Unicare (London) 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?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced, which meant the provider was informed two working days beforehand to ensure that key members of the management team would be available.

Unicare (London) Limited provides a domiciliary care service to adults of any age in their own homes. We inspected the service on 22 July 2014. At the time of our visit, the service was providing personal care for 15 people.

There was a registered manager in post at the time of our visit, although they were on leave on that day and have since resigned from the provider's employment. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Feedback about the service, from people using it, their relatives, and a community professional, was positive. However, our findings did not always match the positive descriptions people had given us.

We established that the service provided to people in their homes was caring. People told us that care workers were kind and treated them respectfully. People's views were listened to, and the service responded, for example by changing care worker if requested. Complaints were addressed promptly. People were supported by a small number of staff, which helped people's needs and preferences to be understood and acted on.

However, we found that people's care plans did not sufficiently guide care workers on people's current care and support needs. They did not match a number of aspects of the care and support that were being provided according to care visit records and care worker feedback. Risk assessments in relation to the care and support provided to people in their homes were standardised across the service with little evidence of them being in relation to the person's individual situation. They were not regularly reviewed. Assessments and plans did not pay close attention to people's nutrition, hydration and medication needs. This put people at risk of unsafe, inappropriate and inconsistent care.

We found that the Mental Capacity Act 2005 Code of Practice was not being adhered to. Staff had not received appropriate training, and the service's policy in respect of the Act did not reflect current guidance. The service's arrangements for obtaining and acting in accordance with the consent of people or their legal representative were not robust. This put people at avoidable risk of breach of their human rights.

The service did not make sure that new care workers were sufficiently skilled before they started working alone in people's homes, for example, by ensuring that manual handling training had been provided. The service supported established staff through training and supervision, but staff did not have sufficient training on nutrition and hydration.

There was a lack of consistency in how well the service was managed and led. Whilst there were quality assurance processes such as six-monthly surveys of people that the service acted on, the provider had not identified the concerns that we found.

Overall, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe. Risk assessments were standardised across the service with little evidence of them being in relation to the person's individual situation. They were not regularly reviewed. This put people at unnecessary risk of receiving unsafe or inappropriate care.

We found that the Mental Capacity Act 2005 Code of Practice was not being met. Staff had not received appropriate training, and the service's policy in respect of the Act did not reflect current guidance. This put people at avoidable risk of breach of their human rights.

However, staff knew how to recognise and respond to abuse correctly.

Is the service effective?

Inadequate

The service was not effective. Staff did not have sufficient training on nutrition and hydration. Care plans did not address people's individual nutrition and hydration needs. This put people at unnecessary risk of receiving unsafe or inappropriate care, and inadequate nutrition.

The service did not make sure that new care workers were sufficiently skilled before they started working alone in people's homes. However, the service did support established staff.

Is the service caring?

Good

The service was caring. People told us that care workers were kind and treated them respectfully. People and their relative's told us their views were listened to and staff communicated effectively with them.

People were supported by a small number of staff, which helped people's needs and preferences to be understood and acted on.

Is the service responsive?

Requires Improvement

The service was not responsive to people's needs. People's care plans did not sufficiently guide care workers on people's current care and support needs, which put people at risk of inappropriate and inconsistent care.

The service's arrangements for obtaining and acting in accordance with the consent of people or their legal representative were not robust.

However, the service investigated complaints well and took action where needed.

Summary of findings

Is the service well-led?

The service was not consistently well-led. Whilst there were quality assurance processes, the provider had not identified the concerns that we found, for example, in respect of care planning and delivery, nutrition and hydration, and the training of new care workers.

At the time of inspection, the service had a registered manager in place and we received some positive feedback about the management of the service.

Requires Improvement

Unicare (London) Limited

Detailed findings

Background to this inspection

We inspected the service on 22 July 2014. The inspection team consisted of an inspector and an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. This included the views of a community healthcare professional. The service met the regulations we inspected against at their last inspection on 28 June 2013.

During the inspection visit we spoke with two staff members and a member of the provider's management team. We also spent time looking at paper and computer records, which included three people's support records, and records relating to the management of the service.

Following our visit we asked the provider some further questions and reviewed records that we had asked the manager to give us during and after the visit. We visited and spoke with one person using the service in their home with their permission. We also spoke on the telephone to four people using the service, seven relatives of people using the service and three staff members. This was to gain more people's views about the quality of the service provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We looked at the risk assessments in place for three people using the service at the time of our visit. Each person had a manual handling task statement indicating the number of care workers and any equipment needed for a set of movements such as standing up and getting in and out of the shower. These were all dated August 2013. There was a general risk assessment that stated if there was a risk in relation to prompts such as for environmental factors and the person's physical health. In all three people's cases, the general risk assessment gave risk-reduction advice of following manual handling and food hygiene procedures without reference to the person's individual situation. None were dated or signed, meaning it was unclear who had made the assessment and how much it addressed the person's current circumstances. The risk assessments did not document individual risks to people that we found from records of the care provided and our discussions with care workers. These risks included one person who did not always answer the door, one person who sometimes refused support with their medicines, one person who was at risk of pressure sores due to immobility and two people who were at risk of malnutrition.

We found that risk assessments were standardised across the service with little evidence of considering the person's individual needs and planning to ensure their welfare and safety. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Mental Capacity Act 2005 sets out the requirements to help ensure people's human rights are protected. The provider had a policy in place about this Act. However, it was in need of review to bring it up to date with a significant Supreme Court decision made in 2014. For example, the policy incorrectly stated that the Deprivation of Liberty Safeguards could apply to someone living in their own home. We were not assured that the policy helped to protect people from breaches to their human rights through the agency's approach to the Mental Capacity Act 2005

We came across no mental capacity assessments, nor reference to people's capacity to make decisions, during our checks of three people's care files. We found that the induction package for new staff did not cover the Mental Capacity Act 2005. Records showed no compulsory training on the Mental Capacity Act 2005 for established staff, although we found records that some established staff received training on the Act in 2012. The management team told us that the majority of new staff had not been given training on the Act, although training had been scheduled for all staff. We were not assured that people were protected from breaches to their human rights through the agency's approach to the Mental Capacity Act 2005.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives told us that they felt safe when the care worker was providing support. Comments included, "My mother is happy and content and she says she feels safe, which makes me feel good" and "Staff are obviously well selected. I am sure they would know what to do in an emergency."

The service had procedures for safeguarding adults from abuse. We saw the safeguarding policy and newspaper articles on display in the office for staff awareness. Records of the last staff meeting documented that safeguarding procedures were discussed. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us that they received regular training to make sure they stayed up-to-date with the process for reporting safeguarding concerns. Records confirmed that this training took place in 2013 for established staff, and more recently for new staff. We were assured that the provider had taken reasonable steps to help safeguard people using the service from potential abuse.

We saw records indicating that there had been one safeguarding incident involving the service this year. We noted that the service had co-operated with the safeguarding process, and that the safeguarding concerns were not substantiated.

People we spoke with had no concerns about the punctuality of care workers. We saw that the service employed many care workers. Some were not being actively used, but the management team told us that they could be called on when needed. The management team told us that they sometimes received contact from people and their relatives about care workers running late, which they were trying to address. We saw lateness discussed within recent staff and management meeting minutes, and there was a reminder within the staff newsletter. The

Requires Improvement

Is the service safe?

service had invested in new computer software that included the facility for staff to phone in times of arrival and departure from people's homes. The management team recognised that more work was needed to encourage care workers to consistently use the facility, to help the service monitor punctuality. We were assured that the service had enough staff to help keep people safe and meet their needs.

The service had systems to address any concerns out of office hours. People told us that the designated phone number was always answered if they used it. We contacted the service late one evening and received a prompt reply. This helped assure us that the service took steps to keep people safe outside of office hours.

We checked the recruitment and selection records of three new care workers. Each file included a number of recruitment checks, including proof of identity, evidence of a criminal records check and three written references. The references were from previous care employers where employment histories indicated this. We checked with care workers and looked at records about when these care workers started providing care in people's homes. We found that the recruitment checks had been completed beforehand, which helped keep people safe when receiving care from new staff. However, we also noted that there was no record of exploration of gaps in the employment history, and no record of recruitment interview, of two of the new care workers. This could enable the employment of someone who is not of good character. The management team told us that they had also identified this, and could explain actions they were taking to address this. This was backed up by records of an audit of recruitment checks and management meeting minutes.

Inadequate

Is the service effective?

Our findings

People's comments about support with food and drink varied. Whilst one relative told us, "They prepare proper meals", another felt there was no "plan B" if their relative did not eat what was provided. We noted that people's care records made reference to their cultural dietary needs and preferences, and one person we spoke with confirmed that care workers prepared culturally-appropriate food.

The needs assessments for the three people whose care files we checked included one-line assessments of people's nutrition and hydration needs. Care plans did not provide sufficient details on nutrition and hydration needs and what support care workers were to provide. For example, one care worker told us how they had to prompt and support one person to eat, but the person's needs assessment and care plan only recorded that care workers were to prepare meals. Another person had extensive nutritional support needs identified within the documentation supplied to the service by a healthcare professional. However, the person's care plan did not include how care workers were to provide nutritional support to them or what their food preferences were, and there was no risk assessment in relation to their specific nutritional needs. Their care visit records sometimes did not include anything about support with eating or what they had eaten, for example, for two weekend morning visits where care workers were asked to provide support with breakfast. The records also sometimes stated that the person refused to eat, for example, at the lunchtime support visits for the same weekend. We were not assured that the planning and delivery of support to enable these people to eat and drink sufficient amounts for their needs was protecting them from the risks of malnutrition and dehydration.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were no records of care workers receiving specific training on nutrition and hydration amongst the training they had received. We were not assured that people were sufficiently supported by staff with the right skills to ensure that they had enough to eat and drink.

When we checked records of three new care workers who had all started working alone with people in their homes two months before our visit, we found they all had records of an initial induction day provided by the service. However, two had not attended manual handling training, including practical hoist experience, until 12 and 23 days after they started working alone in people's homes. They all received emergency first aid training almost a month after they started working alone in people's homes. This lack of training failed to assure that they could provide safe and appropriate care when first supporting people in their homes.

One of the care workers received shadowing training, where they attended a set of visits with an experienced care worker, three weeks after they started working alone in people's own homes. Two of the care workers had evidence of previous training on their job application forms. However, there were no copies of certificates on files to confirm this. A number of training certificates for new care workers, including for dementia in all cases, had not been signed off by the manager to demonstrate they were satisfied the care workers had completed the training course competently. The service's training of new care workers did not assure us of the effectiveness of the service when new care workers attended to people.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All of the care workers we spoke with told us that they received the training they needed to enable them to meet people's needs and preferences. We checked training records and found that established staff had up-to-date training on a number of appropriate topics, including health and safety, manual handling and safeguarding people from abuse.

Staff told us they received regular supervision, appraisal and support from the service. We saw records in support of this. They all said that managers were approachable and accessible at all times. Care worker comments included, "Really helpful office, any problems they help out" and "They look after us." Some staff spoke of regular training and support sessions that the manager had instigated, and of being recently supported to enrol on nationally-accredited qualifications in health and social care. We saw staff meeting records in support of this. Records of the last two staff meetings showed that the management team reminded staff about key

Inadequate

Is the service effective?

responsibilities in their work, provided further coaching for their role, listened to staff concerns, and updated staff on the service. This all helped to assure us of the service's support of staff.

People spoke positively about the capability of care workers. Comments included that the service had "lovely straightforward staff" and that "care workers are 100%. They're all very good and hard working."

People and their relatives said they were happy with the support provided by the service and felt that they could recommend it to friends and family. Comments included, "They are the best", "Of course we would recommend it. [My relative] is undoubtedly safe and as happy as possible" and "There is a two way exchange with this agency and I would certainly recommend it." Another relative told us about the daily chats that care workers had with their relative which they felt were "very important indeed." They said they had already recommended the service to others.

A community professional also provided positive feedback about the service. They said they had heard positive feedback about the service from people they worked with, and described the service as "friendly, helpful, and willing to work alongside our own staff." People we spoke with reported no concerns in how the service helped people maintain good general health. One person commented that their relative "had never had bed sores and I put this down to careful hygienic care." We noted that the service's induction process for new staff included focus on infection control and that care workers had told us that the management team regularly asked them about the welfare of people they were supporting.

Good

Is the service caring?

Our findings

People and their relatives told us that care workers were caring, kind and respectful. Their comments included, "They are gentle with my mother", "They are all are very obliging, and I have confidence in them all" and "Carers treat my mother as a daughter or granddaughter would." One relative summarised, "The agency is so nice and so good in every aspect of my mum's care."

The community professional we contacted gave us similar feedback, saying that care workers were "pleasant and professional in their behaviour."

Staff told us that they treated people respectfully. They gave examples of how they did this, including covering people with towels during personal care, and listening to what people asked them. One care worker told us of how they had shown interest in the life history of someone using the service, and described them as a "wonderful woman." This helped assure us that people received care and support from staff who knew and understood their history and preferences.

Records and feedback from staff informed us that some care workers had received communication and person-centred care training. One relative told us that care workers "engaged with [my relative] personally as much as possible." Another person explained that the care worker understood their relative's many needs and treated them as a daughter would, using body language and touch. The management team told us the minimum visit time had been extended to one hour, which helped to enable communication and build relationships. This helped assure us of effective and individualised staff communication with people.

People and their relatives commented positively on the consistency of care workers who visited them. One person told us that their relative was calmer now that consistent care workers were supplied who treated them "as an individual." They added, "The carers talk to him with respect and engage with him personally as much as possible." We checked the schedule of staff assigned to three people across the three weeks before our inspection visit. We found that people were supported by a small number of staff, which helped people's needs and preferences to be understood and acted on.

We saw the results of six-monthly surveys that the service had sent to people at the end of 2013 and shortly before our visit. On the whole, there was much positive feedback about how people had been treated, particularly that care workers were kind and understanding.

Requires Improvement

Is the service responsive?

Our findings

We checked the needs assessments and care plans of three people. We found that all three needs assessments had been reviewed on the same day in January 2014. The assessments lacked some pertinent detail. For example, two did not have statements on the person's medication needs. We checked records of care and spoke with care workers who worked with these people, and found that support was provided to assist each person with medicines. None of the assessments had details of how the care worker was to gain entry into the person's home, and two did not have the person's preferred name. However, assessments did include some individualised information, such as people's mobility needs and their family involvement.

The three people's care plans were all dated the same as the needs assessments. Two had not been signed by the person, or their representative where applicable, and none had any record on the person's views on the proposed care and support. This did not assure us that people had been involved in the development and review of their care plans in a meaningful way.

All care plans were one-page statements of overall needs, goals, and a brief statement of the support to be provided. Whilst they had been written with the person in mind, they lacked sufficient detail to address the person's individual needs. For example, how the person was to be supported with washing and dressing so as to reflect their needs and preferences.

Care visit records and feedback from care workers identified that there were aspects of people's care that were not identified in their care plan. For example, one person regularly refused help with support for dressing, eating, and taking medicines. However, there was no information in their care plan on how to respond in these circumstances. Another person needed specific support on how to offer them their medicines, how to respond to behaviours arising from their dementia, charging their hearing aid and they needed reminding and supporting to eat. None of these matters were documented in their care plan. We found therefore that people's care plans did not sufficiently guide care workers on people's current care and support needs, which put people at risk of inappropriate and inconsistent care. Needs assessments in support of these did not reflect all current needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's feedback indicated that staff from the service listened to them and aimed to provide support that was responsive to their individual needs. Their comments included, "Unicare do their utmost to please. They will bend over backwards." One relative told us that staff from the service visited them to discuss their relative's needs, provided care workers who met those needs, and kept in touch to check if there were any concerns. Feedback from care workers and the management team confirmed that the service kept in regular contact with people, to aim to make sure that the service met people's expectations. One care worker said, "They're always checking that people get the right care." A community professional also commented positively on the service's responsiveness: "Any problems that arose were dealt with immediately and actions taken are reported back on."

Our discussions with care workers assured us that they aimed to be responsive to people's individual needs. Most could explain how they attempted to work in response to people's needs and preferences. One care worker explained and gave clear examples of how they worked with someone who refused support regularly, trying to balance respect for their decisions with enabling the person to accept the support they needed. Another care worker told us that it was important to listen to the person, if they did not feel comfortable using some equipment assigned to them.

We saw there was a complaints procedure in the provider's Service User Guide at the home of the person we visited. It included appropriate detail and set out a process for complaints to be considered and responded to. It had a blank complaint form people or their representatives could use to raise complaints.

People we spoke with told us they could talk informally to care workers or the management team if they had concerns or complaints. Two people told us their experience of raising concerns about a care worker, which they felt the service responded to. We saw records of where people had raised concerns, which indicated that the service took action to resolve matters such as by changing the care worker. There was a separate complaint record for the service that had four entries for this year, all raised by a homecare agency that the service was supplying additional care workers to. The record included details of matters

Requires Improvement

Is the service responsive?

raised, and a prompt response including any actions to be taken for resolution. We were assured that the service took people's complaints seriously and responded to them in good time.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of consistency in how well the service was managed and led. Whilst there was some evidence indicating that the service was well-led, we found some areas of concern which failed to assure us of a consistently well-led service.

We saw some occasions where identified risks had not been properly addressed. A complaint had resulted in a care worker's recording practice being identified for improvement. A supervision record for them shortly afterwards showed that they were given a workbook on recording practice to complete. There was a record of one further supervision meeting since then, two months later, which did not mention the workbook or recording practices. The training list for the care worker did not include that recording training had been completed, and so we were not assured that the provider had addressed the recording practice risk.

We checked the records of three new care workers. Whilst there was evidence of them having had training on a range of relevant topics, approximately half of their training had not been signed off as completed by members of the management team. This did not assure us that the management team had good oversight of the capability of new care workers.

We also noted that the service's quality assurance processes had not identified the concerns that we found, for example, in respect of care planning and delivery, nutrition and hydration, and the training of new care workers. We were therefore not assured that quality assurance systems were being consistently and effectively applied at the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service's quality assurance policy included the frequencies by which people would receive care package reviews and phone calls to check on the quality of services, and staff would receive supervisions, staff meetings, and training. Records indicated that these frequencies were being met.

We received some positive feedback about the management of the service. A community professional told us, "Since the new registered manager has taken over Unicare, the service has gone from strength to strength. They are a very well organised and well run agency." A person using the service told us that the service had improved considerably, and asked if there had been a change in management.

The provider's management team were discussing their expectations with the manager. We saw management meeting records identifying, for example, that better records of recruitment checks were needed, and that when new care workers shadowed experienced ones, both care workers as well as the manager needed to sign the record of this. There was also discussion on the development of the service. This demonstrated that the provider had an overview of the service's management, and was taking action to make improvements.

The manager successfully completed her registration with us earlier in the year, having started work in her role at the end of 2013. She had experience of similar roles in previous employment. However, she was on leave during the inspection visit, and the management team contacted us after the visit to inform us that she had resigned. They explained how they would oversee the management of the service pending recruitment of a new manager.

We saw the results of six-monthly surveys that the service had sent to people at the end of 2013 and shortly before our visit. On the whole, there was much positive feedback about the services provided. A plan had been set up to make improvements as a result of the 2013 survey. We saw evidence that it was being addressed, for example, on the concerns about care workers being late that a few people experienced. The management team told us that they were currently setting an action plan for the latest survey results.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps, through individualised and up-to-date needs assessments and care plans, to ensure that each service user received care that was appropriate and safe.** **Regulation 9(1)(a)(b)(i)(ii)**

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did protect service users against the risks of inappropriate or unsafe care, by means of the effective operation of systems designed to identify, assess and manage risks.** **Regulation 10(1)(b)**

Regulated activity	Regulation
Personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered person did not ensure that service users are protected from the risks of inadequate nutrition, by means of the provision of support, where necessary, for the purposes of enabling service users to eat sufficient amounts for their needs.** **Regulation 14(1)(c)**

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users or others lawfully able to consent on their behalf, in relation to the care provided for them in accordance with the Mental Capacity Act 2005. Regulation 18(1)(a)(b)(2)
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place to ensure that staff were appropriately trained to deliver care to service users safely and to an appropriate standard. Regulation 23(1)(a)