Universal Care Services (UK) Limited

Universal Care Services Coleshill

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Universal Care Services Coleshill is a domiciliary care agency and provides personal care to older adults living in their own homes. People supported had frailty due to older age, and some lived with health conditions and others lived with dementia. At the time of the inspection 206 people were in receipt of a package of care from the provider and received the regulated activity of personal care as part of their support.

People's experience of using this service and what we found
People described staff as kind and their support as good. They felt involved in their care and support. Care was personalised and people's different needs were responded to. No one had experienced a missed call and as far as possible people had the same staff undertake their care calls.

People felt safe with staff members, who had been trained to protect people from the risks of abuse. Where concerns were raised these were acted on by the registered manager.

Staff got to know people well and knew how to protect them from identified risks of harm or injury. Risk management plans were included in people's plans of care which staff could refer to.

The provider had systems in place to check the suitability of staff and required pre-employment checks were completed. Staff were trained, and checks were undertaken on their skills and competencies.

People were supported with their prescribed medicines as needed by trained care staff.

Staff understood infection prevention and control measures and actions they should follow in line with Coronavirus guidance. Additional training had been given and this included the use of personal protective equipment.

Staff followed professional healthcare guidance where this had been given. Referrals were made, on people's behalf to GP's or other services if required. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There were quality assurance systems in place to check the safety and quality of the services. Compliance

checks were made by the provider and had identified where improvements were needed and these had been acted on. The provider had contingency plans in place as a response to COVID-19 planning.

Rating at the last inspection
The last rating for this service was Good (published 21 August 2019).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Universal Care Services Coleshill on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Universal Care Services Coleshill

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 9 and 10 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
Two inspectors, one assistant inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the registered manager 48 hours' notice of the inspection. This was because we needed to ensure they would be available to support the inspection. Inspection activity commenced on 6 November 2020 and ended on 12 November 2020.

What we did before the inspection
We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We also sought feedback from Local Authorities who were involved in agreeing people's packages of care between themselves and the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We did use the PIR last submitted to us from provider. We used all of this information to plan our inspection.

During the inspection
We had telephone conversations with 15 people and 13 relatives to gain their feedback about the services. We used virtual technology to have face to face conversations with 14 care staff, a care co-ordinator, two field care supervisors, two office staff, two senior managers, the registered manager and the provider.
We reviewed a range of records. This included a full review of five people's care records and daily notes, multiple people's risk management plans and medication records. We looked at staff training records, five staff employment records and staff support through team meetings during the COVID-19 pandemic. We also reviewed a variety of records relating to the management of the service, including audits, the investigation of complaints and infection prevention procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. People continued to receive a safe service and were protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt protected from the risks of abuse and staff were trained to understand what abuse was, recognise signs and how to report concerns. One staff member told us, "I've reported safeguarding concerns before, I'm very protective of my clients. I told the management and phoned the reporting line at the local authority, following our training guidance."
- The registered manager and provider demonstrated their understanding of their legal responsibilities in reporting incidents to us and local authority safeguarding teams. Where allegations of abuse had been made, a safeguarding log recorded investigations and outcomes which demonstrated the correct processes had been followed.
- The registered manager was responsive when people raised concerns about their general safety and risk of abuse. One person told us, "I have called staff at the office when I was having lots of problem with my neighbours. They helped me and got in touch with the housing department and issues were sorted out. I'm happy with the service and there is nothing they could do more."

Assessing risk, safety monitoring and management

- Individual risks to people were identified and guidance on how to minimise these was included in people's plans of care for staff to refer to when needed. Staff understood potential risks and how they kept people safe from risks of injury. For example, the use of bumper covers on bed rails when a person had been assessed for these to keep them safe.
- Professional healthcare guidance was included in people's plans of care. For example, some people had an identified risk of choking. Speech and Language Therapy guidance on how to use prescribed thickener powder was available for staff to follow. Where another person had an identified risk of choking but had mental capacity to decline the use of thickener, guidance was in place on immediate actions they should take if the person choked.

Staffing and recruitment

- There were enough staff employed to undertake the agreed hours of care calls to people. The provider had an electronic call-monitoring system and office staff ensured people received their care calls within the agreed time slot. People told us they had not experienced any missed calls.
- Office staff responsible for scheduling care calls monitored they had enough staff to cover agreed calls. One staff member told us, "We are constantly looking for gaps in the staff rota as care packages change. We then arrange any staff cover if needed and also recruit more staff."
- The provider's system for recruiting new staff ensured staff's suitability to work with people. We reviewed five staff employment records and required pre-employment checks had been completed.
- People told us staff completed the agreed tasks during their care calls, however, a few told us staff left up

to five minutes early and occasionally seemed a "bit rushed." We discussed this with the registered manager and provider, who assured us no calls were scheduled 'back to back' and they worked within the agreed commissioning contract arrangements between themselves and the Local Authority. This agreement allowed a ley way of staff leaving a care call five minutes early. The registered manager assured us they would remind staff not to rush and take the full time allocated.

Using medicines safely

● Where needed, people received were support with their medicines from trained staff. Two people's records showed they had 'time-critical' medicine, which meant it was important they had their medicines on time; without any delay. Office staff monitoring care calls understood the importance of this and ensured care staff arrived on time to administer these medicines.

● Staff had the guidance they needed to apply topical medicines, such as creams, to people's skin. Body maps told staff which area of the skin cream should be applied to.

● Medication Administration Records (MAR) had been completed correctly by staff. However, on some occasions staff had forgotten to complete the duplicate electronic medicine administration record. Audits had identified this, and the registered manager had taken actions to remind staff of the importance of completing both paper and electronic records.

Preventing and controlling infection

● Staff understood the importance of infection prevention and control. One staff member told us, "We have plenty of personal protective equipment (PPE), and the office staff share guidance with us using a phone 'app' and email us. I've had extra training because of the COVID-19 pandemic about how to put on and safely take off PPE."

● Staff had completed Coronavirus Awareness training and used their knowledge to help support people safely.

● In response to the Covid-19 pandemic, the registered manager and provider had implemented additional measures to reduce risks of cross infection. A 'SWAT' staff team had been created to undertake care calls to people who had received a positive COVID-19 test. The provider had supplied additional PPE, such as disposal full-clothing coverings, to staff so risks were minimised.

● The provider and registered manager had shared information with people about how staff would support them during the pandemic. One person told us, "Covid – yes, they sent me some correspondence saying how it had affected them and what they were going to do. The carers always wear PPE."

● Where a concern about staff's lack of PPE use had been raised by a relative to the registered manager, action had been taken to address this and to ensure all staff consistently followed PPE requirements during the pandemic.

Learning lessons when things go wrong

● The registered manager had implemented a 'double-check' system related to staff recruitment. This improvement addressed a concern raised to the provider, from CQC, following information shared by a member of the public. An office staff member told us, "Systems are now in place that are far stricter on double-checking references against application form information. Everything is double-checked and signed off by the manager."

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance
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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. The registered manager told us no one had a deprivation of liberty.

- People told us staff sought consent from them before supporting them. One person told us, "Yes, the staff are very polite and ask permission."
- Staff understood the importance of gaining people's consent to care and treatment and had received training in the Mental Capacity Act. One staff member told us, "Everyone has the right to make decisions, if people can't, then we have to think about what is in their best interests."
- People's mental capacity was taken into consideration within their initial assessment and decisions a person could and could not make were recorded. One staff member told us, "If a family member has authorisation (Power of Attorney) to make decisions on behalf of their relative, we record this in the care plan."

Inspected but not rated

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness and respect.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the way staff supported them. One person told us, "Yes, they are very good, very helpful and they do anything for me." And, a relative told us, "They always ask if everything is alright, I'm here with my husband and they are very good really."
- Staff knew people and treated people with kindness. One relative told us, "Staff are very good with [name] and sit and have a chat about the old days."
- Staff told us they mostly had the same care calls to people which enabled them to build a relationship with people. One staff member told us, "The clients respect and appreciate what we do, we care for them and support them, they are like our family."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care. One staff member told us, "I ask [name] if they would like a bath, shower or wash at the sink, it's their choice."
- Plans of care had been agreed and signed by people. A few people told us they had recently commenced new packages of care but had yet to be contacted by office staff to give their feedback on how things were going. The registered manager assured us everyone had been given office contact details, should they need to make telephone the office, and calls would be made to people to ensure the care calls were going well.
- Systems were in place which encouraged people, and their relatives, to give feedback on the service. During September 2020, a feedback survey had been sent to everyone in receipt of a service, some people recalled receiving this though others did not. The response rate had improved from 2019 to 33.5% (for 2020) and results reflected people were satisfied with the service. However, the provider and registered manager acknowledged the response rate was lower than they hoped for and assured us they would explore other ways to support people to give feedback.
- When people told us they had given negative feedback such as a 'grumble' or 'complaint' these had been responded to. One relative told us, "When I have emailed the manager, they sorted things out straight away." The registered manager maintained records of negative feedback and investigations had taken place and actions taken when needed to make improvements.

Inspected but not rated

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised plans of care. These contained a detailed section entitled 'All About Me' which gave staff information about people's emergency information, health, ethnicity, diversity needs and preferences and described the tasks staff needed to complete on care calls. Staff told us these were sufficiently informative to tell them about the person.
- Staff had the information they needed to provide care and support that was responsive to people's needs. One staff member told us, "The care folders are detailed and up to date. I did have one that hadn't been updated so I wasn't sure what I had to do for the evening care call. The relative was able to tell me, and then I took the folder to the office for them to update."
- We discussed the importance of the paper-based care records in people's homes having the same information as the electronic care record. The registered manager explained that due to the pandemic, there had been a few occasions when there had been a delay in updating a change in care in the plan located in people's homes. They assured us every effort would be made to ensure delays did not occur and staff consistently had all the up to date information they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's plans of care contained information about their communication needs. One person had hearing loss and had been able to lip-read when staff explained what was happening. However, with staff wearing face masks, due to the pandemic, this had presented a barrier in communication. A white-board had been introduced to aid communication and staff used this to write on to explain what tasks they were going to do. Another person told us, "I don't like the staff having to wear the face masks, but I do understand why they have to, it's harder to understand them."
- Staff told us they understood the need to take time to ensure people heard them speaking through their face mask and to have patience with people in communicating with them. The provider told us they had looked at transparent face masks for staff, though these did not currently meet the standards required by government guidance.

Supporting people to develop and maintain relationships to avoid social isolation;

- People's plans of care described what activities, hobbies and relationships were important to them. This

gave staff information to enable them to have meaningful conversations with people during their care calls. One person told us, "Most (staff) are very nice, some are chattier than others. I like to have a chat. I look forward to seeing them and it breaks up the day." Another person told us, "The carers are very helpful. The best part about it is they make you laugh, I couldn't do without them."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made in the registered manager acting on their legal responsibilities to notify us (CQC) of specific incidents. The registered manager ensured information and statutory notifications were sent to us, as required, in a timely way. This included the sharing of investigation reports, actions taken, and improvements implemented.
- Systems and processes to monitor the quality of the service were in place. At our last inspection, we found there had been no overall audit record of medicine administration records. Improvement had been made and people had their medicine records checked and audit records were kept.
- The provider, senior management team and registered manager had consistently responded to new risks posed by COVID-19. Contingency planning had taken place to ensure measures were in place so people received their care calls in a safe way. People's care calls had been rated in relation to how critical their care and support was. This was in line with guidance issued by the Local Authority during the pandemic.
- Staff felt very supported by the provider and registered manager. One staff member told us, "They have kept us up to date with guidance, we had lots of extra training. The management team have been brilliant, sending us messages of thanks and support, it gave us all a boost and kept us going." Another staff member said, "Earlier in the year things were a bit panicky due to the pandemic, but now the managers have had the chance to put contingency plans in place and it feels calm and controlled."
- Staff told us their individual meetings were 'a bit behind' but recognised other support systems were in place. This included a telephone support line for mental wellbeing. Incentives had also been offered to staff to take part in infection prevention quizzes so learning was embedded in a fun way as well as formal teaching sessions. Remote telephone support was also available to staff from managers, and staff confirmed they could contact the office 'anytime needed'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During people's initial assessment they were given the opportunity to share information to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people's choices about whether they practised a faith or not was respected. Staff received training in equality and diversity and put values into practice.
- The provider sought feedback from people using feedback questionnaires. An action plan and Service Improvement Plan outlined where further improvements were planned for.

● The provider created an open culture. Staff felt very well supported in their role and told us during the COVID-19 pandemic, they felt managers were 'good' and 'always available to give support when needed'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others; Continuous learning and improving care

● The provider and registered manager worked in partnership with other organisations. For example, there had been close working with Local County Councils and Public Health England. The registered manager had attended virtual information sharing sessions during the pandemic and implemented all guidance.

● The provider and registered manager worked in partnership with emergency services. For example, where a person's smoke detector had failed to trigger when emptying their own ash tray caused their kitchen bin to catch fire, the registered manager arranged, on behalf of the person, for the fire service to fit new smoke detectors.