

Universal Care Services (UK) Limited

Universal Care Services

Corby

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Universal Care Services Corby is a domiciliary care agency that provides personal care to people in their own homes. There were 88 people using this service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had been made to people receiving care at planned times, however, some risks remained. Some people had experienced improvements to the timeliness of their care calls; other people still experienced variations. The provider's call monitoring records showed us that people were not receiving care calls to their commissioned length of time. The provider had recognised these issues and had started taking steps to improve.

People were supported by staff who knew them, had appropriate training and who had been safely recruited. We signposted the registered manager to good practice in relation to the frequency of staff competency checks.

People were protected from the risk of abuse. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding adults from harm. People and relatives said they felt safe with the staff.

Staff followed all necessary infection prevention measures. Staff wore appropriate Personal Protective Equipment (PPE) and received training in infection prevention and control.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. The provider had sufficient systems and oversight to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. The provider was in the process of updating people's care plans to make them more robust.

People were supported to have maximum choice and 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. Staff understood consent and were clear that people had the right to make their own choices.

People were supported to meet their nutritional and hydration needs, medicines were safely managed, and staff contacted healthcare professionals when required.

People were able to feedback their views on the service. People, relatives and staff all knew how to complain

and the majority reported their concerns were acted upon.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however this service has now been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to staffing issues. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme, or if we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Universal Care Services Corby

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert 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.

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

This inspection was unannounced.

Inspection activity started on 7th December 2021 and ended on 29th December 2021. We visited the office location on 7th December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We included information we received from the service as part of our recent monitoring activity. We sought feedback from

the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and ten relatives by telephone about their experience of the care provided. We spoke with eleven members of staff including the operations manager, the registered manager, the administrator and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We made calls to speak with care staff. We looked at call monitoring information, training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure there were enough staff employed to ensure people's care was delivered at the time they needed. This was a continued breach of Regulation 18 (1).

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing numbers continued to be a concern for people, staff and the registered manager.
- People and their relatives told us they had noticed some improvements with the timing of the care, however others told us improvements were still needed. One person said, "Although [care workers] were coming a little too late, they have changed recently and now they come at the time we like." Another relative said, "Timekeeping is a big issue, my [family member] gets very anxious if [care workers] are late, sometimes [the staff] ring and if I call the office about it, they just say they are busy. [The care workers] don't stay as long as they should do, sometimes a 45-minute call is done in about 15 minutes."
- The provider's call monitoring records showed us people were frequently not receiving care calls to their commissioned length of time. The registered manager told us they had discussed reducing the length of some of the care calls for a temporary period of time with people and the local authority, because of an increase in staff sickness. However at the time of the inspection, this had not yet been formally implemented.
- Some staff were still concerned they were not being allocated reasonable travel time between people's homes. One member of staff said, "The gap between each call is not enough, which is putting us in danger as we are rushing all the time." Another member of staff said, "I am always concerned about short calling. I make sure that all is done with the [person]. If I don't think I have done so I will always report it to the office."
- There were robust recruitment procedures overseen by a dedicated recruitment professional. Staff files contained records of appropriate checks, including multiple references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people requiring care.
- People received the care and support they needed to be safe, but care staff may not always have the time to be flexible or respond to changing needs. Staff regularly felt stretched.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe with [care staff], no complaints at all. They are wonderful. I have a number to call if I have any worries." A relative said, "[My family member] has [a health condition] and [the care workers] are just so reassuring with [them] and make [them] feel safe."

- Staff were aware of different types of abuse, how to recognise this and understood their responsibility to report concerns. The majority of staff were up to date with their safeguarding training and were knowledgeable about abuse and knew what to do in response to allegations of abuse.
- The registered manager was aware of their responsibility to report concerns to the local safeguarding authority and to involve other necessary organisations during their own investigations. The provider had updated the service's safeguarding policy and introduced a safeguarding champion amongst the staff team, so staff could go to them for advice if they had any concerns.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. The registered manager said they were in the process of updating everyone's care plans to make them more robust.
- People said they felt well supported. One relative said, "[My family member] has to be hoisted and there are always two [care workers] to do this and they always wait for each other to arrive before starting."
- Staff were aware of the reporting requirements for incidents and accidents, including contacting emergency services where this was required and reporting these to the registered manager/office staff.

Using medicines safely

- People received their medicines safely and as prescribed. People said they were supported to take their medicines by staff, where they needed support with this. One relative said, "All [my family members] medications are monitored and checked that they are correctly administered."
- Staff had been trained to support people with their medicines safely and their competency was regularly checked.
- The provider had effective quality assurance processes in place to ensure people received their medicines safely.

Preventing and controlling infection

- Staff had access to relevant and up-to-date information and guidance in relation to infection prevention and control (IPC).
- Staff were supported to access regular COVID-19 testing and the COVID-19 vaccination.
- Staff had received training on IPC and used PPE in line with the national guidance.
- Everyone we spoke with said all staff wore PPE, washed their hands and cleaned surfaces to reduce the risk of cross infection whilst in their homes.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff. This information was regularly reviewed to reflect and learn from what had occurred and to identify any emerging patterns or trends that needed addressing.
- The provider had relevant policies and procedures were in place to help guide staff.
- Improvements had been made since the last inspection; however, the challenge of recruitment during COVID-19, alongside balancing care delivery responsibilities remained a concern for staff.

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 requires improvement. At this inspection this key question has now improved to good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

At our last inspection where we looked at this key question the provider was not compliant with the requirement of the MCA to assess whether a person has capacity to agree to care and treatment and consider what is in a person's best interests. This was a breach of Regulation 11.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to decisions about their care was assessed. Staff sought to obtain consent from people before supporting them.
- Staff received training on the MCA and understood some of the principles of the MCA and how this informed the way they supported people.
- People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf in the event, they lacked capacity. Staff and management understood the scope of the legal authority representatives held.
- People and relatives said care staff asked for their consent before providing care. One person said, "[The care workers] all ask my consent before they do anything." A relative said, "[The care workers] all treat [my relative] with the utmost respect and will ask consent."

Staff support: induction, training, skills and experience

- New staff were given a full induction into their role with support from senior staff. This included a probation period, training, shadow-working and spot checks observing their practice.
- Staff received training which supported them to meet people's needs. People had confidence in the staff skills and knowledge. Training included safeguarding adults, medicines, first aid, fluids and nutrition.
- We signposted the registered manager to Skills for Care, good practice guidance, with regards to regular competency checks for staff on oral health care and person-centred practice.
- Staff said they received supervision and the majority of staff felt supported by the registered manager and other management staff. One staff member said, "I would like to praise [our manager] on everything that [they] have done during the pandemic and continues to do to this day. [They] have not given up on [the staff] and [the people], especially in such difficult working conditions."
- Another member of staff said, "The last few months has been hard on [the management team]. I help as much as I can. You can see they are dedicated. We need to get more help from the organisation. [The management team] will then be able to give more help to the [care staff]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they were supported by the service. This information was used to create people's personalised care plans and risk assessments. ● One person said, "I was involved in my care plan, my care is regularly monitored as there can be ongoing changes sometimes." One relative said, "[The care staff] do try to stick to [my family members care plan] as much as they can, which we were all involved with from the start."
- People were happy with the care they were receiving, however some did say the timing of the calls could be improved. One person said, "The office staff do call me if they are running a little late and let me know what is happening." Another person said, "There are occasions when [care staff] are late, but this is usually due to sickness [The care staff] usually ring and let me know."
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives said staff gave people all the support they needed with their food and drink. This included supporting people to make choices about what they ate and drank.
- People's care plans gave staff clear information about their individual needs and preferences relating to food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when needed to maintain their health and wellbeing. One relative said, "[Care staff] have called me from the office if they are worried about something such as [my family members] sore leg. They are very on the ball like that."
- Staff were aware of and sensitive to people's individual health needs.
- There were effective systems in place for staff to escalate any concerns they had about people's health to senior staff, ensuring appropriate input and advice from relevant health professionals was sought.

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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection, improvements were required to the timings of people's call times. At this inspection, some improvements had been made and other actions to further improve the impact on people, was still in progress. The registered manager discussed what further steps the provider was taking to try and improve the length of care calls for all people at the service and how they were in discussions with the local authority about what measures they could take.
- We received mixed feedback from staff on the culture of the service. Some staff were dissatisfied with communications with office-based staff and travelling time between care calls. One person said, "I do feel sometimes when we report back concerns, they are not acted on quickly enough. When I go into the office it can feel judgemental."
- People told us they were happy with the service and felt in control of their care. A relative said, "[My family members] main care worker is absolutely fantastic and has made [my family member] feel so much happier since they have been caring for [them]. If there was any chance of giving [them] an award, I would give them one, as [they] are outstanding and a credit to the company."
- All staff expressed how difficult the last year has been due to COVID-19, in particular the increase of staff sickness and staff turn-over. The registered manager discussed with us the steps the provider was taking to support the service, during this difficult time.

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

- The service had a registered manager and staff had notified CQC of all significant events which had occurred, as is required.
- We received mixed feedback from people, relatives and staff about the management of the care delivery. Most people praised the registered manager and staff team and said they were helping out with their care calls themselves. One relative said, "There is a lot of staff turnover, it is not my place to say why. From my point of view it is well managed. I have never been let down and I can't say anything bad at all."
- One staff member said, "If I have any problems and need support from the office, I go. I have never had any problems and I get the help if needed. [The management team] have been helpful and acted on my concerns."
- The provider had policies and procedures to help manage the quality and safety of the service. Systems

were in place for the secure storage of data. Electronic monitoring system and separate encrypted messaging groups were created for staff to share updates about specific people, to ensure confidential information was not shared unnecessarily with the wider staff team.

- The provider engaged with other local health and social care professionals to try and achieve good outcomes for people's care. People and relatives said they were involved in their care and had their views listened to by the provider. This helped to achieve good outcomes for people.

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

- People told us when they raised concerns and complaints, their issues were dealt with and resolved. One person said, "I had to complain over a year ago about various issues, but during the last year, I have had nothing to complain about. I feel fine about complaining if needs be, as [the staff] listen".
- The registered manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.
- Records showed the provider investigated complaints and issues had been raised with them.
- The provider had a policy that covered what actions they would take to ensure the duty of candour would be met in instances of this nature.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought about the service and the care they received. One person told, "[The staff] listen to you and give me peace of mind. I filled in a questionnaire a few months and it's hard to say if anything changed as a result as there was nothing in the past year that needed to change anyway. We have been really happy with this service in the last year."
- The registered manager told us team meetings had not taken place recently due to COVID-19 and the availability of staff. The registered manager said these would begin again once it was appropriate to do so.
- The registered manager and other senior staff carried out spot checks to ensure staff were providing care according to people's needs.
- Staff completed equality and diversity training and understood the importance of providing care according to people's physical needs and preferences.

Continuous learning and improving care; Working in partnership with others

- The provider was open and responsive to any suggestions as to how the service could improve. They had worked closely with the local authority commissioners and had completed an action plan in relation to concerns raised by the contract monitoring officer. We saw they had actively made the improvements required.
- The provider and staff liaised closely with health and social care professionals, ensuring people's needs were appropriately met.
- The provider was aware as the service grew, they needed to embrace technology to help them maintain the oversight required to provide a good quality service.
- The registered manager worked closely with the local commissioning authority and health professionals to ensure people's needs were met. Records confirmed this.