

Homecare Unique Limited

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Inspection report

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Date of inspection visit: 7 July 2015
Date of publication: 07/10/2015

Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection was carried out on 7 July 2015. Our inspection was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Homecare Unique Limited provides care to people who live in the community in their own homes. At the time of our inspection two people received care and support from the service. The service provided support to older people within their own home.

Homecare Unique Limited had a registered manager. 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.

People told us that they felt safe. Staff had received training about protecting people from abuse, and they

Summary of findings

knew what action to take if they suspected abuse. However, the staff did not have access to the Local Authorities policies and procedures relating to safeguarding.

Recruitment practices were not following the law, published guidance and best practice.

Staff were aware of their responsibilities regarding reporting any accidents and incidents. A system was not in place to monitor or deal with accidents and incidents, however there was a system to record accidents and incidents.

Staff did not always have suitable information and guidance to safely work with people in relation to personal protective equipment (PPE) and lone working. Health and safety risk assessments relating to staff had not been completed.

People's mental capacity had been assessed and recorded within their care plans which staff followed. However, some staff did not understand their responsibilities under the Mental Capacity Act 2005. We have made a recommendation about this.

Quality audits completed by the registered manager were not always effective in identifying areas for improvement. For example, the knowledge of staff regarding the Mental Capacity Act.

Potential risks to people in their everyday lives had been identified and had been assessed in relation to the impact it had on people. Staff were observed following the risk assessments which were in place for people.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

Staff told us they felt supported by the management team. Staff were trained to meet people's needs and were supported through supervision and team meetings, to carry out their roles.

The agency employed sufficient numbers of staff to meet people's needs. People told us staff stayed for the full length of time which had been allocated.

People received their medicines safely when they needed them. Staff had received information regarding the safe administration of medicines which was checked by the registered manager.

People's privacy and dignity was supported by staff at all times. People told us staff were kind and caring towards them.

Records relating to people were stored confidentially. Staff had received training regarding confidential material and knew when things were to be kept confidential.

People were involved within their assessment and care plan. Care plans were reviewed with people when needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe

People felt safe and staff received appropriate training and support to protect people from abuse. However, the providers policy about safeguarding did not provided staff with up to date guidance on reporting abuse.

Safe recruitment procedures had not always been followed.

Potential risks to staff regarding their role had not been assessed. Risks to people in their everyday lives had been assessed.

Systems were in place to ensure adequate staffing levels at all times to meet peoples needs

People received their medicines safely and when they needed them.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not received training and were unaware of their responsibilities in relation to the Mental Capacity Act 2005.

People's health was monitored and medical support was sought when required.

People were supported with their nutritional needs which were detailed in their care plan.

Requires improvement



Is the service caring?

The service was caring.

People's preferences and personal histories had been recorded.

Staff were careful to protect people's privacy and dignity.

Staff listened to people and acted on what they said.

Confidential records were stored securely.

Good



Is the service responsive?

The service was responsive.

Complaints had not always been used as an opportunity for learning or development.

People were involved in assessing their own care needs.

Care plans were reviewed when required.

Staff were responsive to people's needs if changes were required.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

Checks had been made to assess that the quality of the service being delivered was of a good standard. However, audits were not fit for purpose.

People were given information about the aims and values of the service they would receive.

The registered manager understood their role and responsibility to provide quality care and support to people.

Requires improvement



Homecare Unique 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 7 July 2015, it was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team consisted of one inspector.

We spent time speaking to one person at their home about their experiences of receiving care and support from Homecare Unique Limited. We spoke with two staff and the registered manager.

We looked at records held by the provider and care records held in one person's home. These included two people's care records, risk assessments, four staff recruitment records, training records, policies and procedures.

We asked the registered manager to send us additional information after the inspection visit relating to Disclosure Barring Service (DBS) numbers for staff. This was sent to us as requested.

This was the first inspection of the service since it was registered with the Care Quality Commission.

Is the service safe?

Our findings

One person told us they felt safe and said “I am very well looked after”.

There was a safeguarding policy in place, dated June 2015 for staff to follow. However, the policy referred to outdated information including old regulations. Contact names, addresses or telephone numbers were not accurate. There was no copy of the local authority’s safeguarding adult’s policy, protocols and guidance in place. This sets out how the local authority responds to safeguarding issues, gives contact information and relies on providers following this for it to be effective. There was a risk of staff not having the right contact details and information should they wish to raise a concern.

Staff had received training in safeguarding adults and were aware of their roles and responsibilities with regard to keeping people safe from harm. They were knowledgeable in recognising signs of potential abuse and how to report abuse within the agency to the registered manager. They told us the signs of abuse may include people being withdrawn and not their usual self. Staff told us they would not hesitate to report any concerns they had to the registered manager.

Safe recruitment procedures were not always followed. This put people at risk of receiving care from staff that may not be suitable to work with them. Four staff files did not contain information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three files contained only one reference, one file contained no references, four files had no proof of qualifications and four files did not contain full employment histories so gaps in employment history could not be questioned and checked. The registered manager had obtained a Disclosure and Barring Service (DBS) for each member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an online mandatory training course before working alongside the registered manager or current staff at the person’s home. People could not be assured they were being supported by staff who had had the appropriate checks in place.

This was a breach of Regulation 19 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities).

Potential risks to people in their everyday lives had been assessed. These risk assessments were kept within people’s homes which was seen when the inspector visited one person. A copy had not been kept at the registered office for reference. Health and safety risk assessments relating to staff had not been completed including what staff were to do when they were lone working or about the use of personal protective equipment (PPE) that staff would need when supporting people with care and support tasks. Staff did not have suitable information and guidance to safely work with people.

This was a breach of Regulation 12 (2) (a) (h) of the Health and Social Care Act 2008 (Regulated Activities).

The registered manager told us accident and incident logs were kept in people’s homes. Staff would telephone the registered manager to inform them if there had been an accident, the registered manager would then go out to meet the person and discuss the accident. A system was in place to manage accidents and incidents, at the time of the inspection there had not been any accidents.

People were receiving care from adequate numbers of staff. The number of staff required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and evening. No one had experienced missed calls and one person said “Staff stay for the full hour and they (staff) will always phone and let me know if they (staff) are going to be late.” The agency had sufficient numbers of staff to meet people’s needs and cover holidays and sickness absences. The registered manager told us if there was an unexpected absence or emergency then they would cover the shortfall. The registered manager had planned to recruit extra staff as they gained additional people to support.

People were supported to receive their medicines safely and when they required them. Staff read a book regarding the administration of medicines during their induction into the role and their competency was checked at spot checks by the registered manager. Staff we spoke with described how they administered medicines to people including, checking the medicines administration record (MAR), checking the time of administration, dosage to be administered and the expiry date of the medicines. Staff

Is the service safe?

checked that medicines were stored correctly. People received their medicines at the correct time and had support to be as involved as they could be with their medicines.

Is the service effective?

Our findings

One person told us “Staff give me the help I need and involve me as much as possible with food and drink.” People’s needs in relation to support with eating and drinking had been assessed during an initial assessment and any support requirements had been recorded in their care plan, which described the support a person required. One person required support with cooking their meals.

Some staff were unable to describe their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They did not know how people’s capacity to make different decisions affected how they should be cared for and supported. Staff had not received any training or guidance relating to the MCA. People’s capacity had been assessed within a risk assessment which was available to staff in people’s homes but staff were not all aware that capacity could fluctuate and change. The people who were supported by the provider had capacity to make decisions about their lives.

Staff supported people with their health care needs. Staff were attentive and knew when people were unwell or may need a doctor’s appointment. One person told us “My doctor said I need to do more walking, so I have agreed with the staff for them to encourage me to walk.” People’s health needs were recorded and as staff knew people well they responded promptly by calling the person’s doctor if they appeared unwell.

Once staff were recruited they completed an on-line annual training course prior to working with people. The training included the safe handling of food, health and safety, fire safety, infection control, basic life support, lone working, manual handling and safe guarding children and adults. Staff told us they received the training they required to complete their job. One member of staff said “If I feel a training course will be beneficial I will inform the registered manager and it will be arranged.”

Staff had received training in the safe handling of food and knew how to use this within their role. Staff supported people to prepare their meals at a time they had chosen. People’s food and nutrition needs were detailed within their care plans.

The registered manager told us when staff are recruited they work alongside the registered manager or other current staff to gain knowledge and skills and get to know the people they will be supporting. The registered manager told us if they had any concerns regarding new members of staff they would go out with them again for further visits until they were totally confident in their skills and abilities. Staff confirmed they were supported by the registered manager when they started working for the provider.

Team meetings took place at the registered office on an infrequent basis. The registered manager told us team meetings would take place when things had changed. For example, the additional use of a slide sheet to support someone to move, staff would then meet at the registered office to discuss the new way of working. Staff told us the team meeting they had attended covered staff’s well-being, the well-being of clients and the safety of staff and clients. These meetings had not been recorded; therefore there was no evidence available at the time of inspection of the discussions and outcomes of these meetings.

Staff told us they felt supported by the registered manager. One staff member said “If I require support I know that the registered manager is at the end of the phone when I need her, and is very helpful.” The registered manager told us that they did not have formal recorded supervision with the staff because the team was very small. The registered manager said “I see the staff often and we discuss the clients. I will send a text to the staff daily to see how things are going.” Staff had not received an annual appraisal as the service had not been open long.

Is the service caring?

Our findings

People were supported by staff who knew them well. Staff were able to describe people's needs, which evidenced that they knew them well. One person told us "The staff are friendly and very kind." Staff were aware of the interests, hobbies, likes and dislikes of the people they were supporting.

We observed staff and people laughing and joking together. Staff involved people at all times during their care visit. Staff sought people's permission and consent prior to completing a task for example, staff asked people if they wanted their curtains open, light off and television turned on and turned down.

Staff were observed to protect people's privacy and dignity, for example staff asked if whether people wanted their curtains closed whilst speaking to us. Staff told us how they would protect people's privacy and dignity whilst they were providing care and support including covering people up with a towel after personal care and closing doors. When asked if staff treated people with privacy and dignity one person told us "Yes all the time."

People could be assured that information about them would be stored securely and treated confidentially. Staff had received training regarding 'Information Governance',

this training covered the appropriate use of confidential information, standards of confidentiality and consent to information sharing. Records relating to people's personal details and their care were stored securely and safely. Records held in the office were stored on the computer which the registered manager could only access. People could be assured that information about them was treated confidentially.

Daily records were made by staff each time they visited a person in their home. These daily records recorded the nature of the care visit and a brief description of the care and other tasks that had been carried out. Language used within the daily records was respectful and compassionate.

People told us staff listened to them and acted on what they said, for example one person told us they had asked the staff to encourage them to walk which had been suggested by the person's doctor, helping to promote their independence.

People received a fact file about the provider prior to receiving any care or support. This included information about the provider, staff and what people need to know about the service they would receive. People were fully involved in having a say about the care and support they received. People were supported to be as involved as they wanted to be in writing and updating their care plans.

Is the service responsive?

Our findings

People were involved in their initial assessment and subsequent care plan, which was carried out with the registered manager who documented people's wishes and care needs. People's needs were reviewed and any changes which were required to people's care and support were recorded in the care plans.

People knew how to raise a complaint or concern; they told us they would call the registered manager "Who would sort it out in a flash". The same person told us they had never needed to raise a complaint or concern but if they needed to they were confident it would be dealt with promptly. Staff had received training in dealing with complaints and were able to describe how they would deal with a complaint they had received which included listening to the complaint, documenting the information and then inform the registered manager.

The service had received one complaint since opening. A complaint had been made regarding staff using their mobile phone whilst in a person's home. This had been investigated, recorded and acted on. The registered manager did not have a formal record of the complaint as it was saved within an email. The complaint had not been used as an opportunity for learning or improvement.

The registered manager visited people regularly to listen to their views on the service being provided. These meetings were recorded in people's daily logs and gave people the opportunity to raise any complaints or concerns they might have had.

People had their own copy of their care plan with another copy at the agency office on the computer for the manager to refer to. The full range of people's needs was recorded with action by staff to meet these needs. This included any support people may need when out in the local town, communication needs and help they may need with cooking and budgeting. Staff knew people well and were knowledgeable about their support needs. This was confirmed by the person we visited and the staff we spoke with.

Care plans contained information about people's personal strengths and personal histories. For example, it was documented that staff should talk about places in other countries where people had previously worked as this was an area the person was interested in. Staff followed this whilst talking to people.

Staff were responsive to people's needs especially if there were any changes for example, if someone requested to change their hours of support. People told us that the staff arrived on time and stayed for the allocated time. People said they could contact the agency office when they needed any advice or extra support.

Is the service well-led?

Our findings

One person told us “The registered manager is wonderful and always oversees everything.”

People and staff spoke highly of the registered manager who was visible and available when they needed to speak to them.

One person told us “The registered manager comes and sits with me and talks to me about how things are going.” The registered manager would use the information gained from these meetings to develop and improve the service they provided.

There were systems in place to monitor that staff received training, had team meetings, spot checks, and supervision meetings, however, these had not been recorded. This gave staff the opportunity to raise any concerns and be kept informed about the service, people’s changing needs and any risks or concerns.

Spot checks were made on an informal basis by the registered manager and were called a well-being check. The registered manager told us that they visited people on a regular basis to talk about any concerns or complaints. These visits were recorded within people’s daily notes, one person’s daily log was checked which showed visits from the registered manager had taken place on 23 June and 25 June 2015.

We recommend the registered manager keeps an accurate record of these quality assurance processes.

The registered manager completed audits of people’s care plan’s, medicines and daily logs during the unannounced spot checks. This quality assurance process had not been used to drive improvement for the people using the service. The audits completed by the registered manager had not identified what we had observed during the inspection so action had not been taken to resolve the issues with regards to the lack of staff awareness regarding the Mental Capacity Act.

People were given a service user guide and statement of purpose prior to receiving care and support from the provider. These documents outlined what people could expect from the provider and their staff. People were given the phone number of the registered manager whom they could contact if they were needed.

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had been abused. There had not been any events at the time of our inspection that had needed reporting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met: The failure to carry out safe recruitment practices to make sure staff were suitable to work with people

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: Staff did not have suitable information and guidance to safely work with people.