Unicare (London) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We undertook this comprehensive inspection on 8 and 9 June 2016. At the time of this inspection the agency was providing a care service to 20 people in their own homes. This included providing a continuous staff member at a supported living scheme for eight people with mental health needs, and supporting 12 people in their family homes.

People told us they were happy with the service, that staff turned up on time and were able to meet their needs well. The staff were caring and people were treated respectfully. Most people received the same staff to attend to their care needs, which helped to build trusting relationships.

We saw that care plans were individualised and up to date and risk assessments were in place to help staff to support people safely. People or their representatives were involved in making decisions about care packages. There were individualised plans for each person's care delivery that staff followed.

People were supported to maintain good health, and staff worked effectively with other health and social care professionals. The service supported people to maintain a balanced diet.

Staff told us they felt well supported and we saw that regular supervision and training had taken place.

The provider had prioritised quality assurance processes and systems since the last inspection and records and audit documentation that the provider spot checked care to ensure the quality was good. We could also see they checked records on a regular basis and this contributed to the service now being well led.

Medicines were managed safely and we saw that the provider checked people's records in their homes to ensure they were completed accurately.

The service obtained references and Disclosure and Barring Service certificates [DBS] checks prior to people being employed permanently. However, as part of their induction prior to starting work trainee staff were shadowing experienced care staff in people's homes, sometimes prior to all the paperwork being in place. They were also being supervised giving medicines whilst not being employed by the service.

We have made two recommendations in relation to the induction process and the giving of medicines without being employed by the service.

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. Staff were sometimes shadowing other care staff prior to all their employment checks being in place.

Risk assessments were in place, up to date and personalised.

Is the service effective?

Good

The service was effective. Staff received suitable training and supervision to support them in their caring role.

People were supported to maintain good health and eat healthily.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect.

Staff were kind and patient with people using the service and people were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and personalised.

People and their relatives knew how to make a complaint and records showed complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led. There were now effective quality assurance processes and systems in place to monitor the quality of the service.

Staff were supported well to carry out their role and there was continuity within the staff team.

The provider had action plans to continually improve the service and could evidence positive changes had taken place since the last inspection.

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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 8 and 9 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that senior staff were available to assist with the inspection.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission.

The inspection was undertaken by two Adult Social Care inspectors and an expert by experience assisted by making phone calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with six people using the service, and three of their relatives. We met with three care workers, the registered manager, the directors of the company and the company's trainer who also operated as a management consultant at the service. We also spoke with four other members of staff on the phone.

We did some pathway tracking which is where we read a person's care plan then checked with the person and with staff whether they received the care they wanted. We observed interaction between staff and people living in a supported living project and we reviewed records.

We looked at five staff files, training and supervision records, care records for seven people who used the service, quality monitoring records, medicines records and policies and procedures. For five people we reviewed their care files at the head office and files at their home.

We also contacted three local health and social care staff to ask their views on the service provided.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that some risk assessments were not up to date and did not include all the risks to the person's health and safety. There had been an improvement since then. People had risk assessments in their files which highlighted risks to their safety and health and these informed staff how to minimise risks. There were also risk assessments relating to the home environment, fire, administering medicines, nutrition, mental and physical health and moving and handling for people who needed assistance to move around their home. There were records which showed that each person using the service had their risk assessments updated since the last inspection and the date for the next review was recorded in the office.

There were clear written guidelines for care workers regarding their use of people's keys in the employee handbook to minimise the risk of a care worker retaining a person's house key by mistake.

We asked people whether they felt safe receiving their care from this company. They all said that staff knew them well, helped them to keep safe and that they liked the staff. People in a supported living project (Jed House) had Personal Emergency Evacuation Plans which the registered manager had discussed with them so that they knew what to do in the event of fire. We discussed this with three people and they all said they knew what to do if the fire alarm went off. Staff were able to tell us what they would do if a person went missing and this matched what professionals told us should happen. There was a good balance between people taking informed risks and making decisions for themselves and staff advising and supporting them to be safe.

We talked to staff about abuse. They had been trained in safeguarding adults and reporting allegations of abuse. They were aware of safeguarding issues, what to look for and how to report any concerns. We asked people using the service about abuse and they all said they would tell the registered manager if they felt unsafe and if they thought they had been abused.

We looked at the records relating to safeguarding adults since the last inspection in October 2015. One safeguarding referral had been made over two weeks after the incident took place. We discussed this with the registered manager who explained they had contacted the relevant mental health professional following the incident to seek advice, but they could not evidence this. With the exception of the above we could see appropriate action had been taken by the service in relation to all other safeguarding issues.

Where a care worker observed that a person had a bruise or mark, they recorded this on a body map chart and reported the injury to the registered manager and asked the person and/or their carer/relative how they sustained the injury and made a record of this in their file. This monitoring of any marks helped to keep people safe and any injuries were monitored.

We asked two care workers what they would do if they thought their colleague was not providing good care and they said they would report any concerns using the whistleblowing procedure and that if they felt the provider was not responding to any concerns they would bring these to the attention of CQC. Staff said that

they could contact the registered manager any time with concerns and that she and the director were always available on the phone to discuss any concerns.

At Jed House, there were two staff on duty during the day and one at night who was asleep but on call to assist people when needed. We asked five people there what they thought about staffing and all said that there were enough staff to meet their needs. The rota showed the same staff worked at Jed House so that there was a consistent staff group and use of only one temporary care worker.

Relatives we spoke with confirmed that staff turned up on time to their relatives' homes and stayed for the allotted period. The provider told us the rota for visiting individuals in their homes took account of the travel time between visits and this was confirmed by staff we spoke with. This minimised late calls. Relatives also told us care staff did not miss any calls and the provider ensured there were regular staff members providing care to people in family homes so there were no concerns expressed by relatives regarding their family member's safety.

At Jed House due to some people smoking in their flats there was a risk of fire and this was noted in their risk assessment. The provider had trained staff in fire safety procedures and people told us that staff checked their flats daily for any health and safety concerns. Fire equipment was tested regularly to ensure it was working.

People at Jed House had a key to their own flat but not all had keys to the main entrance. The reason cited was safety as some people had risk taking behaviour that placed others at risk. We were told nobody objected to this and two people said it made them feel safer knowing that no strangers were in the building. There was CCTV in communal areas and staff checked who was at the door before opening it via a remote button.

Staff attended training in administering medicines and the registered manager assessed their competence at dealing with people's medicines before they were allowed to help people with their medicines. These competence assessments were recorded and placed on staff files. People told us staff supported them with their medicines and gave them at the correct time. We looked at a sample of Medicines Administration Records for people who had their medicines given to them by care workers. These were completed fully indicating that the medicines had been given and signed for each day. People had risk assessments detailing any risks associated with their medicines.

At the last inspection we found problems with medicines records. At this inspection we found the provider had started regular audits of medicines administration records in people's homes, to make sure people received their medicines correctly.

We could see that there were references and DBS checks in place prior to staff starting work permanently at the service. However we noted that prior to staff starting work they completed an induction, part of which involved shadowing experienced staff at a person's home, and being supervised whilst giving medicine.

We noted that not all DBS checks had been in place whilst the induction took place. We asked the registered manager whether she had made people aware that the trainee staff were not contracted employees at the time of them entering people's homes to shadow staff and on occasion be supervised giving medicines. She told us she had gained verbal permission, but did not have any written permission for this. The registered manager also acknowledged that not all checks were in place at the time of shadowing, but stated trainee staff were supervised at all times.

We recommend that all references and DBS checks are in place before trainee staff shadow experienced care staff in people's homes.

We recommend written consent is obtained to confirm people are aware trainee staff are not yet employed by the service when receiving an induction and people give agreement to receiving medicines from the trainee staff.

Good

Is the service effective?

Our findings

Staff told us they had regular supervision and appraisals and this was confirmed by records held at the premises, and through discussions with staff. We were told "It's a good time for reflecting and to get any help I need." A staff member told us "It keeps us updated and we are given notes", another said "It's good because sometimes the job can be stressful." We could see that as part of the appraisal process staff were asked to evaluate themselves and identify where they needed additional support as well as the areas they felt knowledgeable in.

People using the service and their relatives told us that staff had the necessary skills and experience to look after them. Relatives told us staff used equipment appropriately and one staff member had gone to the hospital to be shown how to hoist a specific individual safely. One relative told us "Yes they [the staff] are very good." Relatives told us the care staff completed records in the home. One relative told us "They write in the red book everything that happens in the visit every day." This helped relatives keep up to date with the care provided and have information as to how their family member was that day.

At the last inspection there was insufficient evidence of spot checks taking place to ensure the quality of service provided to people using the service was good. We saw at this inspection that thirty two spot checks had taken place. We noted it was difficult to tell which worker supported individual people as this section was not always completed by the registered manager. We were particularly interested in seeing whether the care provided by new staff was spot checked soon after them starting work. We could see that two staff who started in December 2015 had had their care spot checked on one occasion. We discussed this with the registered manager who told us she had carried out further spot checks, but could not evidence this. However, the provider showed us the new form they were about to implement which requested the name of the worker providing the care at the outset. This would then provide an effective tool to support supervision discussions. We also noted there was now a schedule of planned spot checks for the full year.

Since our last inspection, the provider had focused on organising training more regularly. We could see from the training matrix that staff had completed training in mandatory areas although not all training certificates were on staff records. We also noted on the training matrix for 2016 that the date of the last training completed was not recorded. The provider undertook to get copies of certificates from staff so records were fully up to date, and to note the exact date when people received training on the matrix so it was easy to see when they were due refresher training.

Mandatory training included safeguarding, administration of medicines, health and safety awareness and working in a person centred way. Additional courses included pressure sore awareness training and mental health training. We could see from records that new staff undertook a detailed induction programme prior to being formally employed with the service. This was confirmed by staff who told us they spent at least four days shadowing before starting work. We noted that the provider asked care staff to carry out the induction before formally being employed at the service. This involved some shadowing in people's homes. The registered manager told us she had verbal permission from people using the service to bring potential new care staff into their homes but there were no records to evidence this. She undertook to get written consent

in the future to ensure people understood they had the right to refuse entry to staff until they were employed by the service.

Best practice is for staff to have Qualifications and Credit Framework (QCF) training. Five staff had QCF National Vocational Qualification (NVQ) Level 2 in Health and Social Care, and two had NVQ Level 3. Nine staff members had currently applied to do these courses and an additional three staff members were working towards their NVQ Level 4 in Health and Social Care.

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. 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 were being met.

Everyone offered the service had full capacity to make decisions, so no-one was deprived of their liberty, and so could come and go from their homes as they chose. However, we noted that the main door to Jed House was locked and most people did not have a key. Some people had been refused a key due to risk taking behaviour which had placed others at risk of abuse. This had been agreed with the person in conjunction with multidisciplinary colleagues, and was a condition of them remaining at the house. Most other people had signed to say they didn't mind not having a key, as they could still come and go as they wished from Jed House. The registered manager undertook to clarify the remaining people's consent in relation to the front door, and keep a record of this on file.

Staff had a good understanding of consent, and the process of best interest meetings to manage an issue is a person cannot give informed consent. One staff member told us how one of the people she supported had her medicines hidden, but it was all documented in the care plan so this was an acceptable practice. Another staff member told us "It's important to let people do what they want. "

We could see from records that staff supported people to various medical appointments as needed at Jed House. For people living in their family homes, we could see that carers communicated with the office if they had any concerns regarding a person's health and the office staff then made contact with the relevant professional or notified family members.

Staff told us the manager provided them with guidelines around which foods were healthy and nutritious. "We try to encourage people to eat healthily." Another staff member told us a person she supported was continually eating frozen meals so she arranged to have additional time to support them so she could occasionally prepare a full meal with fresh ingredients.

Staff supported some people with cooking and some people at Jed House with menu planning and food shopping. Two people said staff had offered them support with preparing food but they did decide they did not want this support.

One person's care plan stated that staff did not prepare food for them but care records showed that recently staff had been preparing simple items such as tea, fruit and bread and butter. We informed the provider who said they would update the care plan to reflect this change of care.

Relatives told us the staff made breakfast and an evening snack as required for their relative in the family home. Most care staff heated up lunch made by another family member.

Good

Is the service caring?

Our findings

People told us that staff were caring and provided a good service to them. One person said, "they are really good, I couldn't say anything bad about any of them." Another said the service was "marvellous and excellent." Another person said, "I am really happy. Staff support me and check on me and make sure I am ok" and another said about Jed House, "this is a really good place. I am very happy here." Another person at Jed House said, "I am staying here for life."

One person had only been receiving care for a week when we met them. They were supported by care workers to shower daily and to take their medicines. This person told us they were very happy with the service and the staff.

We could see from records that people were involved in planning their care and staff told us they encouraged people to be as independent as possible. People at Jed House were supported as needed, but the focus of the service was to encourage living independently.

We noted that one person's care plan included advising care workers to greet the person and at the end of the night time call to hold their hand and say goodnight. This showed a sensitivity of staff to an individual's needs that was caring.

Relatives told us the carers supporting people in their family homes were kind and caring to their relatives. We were told "the care worker treats my mum like her grand mum." Another relative told us "They don't hurry her up they walk at her pace." This relative also said the staff member had learnt some words of the language the person they cared for spoke to be able staff to communicate better with them.

People told us they were treated with dignity and respect and this was confirmed by relatives. Staff members told us as they had regular clients they got to know their preferences and dislikes. "We cover them and make sure they are private" when washing people. Another staff member told us "I put myself in their shoes and treat them how I want to be treated."

Care workers supported people with their cultural food preferences, and were sensitive to people's cultural requirements. One staff member told us she was happy to wear overshoes at the home of one person due to their religious requirements.

Good

Is the service responsive?

Our findings

The provider and registered manager had updated all care plans since the last inspection so staff were able to understand people's current needs and know how to meet them. Care plans were clear and easy to understand, and were person centred. They guided staff from entering the person's home, what care tasks they should be supported with and how they needed this to be done safely, their preferences and how to end the visit. These were detailed and personalised to each person's differing needs. Care plans also clearly recorded the times care workers needed to arrive and how long to stay.

People told us that staff were responsive to their requests and checked that they were happy with the care provided on a regular basis.

Relatives confirmed they were happy with the responsiveness of the service to their family members. For example, they told us it was easy to contact the agency and the office staff responded to their queries. One relative told us "I can call the manager anytime even on Saturday and Sunday out of hours and for that I am appreciative. They also give me advice on how to improve things, like getting [incontinence] pads."

The registered manager told us she saw most people using the service every week. People at Jed House and staff working there confirmed that the registered manager visits there weekly. She also personally provided care to a number of people every week. This proactive approach meant that the registered manager was able to respond to changed needs quickly and update people's care plans if their needs or wishes had changed.

A health and social care professional told us that they were notified if people's mental health deteriorated, and that staff worked co-operatively and in line with suggestions made by the mental health services. Therefore staff and health professionals discussed and managed risk taking behaviour in a co-ordinated way.

We saw from reading care plans that staff supported some people with going out to do things they enjoyed where they felt unable to go alone. One person said they were not confident using public transport but staff would go with them if they asked.

We looked at the complaints records over the last 12 months. One was minor, the other more significant. Both had been dealt with appropriately and in a timely manner. We saw that there were five compliments to the service. We also saw that complaints and compliments were discussed at the management meetings, and were reviewed quarterly to understand trends.

Relatives told us they hadn't had reason to complain but all knew how to and felt confident issues would be addressed quickly.

Good

Is the service well-led?

Our findings

The provider's vision for the service is "to provide high quality person centred care that serves our clients' best interest, every time, all the time." The provider states they will deliver a person centred and holistic care service, taking into account people's preferences and needs, and involving people in the planning of their care.

The organisation had recently started a quarterly newsletter for staff to promote their values, provide information on training and highlight changes in procedures or promote specific issues. The first issue focused on late and missed calls, and outlined the process for staff to follow if they were late for a call and set out the actions the registered manager would take to alert people using the service.

At the last inspection the service was not always well led, but we could see at this inspection the provider had made significant positive changes to address issues raised at the last inspection. For example, the provider had contracted additional support to assist with the management of the service. The contractor had assisted with setting up systems to check the quality of the care provided in relation to care and support plan records, staff personnel records, and training. Extra resourcing of office staff had meant the senior management team now had systems and processes in place to monitor the quality of the service and identify where remedial action needed to take place. For example, the action plan agreed following the last inspection had been reviewed periodically and updated with actions taken and those still outstanding. Also, we could see the schedules for care plans to be reviewed, spot checks to take place and personnel records to be audited going forward.

We noted management meetings were taking place every two months, and these meetings were used to deal with a range of issues including outcome of audits, training requirements and feedback from people using the service. We could see there was an overview by senior managers to check progress in quality across the service. We saw that there were additional quality assurance meetings planned every six months, the first having taken place on 3 June 2016.

Policies were in place to guide staff as to the correct procedure to follow, these had been obtained from a generic care provider organisation and not all were adapted so they were entirely relevant to the service. The registered manager undertook to ensure all policies were adapted to suit the specific needs of the service.

Since the last inspection in 2015 the provider had carried out a survey to gain the views of people using the service. Questions asked related to the five domains CQC inspect, for example safe, effective, responsive, well led and caring. There was an 80% return rate for questionnaires and the service scored highly on all areas including 90% of people saying the carer turned up on time and that they were happy with the care and support that they received. Eighty per cent of people were happy with the way they were treated, with the remaining 20% reporting they were usually happy. We could see that there were actions that had been identified and taken place a result of the survey. For example, two new courses for staff were run as a result.

The registered manager had a good knowledge of the people using the service, and this helped her to understand the changing needs of individuals and the service requirements.

Staff told us they enjoyed their jobs and felt supported "You can always contact them, they give good advice " Staff also told us they felt valued by the registered manager and the provider. One carer told that they were paid for travel and training. "This does not always happen in other agencies. " We were also told, "The company is good, reliable and well structured." And another staff member told us it's a "great place to work."

We could see that staff meetings took place on a regular basis and one staff member told us "You always get the chance to get your voice heard."

Relatives confirmed spot checks took place to ensure the service was of a good quality and they were sometimes phoned to get their views. We asked relatives if they would recommend the service to other people and were told by all three they would.