Universal Care Limited

Universal Care - Beaconsfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We undertook an announced inspection of Universal Care Beaconsfield on 23 and 25 November 2016.

Universal Care provides a range of services to assist people in their own homes. Support ranged from day to day assistance and the provisions of personal care for people. On the day of our inspection 269 people used the service.

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.

People and relatives told us they felt people were safe. Staff understood their responsibilities in relation to safeguarding people. However the provider had failed to act timely to gain assurance that staff understood their responsibilities when they could not access people's homes.

Staff had received regular training to make sure they stayed up-to-date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. Relatives told us people's dignity was promoted.

Where risks to people had been identified risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where ever possible.

There were sufficient staff deployed to meet people's needs. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported with their nutrition and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

People and relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care. However the provider had not adequately managed a recent safeguarding incident as their investigation was not robust.

Staff spoke positively about the support they received from the registered manager. Staff supervision and

other meetings were scheduled as were annual appraisals. Staff told us the registered manager and their managers were approachable and there was a good level of communication within the service. However, meetings were not always recorded to enable the provider to ensure areas raised were addressed and recorded.

Relatives told us the service was friendly, responsive and well managed. Relatives knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions but did not always act on them. However, people told us they did not always have the opportunity to provide feedback on the service provided.

We have made a recommendation that the provider review their action plan following the safeguarding incident to ensure all actions have been taken to ensure people are safe when care workers are unable to access people's property.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff knew how to identify potential abuse and raise concerns but a recent safeguarding incident had not been well managed by the provider.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to management of risks.

People and their relatives told us people were safe.

People had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had systems in place to monitor the quality of service. However the provider had not responded to these concerns. Records were not maintained to enable the manager to act on areas raised by staff.

There was a positive workplace culture and the registered manager shared learning and looked for continuous improvement.

Staff knew how to raise concerns.

Universal Care - Beaconsfield

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 was 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 23 and 25 November 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available. This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 14 people; 2 by visiting their homes, 15 relatives and 7 care staff. We also spoke with three managers, the training manager and the registered manager. We looked at six care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's care route through the service and obtaining their views about their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with the local authority and their safeguarding team about a recent incident which had occurred. They provided us with information about the management of the safeguarding incident and details of the

outcome.

Requires Improvement

Is the service safe?

Our findings

A safeguarding incident occurred in July 2016 where a person had a 'missed call' from Universal care staff. Staff were unable to access this person's home and did not follow Universal's procedures to protect this person from harm. The incident was reported to the safeguarding team at the Royal Borough of Windsor and Maidenhead, who undertook an investigation. The allegations of poor care were substantiated by the safeguarding team. The provider also undertook an investigation and took action to protect people from similar incidents. For example, appropriate action was taken with individual staff involved in the incident and the review of Universal's policies and procedures. We spoke with care staff to confirm their understanding of what actions they should take in similar circumstances. Although staff were able to tell us the process they would follow, the provider had not carried out the required actions to meet with staff to ensure they were clear of the policy and procedures they must follow to protect people. Therefore, further improvements were required by the provider to ensure a robust system is in place to keep people safe. Following our inspection the provider told us about plans in place to ensure that all the staff were aware of the issues.

We recommend the provider review their action plan following the safeguarding incident to ensure all actions have been taken to ensure people are safe when care workers are unable to access people's property.

We looked at two further safeguarding referrals which were reported to us. The provider had a system in place to record these which included contact with the local authority and actions taken following the incidents. There was clear documentation of the involvement of professionals, for example GPs when reports were received. These incidents had also been reported to the Care Quality Commission (CQC).

People told us they felt safe with the care received from Universal. They commented, "I have always asked them to identify themselves before I let them in and they have ID"; "We are kept safe and secure by their care"; "I have never had any reason to be anything but safe"; "No concerns, they are all very helpful" and "Oh yes, I feel safe because we get to know each other so well; we treat each other as friends". Relatives' comments included; "He has a good bond with his carer at the moment"; "Yes he is safe because of how they (carer worker) interacts with him"; "There are a range of carers who visit, she is safe and at ease with them all"; "These people can be trusted without a shadow of a doubt" and "I feel safe when they are hoisting me".

People were supported by staff who could explain how they would recognise and report potential abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I would tell my manager straight away and problems are dealt with immediately"; "I would have no hesitation to 'whistle blow' if I felt action was not being taken"; "It's about everyone, clients and carers and recognising the importance of people's safety and welfare"; "If I am not happy with something or someone, I would report it"; "I've had lots of training in this area. I would contact my manager and we have an emergency number to call. I can also call social services and the police" and "It's making sure the person is safe and being aware of signs of abuse

and flagging these up". We looked at the latest safeguarding referrals and saw the provider had systems in place to investigate concerns and report them to the appropriate authorities.

We talked with staff about how they managed people's money when they purchased items for them. They told us they always recorded the amount given, spent and obtained a receipt for the purchase. This was confirmed when we looked at people's care files.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. Risks were assessed as high, medium or low. For example, the risk of moving one person with a hoist was documented and staff had details on how to move the person safely. This included the need to have two members of staff to hoist the person. This person told us "I feel safe when they move me". We saw care staff transferring this person from their chair to their bed. Staff followed guidelines and moved this person safely. Another person was at risk of falls, their skin integrity breaking down and using their walking frame. All of these risks had been assessed and details were documented in this person's care plan. One couple who were supported on a 'live in' basis were assessed as at risk of taking each other's medication. Although this had been recognised by the provider, a clear risk assessment was not in place. We discussed this with the manager of the service and they agreed to put further details on how to manage the risk in these people's care plans and to update the care workers.

People told us their risks were managed by staff. One person said "Staff are very aware that I am unsteady on my feet and cannot see very well, and they care for me with that in mind". Other comments from people included "They understand I am quite weak and do things slowly. They make sure I'm safe" and "That's their job to support me in my home". Relatives said "They know all his vulnerabilities"; "The staff have advised us in this area and carry out her care with full risk assessment. They are very proactive on this issue" and "[Name] has fallen in the shower in the past before we had carers. They know this and great care is taken during his personal care".

We discussed with staff how they managed accidents and Incidents. They told us they would phone the office for advice and record the details of the incident in the person's care plans. We saw details were also recorded on the provider electronic care recording system. Staff told us they would not hesitate to contact the emergency services if necessary. We saw systems were in place to monitor accidents and incidents and one of the managers told us these were discussed in a weekly meeting with the director, however, these discussions included actions were not recorded.

Overall, staff were effectively deployed to meet people's needs. People told us staff mainly arrived on time unless there was a problem and then they usually received a call to inform them the care worker was going to be late. People said "They are punctual and professional"; "They make a big effort to arrive on time"; "They have not let me down for years"; "Erm 90% of the time they do, yes"; "Oh yes, I don't have to hang around waiting"; "Yes, there was only once when the girl was a bit late, but it does not happen often" and "They call me if going to be late or if there is going to be a different care worker". One person said they were "Mostly on time" but that "They can let you down and I have to complain" and sometimes they were not told if the care worker was going to be delayed.

People told us care staff mostly stayed for the allotted time and did everything they were supposed to do during the call and they were not rushed. People said "Sometimes they end up staying a bit longer if we are having a chat"; "She (care worker) always makes time for me and has a cup of tea and a chat"; "They are very time efficient but they do need to get to other people"; "Oh yes, if I can't do something, I think they'd stay a little bit extra to help me out if I was having a problems. I really couldn't do without them" and "I would say 90% of the time they are in and out before the hour is up". Relatives' comments included "They are not

rushed at all. One (care worker) comes in and assists [name] and deals with their needs. They have a good relationship with my relative and I"; "Really they stay longer if anything and have a coffee with us"; "Yes I think so, basically they are there to provide both companionship and to watch that he doesn't fall and they do that well" and "They do, but they could think outside the box a bit and fill the extra time. There is one girl who is brilliant as they will chat with him". People and their relatives told us they had not had a missed call from the service. They said "Oh no, no"; "I can't remember one, no" Relatives comments included "No, not that I am aware of".

We spoke with staff about staffing levels. They told us, "Pretty well staffed, we cover sickness ourselves". This was confirmed by one manager. They said "The care workers are pretty good, they will cover absences". Staff said sometimes they struggled to get to appointments on time. They said this was usually due to traffic delays, but that travel time is not always scheduled into their calls, which made it difficult to get to some people at the scheduled time. This was confirmed when we looked at some care workers rotas.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. We spoke with the registered manager about staffing. They told us they use specific questions and tests to ascertain the applicant's abilities and suitability for their role.

People who received assistance with their medication told us they had their medication when they needed it. One person told us; "They collect my medication for me and ensure that I take it". Relatives told us "My mother self-medicates, but they do prompt when needed"; "Yes, that's a critical part of keeping her safe actually because she can forget" and "I deal with most of the medication, but I trust the care staff to administer as per my instruction and a log is kept". We saw in people's care files that medication was recorded and the care worker had signed to confirm the medication had been given.

When speaking with one person, we were made aware of a medication error where they had been given their medication twice by mistake. This was reported by the provider to the safeguarding team and the provider carried out an investigation into the incident. Details of actions taken were recorded and staff received refresher training. Although the provider had reported the incident to the local safeguarding team, they had failed to notify the CQC of the incident. We discussed this with the provider who agreed they should have notified CQC and said they would do so in the future.

We spoke with staff about medicines. Staff comments included; "I received full training as part of my induction. We went through the forms we should use and how to complete them along with the details of medication which was recorded in people's care files". One care worker described how they assisted people with their medication. They said "I always check the blister pack date to ensure the medication is still in date. I will push the medication out and put it into a plastic cup and give to the client. I will then record this on their medication administration record. If the client does not take their medication, I will put the pot, secured with plastic tape somewhere safe and inform the office and record this in the person's care plan. Where medication was given covertly, for example, hidden in food or drink, this had been appropriately authorised by a health care professional.

Good

Is the service effective?

Our findings

People told us staff had the training and skills they needed to care for people. Comments included "They do a lot of things for me and they do it well"; "(care worker) is very good at what she does and knows me really well now"; "Our regular three care workers are very skilled"; "Their degree of training is not all the same, but they can look after me, that's the main thing" and "Oh yes, having been a carer myself, I would know if their training was not good enough".

Relatives said "I always feel comfortable with what they do. They always have her best interests at heart so they show good and professional skills"; "They do definitely have the skills and mostly the same carers come so I can have full confidence in them"; "Yes on the whole. There was one concern when one carer expressed concern about changing a catheter bag, but she was supported by someone else (another care worker)". One relative told us they had concerns about care staff having the knowledge to look after their daughter. We discussed with the manager of the service who recognised the relative's concerns but assured us that extra training had been sourced for the care workers and those who were not experienced shadowed staff to build their knowledge and confidence.

Staff told us "All my training is up to date, I am studying for my National Vocational Qualification in Caring"; "The training is brilliant, they are always offering different courses, for example, PEG feeding (method of feeding someone through their stomach) and Multiple Sclerosis. They said they found this training really interesting and useful for their work"; "Yes definitely enough training and well structured" and "I have refresher training annually and there are course I can go on throughout the year. The company fully supports me as I have certain personal needs".

One manager told us "The company approach to training is very good. I have had all the training for example, safeguarding, dignity and respect and medication. It's good to sit in on training sessions with other staff as I can 'lead by example' and get to know my team as I would not ask them to do anything I would not do myself". Another manager told us they ensured they received specific training to meet people's needs. For example, autism, epilepsy and palliative care training were provided to ensure they could meet people's needs.

We looked at the electronic care recording system operated by the provider. This showed all training done by individual care workers and the system automatically flagged up when refresher training was due.

We spoke with the training manager. They told us how they checked care workers competencies. They said managers would check training needs at supervision meetings. They gave one example where they had sent out a competency check form for care workers to complete and then evaluated care workers responses. This enabled them to identify areas of learning so that managers could discuss this at their supervisions with care workers. The training manager told us how they encouraged all care workers to study a national qualification in care. They said about 50% of the care workers had either received the qualification or were in the process of training. This was confirmed when we spoke with care workers. The training manager also told us that online workbooks were used to improve staff knowledge and the results were evaluated to

enable them to identify areas for improvement.

Care workers told us they felt their induction programme prepared them well to look after people. They said the training was for three days and they also shadowed care workers before supporting people on their own. One care worker told us they shadowed a range of people's care needs as they had to gain confidence and experience. For example, they had shadowed one couple who received care, one lady who received live in care and another who required to be moved with a hoist.

The registered manager and their training manager told us there was a three day induction course which all new staff attended. They said this was going to be increased in January 2017 to four days as they recognised the importance of further practical training, for example, moving and handling, before care workers supported people in their homes. This showed the provider had reassessed the needs of training for staff.

Staff told us, and records confirmed, they had effective support. Staff received regular supervision. Supervision is a one-to-one meeting with a line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. We spoke with staff about the support they received. Comments included; "Yes we do, I am always listened to, they are understanding and give me the opportunity to discuss how things are going"; "They always ask me how things are going and I can ask for any training, for example dementia" and "I have not had a one-to-one supervision for a while, but I have a new manager, so hopefully that will change".

Staff were monitored in the workplace by senior staff who observed staff providing support. We saw in care workers' files that their manager would visit the care worker to observe their practice when delivering care. This included specific practices, for example medication administration. This enabled the manager to identify areas for development to ensure care workers were up to date with care practices and their training.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005. The 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. We also observed references to capacity in people's support files regarding supporting their choices. We saw some people had lasting power of attorney (LPA) arrangements in place. A copy was present on the person's file and was appropriately signed and it was clear which authority the LPA had, for example financial or personal care.

We asked people and their relatives if staff asked for people's consent before assisting them with care. People told us "The carer workers are always polite and seek permission before they provide care"; "They make sure I'm safe, comfortable and sure of my care"; "They always seek my consent on any aspect of my care". Relatives we spoke with said, "They always hold [name] wishes is paramount"; "There is a constant banter back and forth about what needs to be done and this makes my wife comfortable".

People who were supported with their meals told us they were happy with how they were prepared. Comments included "They prepare a good meal and they know how I like things done"; "Some are better than others at doing this but none of it's bad"; "They always make an effort, not cordon bleu but very tasty" and "I have Wiltshire Farm Foods and the care workers will heat them in the oven for me as I don't like microwaved foods. They add other bits to my meal to make it more appetising".

People were supported to have access to health professionals. One person said "The care worker monitors

my health and advise me they can make appointments for me". A relative said "The care worker will report any medical concern to the family to take steps and they write in a care log". Staff members confirmed they took people to their health appointments as part of their care needs. One manager told us they would arrange visits for people, for example with GPs or occupational therapists.

Good

Is the service caring?

Our findings

People who used the service and relatives gave us many examples of how care workers were caring toward them. People told us care workers were always friendly, considerate, polite and tried to be helpful. Comments included "They let me know when my favourite thing is on the telly and stop me being lonely"; "They don't rush me, they talk very pleasantly; they're altogether pleasant" and "The care workers are caring, gentle and attentive". Relatives said "The care workers always say they enjoy coming to support my husband as he always says thank you"; "If they take my wife out they will take pictures of her enjoying herself"; "Many different ways. In particular, the way they speak to my parents, they demonstrate empathy when my mother's in pain for instance. They have responded to my parents particular likes; for example, particular food my mother enjoys. They've taken them to church" and "The way I hear them chat to him, I'm not in the room obviously, but I can hear what's going on, they have a joke with him".

Staff demonstrated a really caring attitude toward the people they assisted. They told us it was nice to sometimes have enough time to talk to people and have a chat. Comments included "I am doing the job because I care, we are making a difference for people"; "I want to make sure people have the best experience at the end of their life"; "It's about people having fun, why shouldn't they?"; "I am very open and understanding. Having had care myself I understand how the care worker feels. I give 120% and treat people how I would like to be treated myself"; "Building relationships are so important as it's a really important part of caring" and "Caring is my priority. I listen to people; always listen to the person first".

Staff knew how people liked to receive their care. People told us "I like to shower first, then breakfast and a little company while I eat. So that's the way it happens"; "I have simple needs and they all know what I like and how I like things done" and "Yes, they know what I want". Relatives commented "They know my husband really well and always treat him in a way he is comfortable with"; "All three of them (care workers) have a deep knowledge of my wife's needs and go out of their way to meet these needs" and "They (care workers) ask if she is happy with care given. I feel they would stop if requested".

People and their relatives felt involved in decisions about the care and were consulted if things changed. Relatives said "If he goes for a walk, they have a chat about when he needs to have a rest and also where he goes and how much he can cope with"; "Yes definitely. We keep in regular touch with care workers. We've also had a number of contacts with management and they've been responsive to that"; "They (care workers) have flagged up a few concerns to us and have discussed the best way forward to meet changing needs" and "One care worker in particular communicates very well with me and will let me know what is going on". One person felt they were not always consulted but they told us "I can phone up the office and talk to the person who is in charge of my overall care. I can talk to her about things".

People's dignity and respect was upheld. People told us "Oh definitely yes. By asking if I need this or that; not just taking things for granted"; "Yes, they are friendly, but not over friendly; just pleasant and supportive" and "Yes, definitely they do, especially when they are applying the cream I need". Relatives said "They (care workers) have great respect when supporting [name]. They would only do things that make her feel at ease"; "They make allowances for [name] dementia and listen to what she is saying" and "They always work with

[name] so she can express her feelings about her personal care".

Staff told us they would always close doors and cover people up to protect their dignity. They said "I would avert my eyes from them when they are washing themselves and ensure I show respect at all times"; "I would always cover people with a towel when delivering personal care, don't make a fuss when assisting them and I keep the chatter going so there is no awkward silences".

People were supported by staff to retain their independence. Relatives told us "Yes, for example, when [name] wants to go to the bathroom, they encourage him to go on his own and wash his own hands. When they go out to lunch, the care worker will always ask [name] what he would like to eat"; "They do their utmost to promote his independence by encouragement and support" and "Yes we are very pleased with this aspect".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service to ensure their needs could be met. People and their families had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included their preferred names, interests and hobbies. For example, we saw in one person's care file their political views had been recorded. The care worker told us it enabled them to have meaningful conversations on the subject. People's care files recorded the way in which they liked to be supported with their personal care, how they like to dress and specific types of food.

We asked people and their relatives about their assessments. People told us how the assessments played an important part in their care. One person told us that her priority was having someone who would be their regular care worker. People said "An assessment, probably and I think we did it together (with my husband)". Relatives told us "They did assess all our needs, asked questions, and then implemented it (the care)"; "Yes we had an assessment and I was there for the first introductory visit and then they were visited on their own" and "Yes there was, I was involved as [name] did not want to have a conversation about it".

People mostly told us they had reviews of their care and were involved in these reviews. They said these reviews were regular and were usually done by managers from Universal Care. Relatives told us "Yes, it's about once a year"; "I think it happens about twice a year" and "Too early for us but they have been phoned to see how things are going".

People felt that they got the care, treatment and support they need when they needed it. People said "It is a good care plan and it works because it is the same care worker, who knows me" and "They work very well for me and take care of things. So I don't have to worry about anything". Relatives told us "Sometimes they go above and beyond. On her birthday they gave her flowers and things and made a fuss" and "An example of this is my husband had just returned from hospital and I asked for someone to stay overnight to support us. This was immediately organised for me".

Two of the managers we spoke with told us how they tried to ensure care workers were compatible with people before being allocated to support people. For example, their age and personalities. They also ensured people who had specific health needs had care workers who had the relevant training or experience. This enabled the care worker to develop their knowledge and skills. We saw the electronic system held details so that only those care workers with the right training, for example, could be allocated to a particular person.

When we spoke with care workers they knew people's needs in detail. One care worker told us about specific needs of a person they looked after. For example the staff member knew the person's specific health conditions, their preferences and the technology they used. This was confirmed when we viewed this person's care records. This showed care staff had an in-depth knowledge of people which enabled them to care for them safely. This care worker said "I have a higher level of satisfaction with this person as I have time to spend with people and their care is not rushed".

There were systems in place to record and manage complaints. Records showed complaints had been investigated and people were responded to in a timely way. One complaint was in the process of being investigated. The registered manager agreed to update us with progress.

People we spoke with knew how to raise concerns and felt able to phone the office if they had any worries. They told us "They would listen and sort things out". One person felt that things were not so good at one point and when they made a complaint, they were not happy with how it was handled because there was one person who was not very professional. But later on someone else took over from them and resolved the issue to my satisfaction". Another person told us how they had complained about one care worker and the provider ensured they (the care worker) did not continue to provide care to them.

We asked staff what they would do if someone wanted to raise a complaint or a concern. They said initially they would try and resolve the concern themselves. But if the person wanted to make a complaint they would notify the office and record details in the person's care file in their home.

Some people and their relatives told us they were asked for feedback about Universal Care. They said sometimes they completed a survey and other times they were asked verbally for their feedback on the service.

Requires Improvement

Is the service well-led?

Our findings

People felt the service was transparent and open and harboured good relationships. People said as far as they could tell, staff relationships were good. Comments included; "They seem happy to me"; "You would know if someone was unhappy, it would filter through when they visit us"; "You would know if something was not right"; "They (care workers) all seem to work well and are well organised" and "They seem to be a good team and there is not any grumbling or complaining". One person we visited told us; "I am definitely listened to by Universal, I have been with them for two and a half years, all is going well".

Staff said they were able to contact the provider or the office when they needed to. They said "We had a wobbly period in the summer and felt a less supported than usual. But things have now improved"; "We are a quite a friendly bunch, we help each other, there is no conflict of interest between each other, we all want the same outcome – to achieve the best for people" and "Very good, I like the fact we are as open as possible with each other and our clients, which is so important"

We spoke to staff about communication they said "[The registered manager] has organised a weekly drop in session for us now that has really helped as we can talk to our manager to discuss anything and collect items, for example, gloves. We had a meeting about five weeks ago and most of the staff were there from our area. This was really useful". However, other staff told us they did not have regular meetings with their manager. They said "Information is usually disseminated by email or text from our manager. I am not aware of a meeting being arranged in the future". We spoke with managers about their support. They told us they have weekly managers' meetings and monthly meetings with the director. Topics included incidents and accidents involving people, however they told us these meetings were not recorded. This meant it was difficult to see if themes were identified and that improvements in service had been achieved.

Other comments received included; "Very supportive environment, large team and work closely with daily care teams"; "Good level of communication". One manager told us how they had regular meetings with care workers and they showed us copies of minutes from these meetings and actions were identified. For example, one meeting was held to remind care workers of the need to ensure clear and comprehensive records were maintained in care plans.

People we spoke with and their families felt the service was well-led. Comments included; "Communication is good and [the registered manager] is always very helpful"; "Everything that affects me is managed well"; "[Name] always speaks well of the girls and their organisation"; "We have a very good positive and constructive and friendly relationship with the office"; "I email them (the office) and they answer very quickly. My impression is they're pretty well managed"; "They've been very good, I can't fault them"; "I don't have a problem with Universal Care; I think they're good".

Staff told us they were supported by the registered manager. They said "I am very supported, both in work and personal matters"; "Supportive and they make you feel you are caring, they employ people who really do care. The operational support staff work well and support you to develop"; "Working here is a really pleasant experience, a pleasure and positive. I find my job rewarding and the support is good"; "I would

recommend people to work here and it's a family unit, nice feel to it"; "I do now think they are well led, things have improved, for example keeping us in our areas so it's easier to travel. Our team communicates well, we all have our personal contact numbers available, we are a very close group of workers"; "I can phone up if I have any concerns. They always listen and advise me what to do. Quite supportive like that and I can speak to a manager when I need to and they are always available" and "Universal are very good at caring. They look after the care workers and it has a family feel to it. We are a tight knit group". One manager told us how they sent a birthday card to their staff as well as a thank you card and relayed compliments received from people. Some care staff confirmed this when we spoke with them.

Although we received positive feedback from people, relatives and care workers we had concerns about how a recent safeguarding event had been managed by the provider. Although some actions had been taken, there were still some areas to be addressed. We also had concerns about how the provider failed to act quickly following the investigation to address areas of improvement. We also found the provider had inappropriately allowed an individual to investigate the safeguarding. We later found this person was involved in the incident and therefore was not an independent party and appropriate to carry out the investigation. The provider showed a lack of understanding of their responsibility as they had not ensured the investigation was carried out robustly. For example, statements from staff were taken, but these were not signed or dated to confirm them as true records.

We found processes were in place to monitor the quality of service delivery, however, these were not always recorded. For example, we were told that meetings took place between care workers and management, but these meetings were not minuted. This meant there was not a record to show how quality improvement had been identified or that actions had been taken to address any concerns raised by staff or the provider.

Surveys were undertaken every two years by an external company on behalf of Universal Care. There were positive results from staff. For example, in July 2015 nine out of ten staff said they would recommend Universal as a good place to work and job satisfaction had risen from 68% in 2013 to 82% in 2015. People who used the service rated their care as satisfactory; 89% in 2013 and this had increased to 92% in 2015. There were some areas where percentages had fallen. For example, 'carers arrive on time' was 49% in 2013 but had dropped to 40% in 2015 and 'carers stay the allotted time' was 54% in 2013 but had fallen to 50% in 2015. We discussed this with the registered manager. Whilst we saw some of the outcomes were investigated, for example staff had been reminded to carry ID badges; it was not clear what actions were taken regarding the staff staying their allotted time or staff arriving on time. Some of the comments received from people and their relatives supported these results in 2015. For example one person told us "I have a care plan and generally the service is good. I would rate them eight out of ten. When we asked what the basis of their score was, they said "It reflected times when communication had broken down in terms of notifying when the care worker is late or there is a change of care worker. People said when we asked if there was anything Universal could do better, "I feel the office should tell people when they are sending a new or inexperienced care worker" and "We are not always notified of changes in care staff".

The registered manager felt that people had the opportunity to provide feedback at the point of care delivery. However, some people and relatives told us their opinions were not always sought and would welcome a more regular formal process. One of the managers told us they spoke to relatives and people regularly. This was confirmed by some people, but others told us they had not communicated with a manager for a few months.

We found that when changes were made to people's care, this was clearly recorded on the provider's electronic system and this provided a clear audit trail. The care files we looked at were regularly updated with visit information. This was confirmed by people and their relatives when we spoke with them. Relatives

said "They are always very disciplined when it comes to carer to carer information"; "Yes, I must admit I don't always look at it, but I know they always do (write in the care files). Comments from people included; "Oh yes, they've got a book. My husband says they make a report in my book every day" and "Yes they have to write down everything".

The provider had recently celebrated their 30 years in business by organising an awareness event where, for example, recognised charities provided training opportunities for staff to attend.