

UK Top Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 2 March 2017.

UK Top Care Limited provides personal care and treatment for adults living in their own homes. At the time of our inspection the service supported 13 people who lived within the city of Leicester.

The service has a registered manager. This 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.

We had mixed comments about the service people received. Most people told us they were pleased with the service and the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. One person had a number of late calls recently and another was unhappy with one staff member's attitude. Relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Some information about safeguarding and whistleblowing had not been updated in the staff handbook.

Staff took a flexible approach to the people they worked with regularly assisting with additional household tasks. Staff provided people with the care and support they wanted and encouraged them and their relatives to be an active part of the care planning process.

Staff ensured people were having enough to eat and drink. Staff had been trained to assist people to take their medicines safely and in the way they wanted them. People were treated with dignity and respect.

The provider and registered manager carried out audits of all aspects of the service to ensure it was well-led. People's and relative's views were encouraged to assist the development of the service.

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.

Most people were visited at their appointed time, where staff were late contingencies were put in place to reduce the frequency of late calls. Staff supported people to manage risks.

People felt safe and staff knew what to do if they had concerns about peoples' welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Medicines were safely managed and people were prompted and supported to take them in a way, and at a time they were required.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Most staff had the knowledge and skills they needed to support people safely and effectively, however not all staff had completed training essential to providing safe care.

People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before commencing personal care.

Staff supported people to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People received care and support from a consistent group of staff, which helped to ensure caring relationships based on respect and promoting people's rights.

People received information about UK Top Care, which included information about the development and of their care plan. People's views about their care and support had been sought and had been used to develop their care plans.

Is the service responsive?

The service was responsive.

People received personalised care that met their needs. People knew how to make a complaint if they needed to and support was available to do this.

Good ●

Is the service well-led?

The service was well led.

The service had an open and friendly culture and the registered manager and staff were approachable and helpful.

The registered manager and staff welcomed feedback from people and relatives on the service provided. The provider used audits to check and improve the quality of the service.

Good ●

UK Top Care Ltd

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 inspection took place on 2 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They had no information of concerns about the care provided by staff from the agency.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. We reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people using the service and two relatives. We also spoke with the registered manager and three support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at three people's care records.

Is the service safe?

Our findings

People we spoke with thought they received personal care that was delivered safely. One person said, "I feel safe with the care staff that visit." Relatives that we spoke with, also thought care was delivered safely. A relative told us, "They don't feel unsafe, let's put it like that."

Risks within people's homes had been assessed and risk assessments compiled to inform staff and reduce the impact of the risk. We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they ensured people's safety, for example making sure that doors and windows were kept locked and key safes were operated safely.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked for tripping hazards, and that nothing in people's homes would cause them any harm. The registered manager told us he completed the initial visit where he would undertake a risk assessment on the environment. There was information in place with regards to checking risks in the environment to maintain people's safety. For example indicating how people should access the person's home and leave it secure and ensuring lighting and heating were adequate. This information assisted staff to ensure the environment in people's homes was safe to work in.

Care records for people showed risk assessments were completed to protect their safety. These included how to move people safely. People had information in their care plans about who to contact in the event of an emergency.

We saw that staff recruitment practices were secure and in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. All staff records we viewed had a DBS in place.

Staff were employed in sufficient numbers to allow visits to take place consistently. We saw from the office records there had been two missed calls in the past 12 months. These had been followed up with other staff that same day, and people had been telephoned to ensure they were aware of the situation and the time they would be visited. Most people told us that staff were usually on time, though one person said the carers' had been late three times in one week, but by no more than ten minutes. They confirmed that even if late, staff had stayed the full amount of allocated time. We spoke with the registered manager who confirmed that staff were provided with 'travelling time' between calls, and the late calls were the result of traffic or public transport delays. Where necessary the travelling time had been extended to reduce occurrence of staff being late.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware of whistleblowing,

which is when staff may need to report concerns to relevant agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, only part of the whistleblowing procedure was contained in the 'Employee Handbook.' We spoke with the provider said this would be carried out.

Neither the safeguarding nor whistleblowing policy contained in the staff handbook directed staff to any relevant support agencies such as CQC the police or the local authority. The provider said both procedures would be amended. This would then supply staff with all relevant information how to action issues of concern to protect the safety of people using the service.

We saw evidence that staff had been trained to administer medicines safely and support people to take their medicines. There was a medicines administration policy in place for staff to refer to and assist them to safely provide medicines to people. Currently staff only need to prompt people with their medicines, as most are able to take their own medicines, or have family assistance to do so.

Is the service effective?

Our findings

People told us the staff were trained and able to meet their needs. One person said, "I think they are well trained, they know what to do." Another person commented, "They are good at their job."

Relatives also said they thought the staff provided effective support.

Staff we spoke with were satisfied with the training they had undertaken. One staff member told us, "The training helps me in understand situations that may arise and provide knowledge of how to treat service users."

Records showed all staff had completed an induction, but only eleven of the sixteen staff had completed standard training courses. The five staff who commenced since October 2016 had yet to complete health and safety, fire safety, food hygiene, medicines management, and safeguarding. This does not demonstrate an effective staff team. The provider said that he had employed a consultant who would commence the training immediately. All staff would be undertaking the 'care certificate' which covers a range of topics that some of the staff had yet to cover; they would then commence refresher training with the consultant or registered manager who held a train the trainer certificate.

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff worked on the assumption that all the people they supported had capacity unless it was proven otherwise. This is in keeping with the MCA. If it appeared that someone might lack capacity the registered manager ensured a mental capacity assessment was carried out.

Care records demonstrated and staff confirmed that people were routinely asked for their consent when care was being provided and their choices and decisions recorded. Staff understood people's right of choice to agree or decline care. If people declined personal care and were at risk, staff knew to inform their relatives and report their concerns to the registered manager. This ensured that staff provided care and support when allowed and in a person's best interests.

Care plans set out the assistance people needed to ensure their nutrition and hydration needs were met. Staff ensured people were provided with enough to eat and drink. Most of the people receiving a service had

a live in relative or spouse. Meals were usually prepared by the relative, and heated by the staff. Drinks were left for people who were unable to obtain these between calls, without assistance. That ensured people's nutrition and hydration were monitored by staff and family members, which provided an effective way for people to remain healthy.

The staff we spoke with knew what to do if they found a person who was unwell or unconscious. One staff member told us, "If they [a person using the service] were ill, I would call and let a family member know or contact their GP to arrange a visit." They added, "If they were unconscious I would call an ambulance."

Is the service caring?

Our findings

People and their relatives told us the staff were caring and treated them with respect. One person said, "I do think they care, its good when we can speak the same language." The person explained that they could speak with the staff in English, but not all could speak their native language.

People had time to develop positive and caring relationships with staff since they commenced receiving a service from UK Top Care. One person told us, "I have only ever had two staff since they started coming." That demonstrated the person who received the service could build a relationship with staff.

People shared positive comments about the staff. "The staff are very good and helpful. You only have to ask for something and they'll do it." However, one person commented about one member of staff attitude. They said, "It depends what kind of mood they come in." The person went on to explain the staff member had not been in a 'bad' mood very often, and said it had not affected the care or service they received. We spoke with the registered manager following this disclosure, who said he would take this up with the staff group and encourage them to promote a positive attitude when attending people.

People were provided with an introductory pack of information when their service commenced. This included information about confidentiality and safeguarding, information about key policies and procedures, which included equality and diversity and staff identification. People or a family member confirmed they had received this information, which was provided at the meeting to discuss their initial care plan. This showed a commitment by the provider to provide an open and transparent service. This enabled people who used the service and their relatives' access to information about the agency and what they should expect.

People were positive about the attitude and approach of staff when recognising their privacy and dignity. People told us that staff closed windows, curtains and doors to ensure their dignity was recognised. Staff told us it was important to cover people up when offering personal care, which helped protect them from embarrassment.

Is the service responsive?

Our findings

People told us staff usually arrived on time to support them and care calls had never been missed. One person said, "They're [staff] always on time and never been late." Another person said, "They [staff] don't always arrive on time, they were five minutes late three days last week."

People told us that if staff were going to be late they usually got a phone call from the office to let them know. A relative told us, "[Named] prefers a visit from [named staff] as they speak the same language, that gives value to their social care."

We discussed this with the registered manager who monitored any late calls. Records showed care staff were rarely late, and when they were there was a valid reason, for example traffic delays and on some occasions where staff missed their bus between calls. People confirmed that office staff always phoned to let the person know. The registered manager said all staff understood the importance of being on time and providing responsive care.

People who used the service, and their families where appropriate were encouraged to participate in compiling and reviewing care plans with staff. These were detailed and included information about people's past history and set out how staff should offer choice and control in people's lives. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to their needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

Records showed staff took a flexible and responsive approach to the people they worked with. Two people told us that staff were flexible, and if time allowed they would assist with extra tasks, such as tidying their room, or putting out the rubbish.

People told us they would complain if they had any concerns about the service, or ask someone to do it on their behalf. One person said, "I would tell my son what was wrong, he would ring the office for me." Other people also said they would tell a family member or call the office themselves.

Relatives said they would have no problem in raising concerns, and were aware of the contact details of the office and had a copy of the complaints procedure. The registered manager said all the people using the service and their relatives or representatives were given a copy of this when the service commenced. The provider also provided people with his mobile telephone number which people could use if they did not want to go directly to the office.

The service had not had any formal complaints in the last 12 months. Full information on how people could make a complaint were included in the service user guide, which is given to all people when their service commenced.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. One person said, "I'm happy with the UK Top Care staff, I don't think they could do anything better." Another person commented, "All the staff are really nice, especially [named staff]. Everything is fine."

People said the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. The registered manager said all the people using the service had their mobile phone number as well as the office contact number so they could contact them, at any time if needed. They said that as the service was relatively small they were able to speak with each person at least once a week to check they were happy with the support provided. This helped them to gain the service user's perspective on how the service was performing.

People and their relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service. People who used the service could not recall being sent a questionnaire. Relatives confirmed they had been sent a questionnaire which gave them the opportunity to comment on the service.

The service sent out quality assurance questionnaires to people and their relatives which invited them to comment on the service. People could also share their views during reviews and with staff and managers. The registered manager constantly checked with people that they were satisfied with the support provided. This was done on a regular basis, and was part of the quality assurance that was in place, which along with 'spot checks' and telephone interviews ensured the service was personalised and delivered in the way people wanted it. Staff spot checks included observations around staff uniform and name badge, time keeping, completion of the planned care and the notes made by the care staff.

Records showed that the registered manager carried out audits of the service provided to ensure the agency was running efficiently. These covered visit times, late calls and if people were satisfied with the care being offered. Staff had regular supervisions and appraisals to help ensure they had the skills, training and support to provide a quality service.

Staff told us they liked working for the service and felt supported by the registered manager and staff. One staff member said, "We have regular meetings which enable us to share good practices and also raise any concerns or issues so we can troubleshoot to try and resolve them."

Staff we spoke with told us that they would recommend the agency if a relative of theirs needed this service, as they rated the care provided as very good. One member of staff told us, "I would recommend UK Top CARE for my relatives to use."

We saw the agency had twice weekly staff meetings, and though brief, were used to ensure staff were aware of changes to people's care. This also provided staff with support in carrying out quality personal care to people. Staff had received support through supervision meetings. This meant that staff were supported to

discuss their competence and identify their learning needs and staff received support through supervision. Staff said that essential information about people's needs had always been communicated to them.