

Unite Healthcare Ltd

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Unite Healthcare is a domiciliary care service that provides support and personal care to older people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 85 people were receiving support with personal care.

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

Whilst systems were in place to check the quality and safety of the service these had not always been effective at identifying the issues we found during inspection.

The service had not always ensured that recruitment of new staff was robust; various checks required as part of the provider's recruitment policy had not been completed on newly recruited staff to ensure they were safe to work with vulnerable people. This issue had been addressed by the end of the inspection and new processes had been implemented to ensure safe and robust recruitment.

Mixed feedback had been received from people and family members regarding their call times. Some people told us staff did not always turn up at the agreed times and were often waiting for staff to arrive. However the management team were able to provide evidence that a high percentage of calls were completed at the correct times and live monitoring of calls was carried out by staff to address any issues straight away.

Sufficient numbers of staff were deployed to meet people's individual needs. Staff had received a range of appropriate training and support to enable them to carry out their role safely and effectively. People told us they received the right care and support from staff who were well trained and knew them well.

People told us they felt they received care from staff that made them feel safe and were confident they were well looked after. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely; people and family members confirmed that medication was received at the right times. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in away they preferred. People received support to maintain good food and drink intake and their healthcare needs were understood and met. Care was delivered in a personalised way and in line with information recorded in people's care plans.

People and family members told us staff were kind and caring and always treated them with respect. People felt listened to and told us staff had time to sit and chat with them. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members knew how to make a complaint and felt confident any would be dealt with appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 30 July 2018). At this inspection enough improvement had not been made and sustained and the provider was in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan and meet with the provider to discuss what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Unite Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

The inspection activity started on 25 July 2019 and ended on 10 August 2019. We visited the office location on 25 July, 1 and 8 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven family members about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment processes were not always being followed. The registered manager had failed to ensure that appropriate checks had been completed on newly recruited staff to ensure they were safe to work with people who are vulnerable due to their circumstances.
- We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safe and effective recruitment of staff.
- The provider responded immediately after the inspection. They confirmed all the actions were now completed and suitable recruitment checks were in place.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Medicines were managed safely by suitably trained staff.
- Where people required support with their medicines, it was clearly recorded within their care plans. Staff had access to electronic devices to enable them to record when medicines had been administered. Those checked, showed that medicines had been administered at the right times.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments included "Yes the girls [staff] make sure everything is switched off and my windows are closed" and "I do feel safe yes." One family member told us "Yes he [relative] is safe. They [staff] make sure they are with him all the time, he's never left."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further occurrences.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

Learning lessons when things go wrong

- The service kept a record of any incidents including accidents that occurred within people's homes. Incidents were reviewed regularly by the registered manager to look at patterns and trends. Action was taken to prevent incidents occurring in the future.
- The service showed evidence they were able to learn from lessons by implementing new systems following incidents/events, such as changes to how they monitored when people had been admitted to hospital to ensure staff were aware of their discharge back home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and received one-to-one supervision. Not all supervisions had been completed within the provider's timescales. However staff felt the support they received enabled them to discuss their work concerns or learning and development when needed.
- People and family members told us they felt staff had the skills and knowledge to provide the right support. Comments included "Oh yes, most definitely. They [staff] tell me about the training they been on" and "Definitely in good hands. They [staff] know what they are doing."
- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge; training received was appropriate to people's needs and the requirement of their role.

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

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process.
- People told us staff knew them well and how best to meet their needs.

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

- Care records documented when people needed support with preparing food and drink.
- People told us staff helped with their meals where required and always made sure they had access to drinks and snacks before leaving.

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

- Where people received additional support from health and social care professionals this was recorded in their care records.
- The registered manager and staff were aware of the process they should follow if a person required support from any healthcare professionals.
- People told us if they had concerns about their health staff would talk to them about it and support them access health services if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Comments included "They [staff] do ask for consent" and "Yes always, they [staff] ask me before they do anything."
- Records to evidence consent for care had been signed by the right person.

Is the service caring?

Our findings

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

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

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

- People and family members spoke positively about the caring nature of the staff and the support they provided. Comments included "They [staff] are definitely kind. They come in and laugh and joke, talk to me while doing stuff. They brighten up my day," "Staff are lovely, I can't fault them" and "She [relative] really relies on them [staff]. She's always saying 'I love my carers.'"
- People told us staff took their time and provided compassionate care when supporting them. One person told us, "Sometimes if I'm in pain in the morning they [staff] will be careful about how they dress me so that it doesn't hurt."
- Staff knew people well and showed genuine care and concern for the people they supported.
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. Comments included "Yes staff respect my privacy and dignity. If they are going to shower me and I tell them I have to go to the toilet they leave the room and give me privacy" and "He's [relative] a very proud man, so they do support his privacy."
- Staff supported people to remain as independent as possible. One person told us "They [staff] let me do things by myself but are there to help if need them."
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they did this.
- Electronic devices were used by staff to access information regarding people's care and support needs; Staff were required to use secure log in details to ensure information was kept confidential.

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

- People and family members told us they were given the opportunity to share their views about the care they received.
- People told us they had regular meetings to discuss care and obtain people's views. Comments included "I had a care review about a fortnight ago. I have had a couple of reviews and I get to have my say" and "There's someone coming next week to talk about the care plan. They [staff] have been round before to talk about how things are going."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection we recommended the provider look at ways to improve call times. People using the service told us improvements had not been made.

- Mixed feedback had been received from people regarding their call times. Comments included "Their [staff] timing is not very good. Sometimes up to two hours out. Weekends are the worst," "They [staff] don't normally ring when they are late, I have to keep ringing them to see what time they will turn up" and "They do turn up 15 minutes before or after."
- During the inspection the provider showed us evidence that a high percentage of calls had been completed at the agreed times. Office staff received live alerts when calls had not been completed at the right time which meant they were able to address the issue straight away.
- Electronic devices were used by staff to access relevant information regarding people's call times and tasks to be completed at each call. Staff were able to provide updates regarding the care and support provided to ensure staff had access to the most relevant and up-to-date information about people's care and support needs.
- People's care plans included some information regarding their social history, likes and dislikes and cultural and religious beliefs to allow staff to get to know people before providing support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with.
- Each person's care plan contained information about who to contact should they wish to make a

complaint.

- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however the registered manager showed a good level of knowledge and understanding around their role and responsibility in this area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Although audits and checks were in place to monitor key aspects of the service, they were not always effective and failed to identify the issues we found relating to recruitment.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 'Spot checks' were completed on staff by the management team to observe their practice whilst providing support to people. Any issues identified would be addressed through supervision and additional learning and support given if required.
- Surveys were sent out to people and family members as a way to gather people's views about the service; information gathered was used to make improvements to the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not always a person-centred approach within the service as we found issues relating to recruitment and call times. However, people spoke positively about the caring nature of staff and told us overall they were happy with the service they received.
- The registered manager was supportive of people and staff with protected characteristics such as those within the LGBT community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was supported in their role by other management staff who had daily oversight over staffing and care co-ordination.
- During our inspection the registered manager informed us of their intention to resign, an interim manager had been appointed by day three of our visits.
- People, family members knew who the registered manager was but had limited contact with him. People told us they had regular contact with office staff and were confident in their abilities.
- The provider ensured policies and procedures were reviewed regularly and accessible to staff when needed.

- The registered manager ensured we were notified of events as required by regulation.
- The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families through regular reviews, conversations and surveys to allow them to put forward their views about the service.
- One manager told us that whilst staff meetings were arranged it was difficult to get all care staff to attend. We discussed looking at alternative ways to engage effectively with care staff.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always effective and had not identified issues relating to recruitment and call times.