

Unique Care Network Limited

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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

This announced inspection took place on 4 April 2016 and was carried out by one inspector.

The provider is registered to deliver care and support to people in their own homes in the community. 13 people received a service on the day of our inspection. People's needs related to old age, health conditions, and/or a physical disability. The majority of people lived with a family member, or had input from a family member.

At our last inspection in June 2015 we found that the provider was in breach of the law regarding the quality monitoring of the service as the processes in place were not adequate. Since that time because of concerns the local authority who contract with the service suspended new placements. The local authority has lifted the suspension with an agreement that they will not fund more than ten care packages at any time. We found that the quality monitoring of the service had improved to the extent that there was no longer a breach of the law. However, we found that some more improvement was required to ensure that the service was run adequately and safely.

The provider was also the registered manager and they were present during our inspection. 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.

Medicine systems had improved since our last inspection of June 2015 however, further improvements were needed to prevent any potential risk of errors and ill health to people who used the service.

Staff recruitment processes had also improved since our last inspection of June 2015 but more improvements were needed to ensure that all staff checks were carried out in a timely manner to prevent any risk of unsuitable staff being employed.

People and their relatives that we spoke with told us that the service was good. They also told us that they felt safe. People and their relatives confirmed that there had not been any experiences of abuse.

Staffing was adequate to provide a consistent service and people who used the service described the staff as being nice and kind.

The registered manager/provider as at our previous inspection knew that they needed to recruit staff on an on-going basis to ensure that they had enough staff to meet people's needs. Staffing levels were not placing people at risk of not receiving the care and support they needed or at the right time.

Staff told us that they felt supported in their job roles on a day to day basis. The registered

manager/provider told us that some improvement was needed as staff supervision had not always been frequent and formal staff meetings had not been held.

Staff had not received training in relation to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguarding (DoLS) which would give them a greater in-sight to ensure there was no possibility of people being unlawfully restricted.

We found that a complaints procedure was available for people to use. People and their relatives told us that they were confident that any dissatisfaction would be looked into or dealt with.

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.

Recruitment systems needed some further improvement to ensure that all staff checks were carried out in a timely manner.

Medicine records did not confirm that records handwritten by staff had been checked to ensure that they were correct to prevent any risk of error.

Systems were in place to protect people and minimise the risk of people being abused.

Is the service effective?

Good ●

The service was effective.

People and relatives we spoke with told us that the service provided was effective.

The service provided was reliable so could meet people's needs and ensure their safety.

Although staff had some knowledge regarding the legalities of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguarding (DoLS) but had not received training about these subjects to ensure they would fully work to the principles of this legislation.

Is the service caring?

Good ●

The service was caring.

People described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Is the service responsive?

Good ●

The service was responsive.

People told us that the service provided met their needs.

People's needs and preferences were assessed.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

The service was not well-led.

The provider had not fully addressed all issues raised at our last inspection to demonstrate a well-led quality service.

Some processes had been introduced to monitor the quality of the service.

Although staff told us that they felt supported, management support systems were lacking concerning staff involvement and meetings.

Requires Improvement 

Unique Care Network Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 April 2016 and was announced. The provider had a short amount of notice that an inspection would take place. This was because the office of the service was not always open. We needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We asked a local authority staff member their view about the service.

We spoke with two people who used the service and five relatives. We also spoke with four staff and the registered manager/provider. We looked at the care files for three people, medication records for three people, recruitment records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

Is the service safe?

Our findings

At our last inspection in June 2015 we found that the provider had not fully recruited staff in a safe way. We checked if improvements had been made and found that some improvement had been made. A staff member told us, "All checks were done before I started to work". Other staff we spoke with confirmed that all of the required checks had been completed for them too before they started work. We checked three staff recruitment records and saw that pre-employment checks had been carried out including the obtaining of references and a check with the Disclosure and Barring Service (DBS) had been undertaken for two of the three staff. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. For the third staff member however, although they had a DBS carried out the month before they started work by a different agency, the provider told us that they were awaiting the reference number needed to re-check the staff member's DBS on the 'update' system. The DBS update system when staff pay an annual fee gives on-line access to an ongoing live DBS. This check of the update system had not been carried out to date as it should have been. This check would ensure that the staff member was suitable to work and not place people at the risk of harm.

At our last inspection in June 2015 we found that the provider had not fully ensured that medicine systems were safe. We checked if improvements had been made and found that some improvement had been made but other improvement was needed. We found that medicines were now itemised on medicine records which properly detailed the name of the medicines and quantity staff were supporting people to take. This was an improvement from our last inspection when this detail was not available. However, we saw, as we had during our previous inspection, that where staff had handwritten the medicine records and there was no second staff signature, or that of the person who used the service, to confirm that what was written was correct. This meant that there could be a potential risk of a person being supported to take the wrong medicine and suffering from poor health. We saw that there were staff signature gaps on two medicine records for two evenings. This did not confirm that staff were supporting people to take their medicine as they had been prescribed or completing medicine records as they should.

People who used the service and their relatives told us that they were satisfied with the arrangements the registered manager/provider had in place relating to the management of medicines. One person said, "The staff help me my tablets. They do this properly". A relative told us, "They [person's name] know what tablets they should take. If the staff did not support them to do this properly I would know about it as they would tell me". Staff who supported people to take their medicines told us that they had received medicine training. We saw certificates to confirm that this was correct. One staff member said, "I have not had training but do not deal with the tablets until I have had the training". This showed that people had been offered their medicines safely.

One person said, "Nothing like that [abuse]". A relative told us, "No rough handling or abuse. They [person's name] have their faculties and would soon tell me if anything was amiss". People and the relatives we spoke with told us that they had not experienced or were aware of any treatment or interaction from staff that worried them. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The registered

manager/ provider confirmed that if there were any concerns they would report them to the local authority safeguarding team.

A person said, "I feel safe with the staff". We saw that risk assessments were undertaken to determine any risk of uneven flooring or the impact of any clutter that could increase the possibility of falls and injury.

A relative told us, "They [their family member] are safe with the staff from this agency. The staff know how to use the equipment safely". A staff member told us, "I think people are safe. We have training in moving and handling including hoist training so we do not put people at risk". This demonstrated that safety practices were in place to ensure that people were not at risk from being injured by for example, hoisting equipment or unsafe moving and handling. We saw that moving and handling risk assessments had been undertaken for two of the three people whose care we looked at. The registered manager/provider could not show us a risk assessment for the third person as it was not available in the office. They said, "We did a risk assessment I do not know if it has been miss filed". A staff member however, was able to tell us how the person was managed to prevent a risk of falls.

Records that we looked at confirmed that no accidents or incidents had occurred when staff were supporting people. The staff and provider told us that there had not been any accidents which showed that they were aware of how to support people safely.

Measures had been taken to minimise other areas of risk. These included staff carrying identity badges so that people could check to see that staff were who they said they were. This would prevent people being placed at a potential risk of harm due to the possibility of unauthorised people entering their homes.

A person told us, "The staff come to me when they should". A relative said, "The staff always turn up which is better than the last provider we used". Other relatives also confirmed that staff were available to undertake their family member's care calls. Staff we spoke with told us that there were enough staff to meet people's needs and keep them safe. The registered manager/provider told us that some staff had left but they had continued to recruit new staff to ensure that there were adequate staff available. This was evidenced by records that we looked at and staff we spoke with.

Staff we spoke with gave us a good account of what they would do in emergency situations such as finding a person who used the service was injured. Some staff told us how they had dealt with 'live' situations. This demonstrated that staff could act appropriately if there was a need to ensure that people got the required medical attention they needed.

Is the service effective?

Our findings

A person who used the service told us, "The care is good". All relatives we spoke with were happy with the service provided. One relative said, "We are very happy with the service. It is very good". We have had services from other places previously which have not been good. I would be upset if we could not continue using this service". Another relative told us, "Overall it has been good to date. We had another agency before and they were awful. This one is much better the staff do what is needed". A staff member said, "I think we all [the staff] provide a good service to people". Other staff we spoke with also told us that the service people received was good.

A person told us, I had some missed calls in the past but of late the service has been better. Staff come to me when they should". Relatives talked about the reliability of the support provided to their family members. A relative said, "The service is very good, it is reliable". Another relative told us, "If the staff are running late there is usually a good reason and they always telephone me to let me know". A third relative said, "The staff always come on time. We need two staff to do the hoisting. Two staff always turn up. We have not had any problems". People and their relatives told us that they had consistency of service as in general the same staff covered the care calls. A person said, "I have got to know my staff well. Mostly I get the same one or two staff that come to me". A person we spoke with told us that staff provided the care for the correct time that had been allocated to them for their care to be delivered. The relatives we spoke with also confirmed this.

A person told us, "When new staff start work they shadow experienced staff to see what they need to do. This seems to work". A staff member told us, "I had induction when I started. I went through policies and procedures and introduction to people". Staff files that we looked at held documentary evidence to demonstrate that induction and training processes were in place. All staff we spoke with told us that they felt supported on a day to day basis. One staff member said, "We can always contact a senior or the manager if we need to". We looked at three staff files and saw that they had received some formal supervision sessions. During these sessions a manager discussed staff performance with them and their training needs. Records highlighted that if there were work issues these were discussed and monitored. The registered manager/provider told us, "We are working to get the staff supervisions all up-to-date". This showed that there were some systems in place to support staff to ensure that they worked as they should.

A person said, "The staff are trained and know what they have to do". Relatives we spoke with told us that in their view the staff were adequately trained. A relative told us, "The staff have the knowledge to work as they should". Another relative said, "The staff do their job well". Staff we spoke with told us that they had received the training that they needed. A staff member said, "I have done all the training. I feel confident and able to do my job".

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 this is called Deprivation of Liberty Safeguarding (DoLS). 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. The application procedures where personal care is being provided must be made to the Court of Protection.

People and relatives told us that staff involved them in day to day decisions about their care and this was also confirmed by relatives who we spoke with. A person said, "The staff ask and explain". We found by speaking with staff that they had some knowledge of the MCA and DoLS however, as at our previous inspection this was limited. The training matrix and staff training certificates that we looked at did not confirm that staff had received MCA or DoLS training. The registered/manager provider told us at our previous inspection. "We cover mental capacity and DoLS in dementia awareness courses. We will start running it as stand-alone course for all staff but we will soon". However, we found by speaking with the registered manager/provider and staff that these courses had not yet started.

A relative said, "The staff seem to know if they [person's name] are not well. They telephone me if they [the staff] are worried". Staff told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Records highlighted and staff told us that the majority of people who used the service lived with or received support from a relative. Staff told us that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action.

A person said, "The staff always ask me what I would like to eat". Records that we looked at stated, "Asked [person's name] what they wanted for their meal". A relative told us, "The staff always give [person's name] a choice of what they want to eat and drink. We make sure the fridge is always full so that there is a choice". Another relative said, "The staff always get their [person's name] food ready and always make sure they have a drink within reach". Staff certificates that we saw confirmed that the majority of staff had received food hygiene training to ensure that they would prepare meals safely.

Is the service caring?

Our findings

People and the relatives we spoke with told us that the staff were friendly, helpful and caring. A person said, "The staff are kind". A relative said, "I am really impressed. The staff are caring, cheerful and chatty". Another relative said, "The staff are very, very kind. They do over and above what they should. Sometimes they do bits of shopping for them [person's name]. That is very kind". Staff we spoke with told us that the service provided by them and their colleagues was caring. A staff member told us, "We [the staff] care about the people we support very much".

A person who used the service told us, "The staff treat me with respect". A relative said, "I think the staff really do ensure their [person's name] privacy and dignity". Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice which included, ensuring that people were not exposed when providing their personal care. A staff member said, "We give people space to use the toilet and always cover people up when we use the hoist to move them".

People and their relatives confirmed that they were asked by staff how they wanted to be cared for and that they felt the staff listened and provided the care appropriately. A person told us, "The staff do things as I want". A relative said, "The staff are kind and know it's important to listen so that they provide the care how they [person's name] wants it done".

A person told us, "I still like to do the things I can". A staff member told us, "We assist people to help themselves where they can". A relative said, "The staff work in a way that encourages them [person's name] to maintain their independence. The staff support them with things rather than doing".

Relatives told us that they supported their family members to ensure that they received the care and support that they required in the way that they preferred. We saw that information was available to people of how they could access agencies for independent support if they wanted this.

Is the service responsive?

Our findings

A person said, "The staff know how I like things done and the care that I receive is good". A relative told us, "The manager came and did an assessment before they started to provide care. I was there at this time to make sure that they had all of the information they needed". Another relative said, "The manager asked lots of questions to make sure that they would be able to look after them [person's name]".

Records that we looked at had information about people's needs, likes and dislikes. Staff we spoke with gave us an account of people's needs, likes and dislikes regarding their care. They told us that they had access to care plans and were aware of how people needed to be supported and their individual likes and dislikes.

People we spoke with confirmed that they had care records in their homes to give the staff instruction on how they should be looked after. This was confirmed by the relatives we spoke with. A relative said, "The care records are in their home [person's name] and staff record what they do each time". We saw that care plans that had been produced that highlighted people's needs and how they should be cared for. We saw that people or their relatives had signed to confirm that they agreed what was in the care plans and the times of their care calls.

People who used the service and their relatives told us that the staff had been responsive to their particular situations. A relative told us, "The staff are good. If we have an appointment or need the time changed they do that".

A relative told us, "The manager has contact with us to ask how things are going". Another relative said, "I filled in a questionnaire [provider feedback form] recently. Other relatives and staff told us that the provider had introduced provider feedback forms and telephone or personal contact from the provider to ask people and their relatives about their experiences regarding the service provided. A person said, "I wanted something changed, I had a meeting with the manager, they listened and it was addressed".

People who used the service and their relatives told us that they were aware of the complaints process. One person said, "I had an issue and the manager had a meeting with me. Things are better now". A relative said, "The manager always says if we are not happy with anything to ring him. I have not got any complaints though". We saw that a written complaints procedure was included in information given to people and their families so that they would know what to do if they were not happy with anything.

Is the service well-led?

Our findings

At our last inspection in June 2015 we found that the provider was in breach of the law regarding the quality monitoring of the service as the processes in place were not adequate. During this, our most recent inspection, we found that the quality monitoring of the service had improved to the extent that there was no longer a breach of the law. However, we found that some more improvement was required.

The provider had not taken action to ensure that all of the issues we found during our previous inspection were addressed. The provider told us that, although they had given us assurance following our last inspection that they would address this, they still had not arranged training for staff regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This training would ensure that staff had a good knowledge and more awareness of the principles of this legislation to prevent the possibility of people being unlawfully restricted. We found that although staff recruitment processes had improved an issue had not been addressed to fully ensure that people would not be at risk from the potential of unsuitable staff being employed. We also found that further improvement was needed regarding handwritten medicine records in that they should be checked by two staff, instead of the present system of just one staff to ensure that they were accurate to prevent any errors. The provider confirmed although they had regular contact with staff, as with our findings at our previous inspection, formal staff meetings had not been undertaken for some time. These issues highlighted that the provider/registered manager had not always led the service well.

A person said, "A manager comes to my house, watches staff and checks what they are doing". Other relatives and staff told us that the provider had some monitoring processes in place, these included the spot checking of staff work, audits of records and the use of provider feedback forms and telephone or personal contact from the provider to ask people and their relatives about their experiences regarding the service provided. A staff member said, "The managers are always doing spot checks on the staff to make sure we work properly". This was confirmed by other staff we spoke with. We saw that a detailed record had been made of each spot check undertaken and where issues were identified these were feedback to staff and revisited during the next spot check to ensure that improvement had been made.

Provider's have a legal duty to display their current inspection rating. The provider told us that their website had lapsed but they did advise people to access our (Care Quality Commission) website to view their last inspection rating which was confirmed by a relative we spoke with. The relative told us, "I looked at your last inspection report when I was deciding if the service would be right for my family member". We saw that the provider had their last inspection rating on the office wall. They told us that as people and relatives did not go to the office often they were considering putting their inspection rating in written documentation they send out to people and relatives.

The provider was also the registered manager and was supported by a training lead and a team leader. Relatives and people who used the service all knew who the registered manager was and felt they could approach them with any problems they had. This demonstrated that the provider encouraged and promoted an open and transparent culture. The registered manager/provider took an active role in the

running of the service. Our conversations with the registered manager/ provider confirmed that they knew the people who used the service well.

The people we spoke with told us that the service was generally good. A relative said, "This service is organised and well-co-ordinated". Other relatives we spoke with who told us that this was a well-run service. A number of relatives had a comparison of other service provider's and told us that this provider was better than the ones they had used for their family member previously. The provider had a leadership structure that staff understood.

Relatives told us that they had been given written information about the service that contained contact telephone numbers in case they needed to ring the service office to speak to a manager. A person said, "I can ring the office and speak to them if I need to". A relative told us, "I have the contact numbers to ring. I have not had a problem contacting the office".

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. This was confirmed by our evidence gathering. One staff member said, "I know about whistle blowing and what I need to do if I was worried about anything". We saw that policies and procedures regarding whistle blowing were available and staff told us that they would follow these if they had a need. This highlighted that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.