 2009 Fees The provider failed to provide terms and conditions, which would specify all aspects of people's care and treatment.