

Unicare (London) Limited

# Unicare (London) Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Unicare (London) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and people with a range of physical and sensory disabilities as well as people living with dementia.

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. At the time of the inspection the service was providing care and support to 16 people.

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

People received safe care from staff who knew them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns.

There were enough staff available to support people. Staff had the necessary training and experience.

People told us they were treated with respect, kindness and compassion. People were supported by a small but consistent staff team who knew them well.

Risks to people were assessed, managed and reviewed. Medicines were managed in a safe way. There were effective infection control procedures in place.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

Quality assurance system and processes were robust and effective.

The service worked in partnership with other agencies to make sure people received the right care and support.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 March 2019) and there were breaches of regulation. 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Unicare (London) Limited

## 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

The 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 March 2020 and ended on 05 March 2020. We visited the office location on 03 March 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual, registered manager and two support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess risks associated with people's health and medical needs so that staff could be provided with guidance on how to mitigate risks to keep people safe and free from harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service identified risks associated with people's health and social care needs. Risk assessments in place were personalised and had been completed with people and where appropriate their family and other professionals.
- Detailed risk assessments were in place to provide guidance on how to keep people safe from harm. Risks assessed included people's health and medical conditions, mobility and eating and drinking. Risk assessments were reviewed on a regular basis.
- Risks to the environment were assessed before people started to use the service.

### Using medicines safely

At our last inspection medicines were not always managed, administered and recorded safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had medicines care plans and risk assessments in place which provided staff with guidance on how people received their medicines. People received their medicines from staff who had undertaken relevant training and completed medicine competency assessments.
- Medicines administration records (MARs) were kept in people's homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and their relatives told us, "Yes we feel safe with the staff" and "We do not have any concerns. We feel safe."
- There were effective safeguarding systems in place and staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff told us they would have no hesitation in reporting any concerns to the registered manager, and they were confident the registered manager would take necessary actions to safeguard people.

Staffing and recruitment

- Staff were recruited safely following the provider's recruitment processes.
- We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members were not barred from working with vulnerable people.
- There were sufficient staff to support people and to deliver care safely. People told us they did not experience any missed calls. Comments included, "Yes, they do come on time. I have not had any missed calls and if they are running late they would let me know" and "They come on time, if they are late someone would let me know and I know who is coming."

Preventing and controlling infection

- The service managed the control and prevention of infection well.
- Staff had received training in infection control, they understood their role and responsibilities for maintaining good standards of cleanliness and hygiene when supporting people.
- Staff received adequate supplies of personal protective equipment to maintain good infection control.

Learning lessons when things go wrong

- Systems were in place for reporting and recording any accident and incident which might occur whilst staff delivered care.
- Staff we spoke with were clear on reporting procedures they needed to follow in the event of any accident or incident.
- The registered manager told us they would discuss any concerns or issues arising so that learning and awareness were promoted.



# 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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were comprehensively assessed prior to the start of their care packages.
- People, their relatives and health and social care professionals were included in the assessment.
- People's gender, culture and religion were considered as part of the assessment process.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff were well trained and were able to meet their needs. One person said, "They (staff) know what they are doing. They are experienced and trained to do their job." A relative told us, "My mum is happy with what they do."
- Records confirmed that staff had received appropriate training to meet people's needs.
- New staff received good support during their induction. They completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, including any cultural and religious preferences.
- Staff were supported by regular supervision and an annual appraisal. Records confirmed that staff were given opportunities in supervision sessions to raise concerns and discuss their training and development needs.

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

- Staff supported some people at mealtimes to have food and drinks of their choice. This support was documented in their care plan.
- Staff described how they encouraged people to eat and drink when they carried out their visits and said they made sure people had access to drinks in-between their visits. One staff told us, "I always make sure I ask if they need a drink before I leave."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. One staff said, "I discuss any concern I may have with the family and with the registered manager."

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

- The registered manager worked effectively with other professionals. For example, when people's needs changed they made referrals to health and social care professionals to ensure people received the support they needed.
- Care plans detailed other professionals, such as GP's, social workers and district nurses involved in

peoples' care and support.

- Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The registered manager had a good understanding of the MCA and staff understood how these principles applied to their role and the care they provided.
- Assessments took account of people's capacity and their consent had been sought about their care and support. Where people were unable to consent due to a lack of mental capacity, people's families and other representatives were consulted to ensure decisions were made in people's best interests.
- Staff demonstrated clear understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated and supported people well, whilst respecting their equality and diversity. A relative told us, "We are not religious, but the staff are very respectful, we are happy with them."
- Staff demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life.
- Staff knew about people's care needs and understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices. People's care records included information on their preferred name, race, religion and sexual orientation.

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

- People and their relatives told us they were consulted and involved in decisions about their care.
- People's care plans were reviewed and updated by staff when required. Any changes were communicated with the team and other professionals on a regular basis.
- People told us the registered manager encouraged their involvement in decision making and provided information to do this, for example, service user guide, surveys, telephone contact details to report concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- People said they felt staff did their best to encourage them to be as independent as possible. One person said, "Yes they encourage me to be independent, they take me to the hair dresser and to have my nails done. They help me to be independent."
- Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using towels to preserve people's dignity when conducting personal care.
- People's records and information were kept confidential and were accessible by authorised personnel only.

# 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. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and detailed how people wanted their needs and preferences to be met. Care plans were regularly reviewed and updated to reflect people's changing needs.
- People confirmed their care and support was planned and delivered in a way they wished. A relative told us, "My mum is happy with what they do."
- Care plans in place included information relating to people's history, social circumstances, and equality and diversity. This enabled staff to develop positive relationships with people.

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 communication needs were assessed. People's communication needs were included in their care plans to guide staff on how to ensure they had the information they required and in the right format.
- People confirmed they had access to information they could easily understand.
- The registered manager told us they would review people's communication needs in reviews or sooner if there were changes in needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them, to ensure they were protected from social isolation. One person told us, "I go to a centre or shopping, have my hair and nails done."
- The registered manager told us they considered any risk of isolation during the initial assessment process.
- Staff told us and people confirmed that staff spent time talking with them and they were not rushed. People said, "Everyone is nice, they help me to stop smoking."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response.
- People and their relatives told us they knew how to make a complaint and that they had not had a need to raise one. A relative said, "I haven't had any complaint, but if I did I would ring the manager."
- The registered manager also kept a record of compliments they received and shared this with the staff

team.

#### End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- The registered manager was aware of the importance of involving people in planning their end of life care.

# 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

At the last inspection we found that quality assurance audits that were not effective as they did not highlight concerns and issues that we identified as part of our inspection. This placed people at risk of receiving care and support that was not always safe and responsive to their needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- There were systems in place for the monitoring of quality and safety of the service. Areas for improvement were identified through audits and appropriate action was taken to make any required improvements.
- We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard.
- Spot checks took place. These were visits from the registered manager and senior staff to people's homes to assess the quality of the support provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves 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 and staff told us the service was well-led and they would recommend the service. Comments included, "Yes I would recommend the service to people I know" and "The staff that come to my home, is kind caring and respectfully."
- The registered manager was open and transparent throughout the inspection and people, their relatives and staff spoke highly of the registered manager and the service. One person said, "I am able to communicate with the manager when it's necessary."
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- Feedback from staff, people and relatives were sought via surveys, meetings and telephone calls. This helped the registered manager to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. A relative said, ""They would come and ask question on what can be improved."
- Staff contribution and hard work were recognised and celebrated. Staff were nominated for 'best worker of the year award' and received a gift and a certificate.
- Staff told us they felt listened to and described the management team as approachable. Comments included, "They are very approachable. I have no complaints about the management" and "There is good staff morale and the team is very open."

Continuous learning and improving care; Working in partnership with others

- There were plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk.
- The registered manager and staff worked closely with other health and social care professionals.
- This ensured the right support and equipment were secured promptly when needed and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance.
- The registered manager told us they would review accidents, incidents and complaint to learn lessons and improve care at the service. They communicated improvements to people's care in meetings to ensure staff were aware of any changes.