United Care Concepts 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The comprehensive inspection took place on 29 September 2016 and was announced. We gave the provider 48 hours' notice of the inspection in accordance with our current methodology for inspecting domiciliary care services.

United Care Concepts (UCC) is a domiciliary care agency that provides personal care and support to people in their own homes. They support adults and children of all ages with a variety of disabilities and health conditions. At the time of our inspection UCC was providing a service to 16 people, eight of these were receiving support with their personal care needs. The Care Quality Commission has responsibility for regulating personal care and this was the area of the service we looked at. The number of hours of support people received varied from four hours a fortnight up to 24 hours per day.

There was a registered manager in post who was responsible for the day to day running of the service. 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.

Relatives told us they were happy with the support their family members received and were confident they were safe. Staff had received training in safeguarding adults and children and were confident of the action to take if they had any concerns.

Staff knew the people they supported well and had a good understanding of their needs. Efforts were made, when recruiting staff, to help ensure staff were able to build meaningful relationships with people. Recruitment practices were robust and people were involved in the process in a meaningful way. The induction process covered all relevant training and this was refreshed and updated regularly.

Staff were positive when talking about the people they supported and spoke of them with affection and respect. This was reflected in the written documentation which emphasised people's abilities and positive characteristics. The registered manager spoke about the importance of developing trusting relationships with people and their families.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and the principles underpinning the legislation. We identified a common theme when talking with the registered manager, which highlighted the need to work with people according to their preferences and with their full agreement and consent.

Care plans were well laid out and organised. They had been developed to reflect people's individual needs and ensure they were relevant to the person. Paper copies of these were kept at people's homes as working files which staff could refer to at any time. Staff told us the care plans were useful and relevant.

There was a management structure in place which provided clear lines of responsibility and accountability. All members of the management team had clearly defined roles which staff understood well.

The registered manager and directors monitored the quality of the service by undertaking a range of quality audits and speaking to people and their families, to help ensure they were happy with the service they received. Communication was highlighted as an important aspect of the service provided. There was a flexible approach to developing care packages which emphasised the importance of ensuring people's individual needs and preferences were recognised and met.

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 had been trained to recognise the signs of abuse and knew the process for raising any concerns.

Staff were effectively deployed to help ensure people were supported in line with their care packages.

People and their families were involved in the recruitment of new staff in a meaningful way.

Is the service effective?

Good

The service was effective. People were supported by staff who knew them well and had the necessary skills and knowledge to meet their needs.

The registered manager had a good understanding of the Mental Capacity Act and the principles underpinning the legislation.

Staff had regular supervision and told us they were well supported by the management team.

Is the service caring?

Good

The service was caring. Staff had developed positive and caring relationships with people.

Staff worked closely with families and recognised the importance of these relationships.

People's differences and individuality were taken into account when planning their support.

Is the service responsive?

Good

The service was responsive. Care plans were well organised and reflected people's individual needs.

There were systems in place to help ensure staff were up to date with any changes in people's needs.

Any complaints or concerns were dealt with promptly and to

people's satisfaction.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility in place within the management team which the staff team were aware of.

The registered manager communicated well with staff and people and their families.

The approach to care and support was positive and person centred.

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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.

The inspection visit took place on 29 September 2016 and was announced. This meant we gave notice of our intended visit to ensure someone would be available in the office to meet us. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection visit we spoke with the registered manager and three of the organisations directors. We reviewed three people's care files, looked at four staff records and reviewed a range of other records relating to the running of the service. Following the inspection visit we contacted four relatives, three members of staff and three external healthcare professionals to hear their views of the service provided.

Good

Is the service safe?

Our findings

Due to people's health care needs and/or their age we were not able to speak with them about their experience of using the service. We spoke with people's relatives who told us they believed their family members were safe when being supported by United Care Concepts (UCC). One commented; "Oh yes, he's definitely safe."

Staff had received training in safeguarding adults and children. Safeguarding and whistleblowing policies were in place which included details of how to recognise the various types of abuse. Staff knew how to report any concerns or incidents of abuse or poor practice both to the UCC management team and outside the organisation if necessary. They told us they would not hesitate to report any concerns. One commented; "There's a chain to follow." Where concerns were identified the registered manager took the appropriate action, reporting these to the local safeguarding team and ensuring measures were taken to protect people from risk. Information about local safeguarding processes was available on a notice board in the service offices.

Assessments were carried out to identify any risks to people and the staff supporting them. They covered a range of areas such as accessing the community, taking part in specific activities and risks associated with restricted mobility. The assessments were designed to encourage people to be independent and live their lives as they wished while remaining safe. When people started using the service the registered manager carried out an environmental risk assessment of people's homes to highlight any potential hazards for people and staff. Team meeting minutes showed the need for new or updated risk assessments were discussed as people's needs changed.

External healthcare professionals and relatives told us staffing had been a problem in the recent past but this had been managed well by the registered manager. One commented; "There has appeared to be some staff shortages at times, particularly over the summer holidays, so more recruitment could be beneficial however [name of registered manager] has worked very well with this to ensure adequate services are still provided in line with our contracts." A relative stated: "There have been some issues over the past months about the ability to recruit to the team to fill a vacancy which did put some pressure on the package (but the team worked hard to ensure that this did not impact significantly on [person's name]) - but fingers crossed, this has now been resolved and [person's name] seems happy with the new member of the staff team."

A healthcare professional told us families they had worked with had mixed experiences regarding staff reliability and punctuality. However, relatives told us staff were on time and stayed for the required length of time. One relative told us it was particularly important to their family member that staff arrived on time otherwise they became anxious and distressed. They told us staff were aware of this and made every effort to ensure they arrived on time. If staff were running late for any reason they contacted the office so people could be kept informed. One person's health needs meant they would be unlikely to phone the office if staff did not arrive as expected. Staff were required to phone the office or on-call to let them know they had arrived. This meant the person was protected from the risk of being left unsupported.

There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Where possible, people who used the service, and/or their relatives were involved in the recruitment process. The registered manager was creative in their approach to this. For example, one person's health condition meant they found it difficult to take part in the interview process. The registered manager had worked with them to develop a specific set of interview questions which would help identify potential staff members they would be more likely to relate to.

People needed varying levels of support from staff to take their medicines. Some people administered their own medicines independently; others required prompting and some needed to have their medicines administered. The level of support required was clearly indicated in peoples care records. All staff had received training in the safe administration of medicines and this training had been regularly updated. Care plans contained risk assessments in respect of people's medicines. For example, some people occasionally needed to take medicines in an emergency situation. There were clear guidelines for staff on when they could administer these medicines and what subsequent actions they should take. Relatives told us people received their medicines as prescribed and staff recorded this appropriately.

Any accidents or incidents were recorded appropriately. Records were returned to the office to ensure the management team were aware of any adverse events.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. A relative told us; "He knows how to read him and what to do." People were supported by small teams of staff to help ensure continuity of care and support. An external healthcare professional stated; "UCC appear to provide consistency in staffing for each child which is invaluable due to the level of complex needs." The registered manager told us; "People have consistent teams, the staff are very committed."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. At the time of the inspection no-one was subject to a Court of Protection order. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. Consent, choice and control were recurrent themes in our discussions with the registered manager and it was clear they valued the importance of these characteristics. There was a mental capacity policy in place which included the most up to date information.

Before staff worked on their own they completed an induction process which included familiarising themselves with organisational policies and procedures and working practices. Staff who were totally new to care had a period of shadowing experienced staff and getting to know the people they would be supporting. They also completed the Care Certificate, a nationally recognised training course. There were plans in place for existing staff who had not already got a qualification, equal to or higher than, the Care Certificate to complete it.

One of the directors had responsibility for oversight of staff training and there was a programme in place to make sure staff had the skills required to meet people's needs and to help ensure training remained relevant and up to date. Areas covered included safeguarding adults and children, mental capacity, food hygiene and health and safety as well as more specialised subjects such as epilepsy. Training was up to date in all areas except manual handling which had recently expired. We discussed this with the training manager who told us they would be organising the refresher training, which they delivered themselves, in the next couple of weeks. One of the directors was a registered nurse and acted as the organisations clinical lead. They developed and delivered training to meet people's specific health needs as necessary. Staff were able to request additional training. For example, one member of staff had requested training in engaging with people who were living with dementia. The resources had been provided for them and the staff member's confidence and ability to interact with the person had improved as a result.

Staff received regular supervision sessions to monitor their development, performance and work practices. Supervision was viewed as a two way process with staff having an opportunity to contribute to the items for discussion. Staff told us they felt well supported. One commented; "We can go into the office at any time for advice." The registered manager said; "I speak to staff all the time." Yearly appraisals focused on staffs professional development and training requirements.

Care plans contained information in respect of people's specific health conditions and details of any medicines they were taking. Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. External healthcare professionals told us staff worked well with them to meet people's needs. The registered manager described occasions to us when they had worked with other agencies to help ensure people got the support they needed.

Care plans contained information about people's dietary requirements and their personal preferences regarding food. At the time of the inspection no-one was having their food and fluid intake monitored. Monitoring records were available if this became necessary. Some people needed specialist help with eating and appropriate training was in place.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them well and understood their needs and preferences. Relatives told us staff had developed positive relationships with people. Throughout the inspection the registered manager frequently referred to the importance of building a trusting relationship with people and clearly valued this. Comments from relatives included; "They [staff] are fantastic. A lovely group of girls" and "They have a good rapport. When [staff member's name] comes in [person's name] has a beam on his face."

An external healthcare professional stated; "UCC appear to provide consistency in staffing for each child which is invaluable due to the level of complex needs." Staff told us that, because they knew people well, they were able to quickly recognise when they were unwell. For example, one member of staff told us; "I only have to listen to his breathing to know he is having a seizure."

Where possible, staff were matched with people who had interests or characteristics in common. If people preferred to be supported by a staff member of a particular gender this was respected. The registered manager told us if the relationship between a person and staff member did not work out the member of staff would be moved to work elsewhere. They said this was important for all parties involved. A relative told us; "If we don't like someone they [the registered manager] will pull them off."

People's preferred method of communication was recognised and respected. Some people had limited verbal skills and this was clearly recorded in their care plans. Staff were guided as how to communicate effectively with the person and what tools to use to support them.

Information in care plans was positive and emphasised people's attributes. As well as medical information there were descriptions of people's characters and preferences. This meant staff who were unfamiliar with the person were able to form a more rounded picture of the person's personality. For example, one care plan stated; "Very chilled and likes to relax" and "Can be very playful at times and will tease his workers in humour."

Staff worked closely with families and recognised the value of these relationships. When out in the community with one person staff used the person's mobile to text their parent and let them know what they were doing. The registered manager told us the parent had said how much they appreciated this as it was similar to how other people of a similar age communicated with their parents. A member of staff commented; "It's important to work closely with the family." One relative told us of an occasion when their family member had been hospitalised. They told us the member of staff who worked closely with them had been in touch daily to enquire about their health and well- being. They commented; "I can't tell you what it means to me. He went above and beyond what you would expect."

People were supported to identify personal goals and work towards achieving them. One person wanted to cook a meal for their partner. Staff had broken this down into manageable activities and stages to prevent it from seeming overwhelming. For example, the first stage was to support the person to use their iPad to

identify a suitable recipe.

The registered manager, in their discussions with us, displayed a willingness to try different approaches with people in order to identify what strategies worked best for that particular individual. They commented; "We try different stuff and take it out if it doesn't work." This demonstrated a person centred approach to support which recognised people's differences and individuality. A relative commented; "They work hard I think to meet his needs in a personalised way and to support his independence."

Good

Is the service responsive?

Our findings

Care plans were well organised and contained information on a range of areas which was easy to locate. A front sheet outlined basic information to give an overview of the person and their needs and preferences. Staff told us they found the format easy to follow and useful. The care plans were updated regularly to help ensure the information was current and relevant. People and their families where appropriate, were involved in the care plan reviewing process. Paper copies of plans kept at people's homes, were signed to evidence people and/or their representatives agreed with the contents. Relatives confirmed they were invited to care planning reviews and were kept up to date with any developments. Comments included; "They keep the care plan up to date. They're quite hot on that."

Where it was important to people, their routines were clearly described. For example how they liked to be supported to get up and ready in the morning. This meant staff were able to support people safely and in line with their preferences. The care plans were adapted to help ensure they were reflective of people's needs and relevant to each individual.

There were systems in place to help ensure staff were up to date with any changes in people's needs. Daily records were kept to document what the person had done during the day and report on their physical and emotional well-being. Any significant information was also recorded in communication books which were used for passing messages between staff and /or families as necessary. Any changes in people's needs, which meant alterations to the person's care plan were needed, were recorded on the electronic version of the plan as soon as possible. A form was generated from this information highlighting the changes. This was circulated to all relevant staff who were required to sign they had read it. The registered manager told us it was important staff were kept informed as; "The people we support can change quite rapidly." There was a 24 hour on-call system in place so people, relatives and staff were able to contact a member of the management team for any help or advice.

Part of the support provided by UCC involved helping people to access the community and take part in meaningful activities. People were supported to attend a range of activities according to their preferences. The registered manager was knowledgeable about the types of activities people were interested in or had engaged with in the past. They used this knowledge to try and encourage people to expand their experiences and range of activities. People were encouraged to join local support groups where appropriate. This helped them develop wider social networks in their community.

People and their families had access to the complaints procedure. Relatives told us they had not had reason to complain but were confident the registered manager, or another member of the management team would respond to any worries they had. When complaints had been raised these had been dealt with appropriately and in line with the provider's policies and procedures. A relative commented; [Registered manager's name] takes everything seriously and there's a very quick turnaround. [In response to any requests]."

Good

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility in place. A registered manager was in post with responsibility for oversight of the care packages. They were supported by the three directors who each had clearly defined roles. For example, one was an experienced nurse and they developed and delivered any training for supporting people who required feeding via a tube. An administrative worker had responsibility for overseeing staff training needs in all other areas.

Although most of the support packages were in and around the Plymouth area there were some which were based several miles from the service's office. The registered manager told us they were fully aware of the day to day running of all services and commented; "The people we support can change [needs] quite rapidly, I speak to staff all the time."

Care packages were developed to suit the specific needs of people. The registered manager spoke about the importance of trying new approaches and being able to accept when something was not working for the person. They displayed a flexible and creative attitude to supporting people with an emphasis on improving people's quality of life as much as possible.

External healthcare professionals were positive about the service provided. Comments included; "I can speak very highly of this provision. [The registered manager] has recently gone above her duty to support me with arranging a significant care package at short notice to ensure a young person was able to remain at home. [The registered manager] provides excellent communication in setting up these services and shows good knowledge of the needs of each child/family" and "[The registered manager] communicates very well, she will always get back to my emails."

The registered manager and directors were approachable and staff said they were well supported. They told us they enjoyed their work and were positive about how the service was run. Comments included; "The communication is really good" and "You can speak to any of them." Those care packages which required larger staff teams had regular staff meetings to help ensure a consistent approach to the support provided. The registered manager also reported feeling well supported by the directors.

Relatives told us communication with the management team was good and they were kept informed of any developments. The registered manager told us the communication was an important aspect of their role and they spoke to families frequently to monitor their experience of using the service. In addition UCC circulated quality assurance surveys to people and their relatives twice a year to gather people's views. We looked at completed questionnaires for the last three surveys and saw the results were largely positive.

Information was used to aid learning and drive improvement across the service. For example, daily notes were regularly returned to the office and one member of staff had responsibility for monitoring these. This meant any trends or patterns would be quickly identified. Care plans were reviewed annually and as required. Risk assessments were audited by one of the directors.

Members of the management team attended local events and information sessions hosted by the NHS or local authority. They received regular email alerts to inform them of any changes or developments in the health and social care sector.