

Unique Resourcing Ltd

Unique Care UK

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 22 January 2019 and was announced. We gave the provider 48 hours' notice that we would be visiting their office so that someone would be available to support us with the inspection process. This was the first inspection of the service since it was registered with CQC in April 2018. The service had been operational for three months at the time of this inspection.

Unique Care UK is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of any age who need care due to physical disabilities, illness or those living with dementia. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of this inspection the service was providing personal care services to twelve people. A live – in care service was provided to one person. Most people used the service for between one and three calls a day for support with personal care and meal preparation.

There was a registered manager in post who was also a director of the company. 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.

The service had risk assessments in place which covered specific areas of risk for each person, such as falls, environmental and health risks. The service had processes in place to ensure the safe administration of medicines.

The provider had not consistently followed safe recruitment processes. Some staff did not have references from previous employers in health and social care as evidence of satisfactory conduct in their previous jobs, and one person did not have a suitable up to date criminal records check.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service's policies supported this. Care workers always asked people's consent before providing any care.

Care plans were not sufficiently detailed to ensure person centred care would be provided though staff had a good understanding of what care they were to provide and feedback from people using the service was overall positive.

Staff supported people to ensure they ate and drank well. People were generally happy with the care staff

that supported them and thought care workers were caring.

Care workers had appropriate training and support to enable them to deliver their roles effectively. They told us they were happy working for this service and felt well supported by the registered manager.

The service had processes in place which dealt with complaints and concerns.

The management team were continually improving the service and learning from experience. The service had been operating a short time so were monitoring their calls by phone and spot checks but they were planning to implement an electronic call monitoring system shortly after the inspection.

We found two breaches of legal requirements at this inspection which related to staff recruitment and quality of care plans. You can see what action we asked the provider to take at the end of the full version of this report.

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 consistently safe. Staff recruitment did not meet legal requirements.

Care plans lacked detail on how to provide the care according to the person's wishes. People felt safe and received their care from a small team of staff at the time they wanted it.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were trained and supervised in their roles. Staff felt well supported. People were generally satisfied with the care. Staff asked them for their consent before providing care.

Good ●

Is the service caring?

The service was caring. Staff had formed good relationships with people using the service. People said staff were kind and caring.

Good ●

Is the service responsive?

The service was responsive. Staff knew and responded to people's needs and wishes. People felt listened to and comfortable raising any concerns with the management team in the service.

Good ●

Is the service well-led?

The service was not consistently well led due to the provider's quality monitoring not picking up concerns about care plans and staff recruitment. People were satisfied with the service and staff were happy working for this service. Staff morale was good.

The management team were committed to ongoing learning and improvement.

Requires Improvement ●

Unique Care UK

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 checked 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.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of or experience of caring for someone who has used this type of service. Their involvement in this inspection was making calls to people using the service and their relatives.

We spoke with a director of the company, the registered manager and the care coordinator during the inspection. After the inspection we spoke with three care workers by telephone. We spoke with two people using the service and to relatives of three other people to find out their views on the service.

We carried out pathway tracking where we checked all the records relating to four people using the service to see if the service had assessed their needs, developed a care plan and risk assessment and kept records of care provided. We looked at the recruitment records for five care workers. We checked all staff training and supervision records and records relating to the management the service. This included audits, satisfaction monitoring records, complaints and policies.

Is the service safe?

Our findings

Staff had completed training in safeguarding people and were able to give examples of situations where they would report concerns to the registered manager. The details for the local authority safeguarding teams were available in the office for the management team to refer to and there was a safeguarding procedure in place. The service had made an appropriate safeguarding alert. Staff were familiar with the safeguarding and whistleblowing policies.

People had risk assessments in place to address any known risks to their health and safety such as their home environment and risk of falls. The registered manager told us of an example where a person had not answered the door to care workers and the registered manager had called emergency services and stayed to ensure the person was safe.

We checked care plans and found these did not contain enough detail about the person's needs and preferences. They contained a lot of information but the information on how to provide care was limited. One person's care plan stated that care workers were to support them to get into bed but didn't detail how this should be done and did not detail their preferences for position they wanted to lie in, how many pillows and whether they wanted a drink to hand, the light off and any risks involved in this care task. A lack of detailed care plan meant there was a risk that care workers would not provide safe care in accordance with a person's wishes.

Another person did not have an assessment of needs, risk assessment or care plan in their file in the office when we inspected. The registered manager said there was a copy in the person's home. We received this later. One person had a detailed care plan written by the local authority which care workers were following but the service had not provided a risk assessment for how to provide the care for their care workers.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not following safe recruitment practices to ensure staff were suitable to work for the service. Although checks were carried out on all staff before they started work we found some staff did not have references from previous employers in health and social care or a full employment history which is a legal requirement. One person had two character references and none from previous employers in the care sector. Another had a reference from somebody they had worked with at their last job but who was no longer employed there so this was not a verified reference from the employer. In addition, one care worker had a criminal record check but this did not include up to date clearance for working with children when they were working with a child. We discussed this with the registered manager during the inspection who took immediate action to remedy this situation.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff had other checks in place such as proof of identity, criminal record check and health declaration.

People said their care was provided safely. One relative told us, "They make sure they do things safely and do whatever she needs." Others agreed. The registered manager had a good understanding of people's safety needs. They had contacted the local authority to suggest safety measures to support people.

The registered manager said there had been no missed calls. The management team told us that they asked care workers to always inform them if they were running late and the managers were able to step in at short notice and cover a call to ensure a person was not kept waiting. People and their relatives agreed that staff were on time or if late they would be informed in good time.

The registered manager informed us that all care workers have "shadowed" working with all the people using the service. The shadowing meant that all staff were familiar with the needs of all the people using the service in case they needed to cover for staff leave or sickness.

There were five care workers employed at the time of this inspection and the management team also provided some care. They told us that as the service expands they would employ more care workers. The service used an electronic staff rostering system to ensure that all calls were covered. Each person had a consistent care worker or small team of care workers to ensure continuity of care.

At the time of the inspection there was one person being supported with their medicines by care workers. An appropriate record was kept of all medicines administered to the person. Staff had completed training in medicines administration and further training was planned for senior care workers. One person said, "They always make sure I take my meds and swallow them correctly." A relative of the person said, "Yes they help with meds. It's given on time and in the correct manner."

Staff were trained in infection prevention and control when they started work and were provided with personal protective equipment in the form of aprons and disposable gloves. The registered manager said they also had shoe covers available on request.

Is the service effective?

Our findings

One of the management team assessed any potential clients before offering them a service to ensure they would be able to meet their needs.

There was a comprehensive induction for new staff and once completed, they worked alongside more experienced staff until they were assessed as competent by the registered manager and allowed to start work alone. Staff told us they found the four day induction training useful. They confirmed that they had "shadowed" other staff to see how each person's care was delivered before they went to provide care alone. Staff had regular supervision sessions and spot checks where their competence at carrying out the care task was assessed. Staff told us that they found the training helpful and one said that they liked the fact that the registered manager always checked that they understood the training.

Staff had completed mandatory training and were undertaking training in the care certificate which is a nationally recognised training for staff working in health and social care settings. People thought staff were well trained in providing care.

Staff members said that they knew how to provide each person's care because there was a care plan in place or the registered manager or care coordinator texted them instructions.

Staff received regular supervision including spot checks while they were working in people's homes to ensure they were delivering effective care. The registered manager gave us examples of where they had given extra training where spot checks showed a care worker had some training needs so this was an effective process. Staff felt well supported. Staff said the office staff were "great" and "supportive" and solved any problems for them quickly. One care worker told us, "The support is amazing."

As the service was new there had not yet been any appraisals but the registered manager had templates in place ready to carry out the staff appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the service was working within the principles of the MCA. People confirmed that staff asked for consent before proceeding with care and support. Nobody was subject to any restrictions. Staff were trained in the MCA and told us they understood the importance of seeking a person's consent every time they delivered care. One person using the service lacked mental capacity but had a representative liaising with the service on their behalf. Staff knew how to engage the person and seek their consent to care. One person said, "They ask all the time."

Staff prepared meals for two people and supported them during mealtimes. Other people had their meals prepared by family or could do this for themselves. People were satisfied with the way staff did this. One relative said, "They prepare breakfast, lunch and a snack in the evening. I buy the food and they ask what mum wants" and one person using the service told us, "They ask what I want to eat and the food tastes nice."

The registered manager told us that at the current time they were not providing a service to anybody with any specific dietary or medical needs such as risk of choking.

Staff were not carrying out any health-related care. Although two people had catheters, care workers did not need to provide catheter care at the time of the inspection. Care workers told us they reported any health concerns to the registered manager who would alert the GP or local authority. One person said that care workers would call the GP if needed and a relative said that care workers would prompt them to contact the GP if they thought their relative seemed unwell.

Is the service caring?

Our findings

As people were allocated a specific care worker or small team they had opportunity to form a good relationship with them.

The registered manager advised that during spot checks they checked whether care workers respected people's rights to privacy and dignity. Care workers were expected to ring the doorbell even when they had access to the key from a key safe. People told us care workers respected their right to be as independent as possible and that staff were caring. Comments from people and their relatives included; "They're kind and caring", " They take on board my wishes" and, They look after my husband well and I have no concerns."

Four of the five people we spoke to said they felt the service respected their individual lifestyle preferences, cultural and religious needs. The registered manager said that none of the people using the service had any cultural or religious needs that they needed support with and had not noted the ethnic origin or religion on all care plans.

Staff had training in equality and diversity and were aware of protected characteristics such as religion, disability and sexual orientation. The registered manager said they would ensure that care plans reflected people's protected characteristics and preferences when needed.

Is the service responsive?

Our findings

People said at the start of using the service they were not offered a choice between male and female workers. The registered manager had since recruited and trained male care workers so people could have a choice.

Staff told us that the registered manager gave them clear information about a person's needs so that they could deliver the preferred care but this was not always recorded in a person-centred care plan. Staff had good understanding of people's individual needs.

The service had a complaints procedure in place but had not so far received any complaints. People using the service and their relatives told us they would feel comfortable to contact the registered manager if they had any concerns or complaints. People said they felt listened to and that their suggestions were acted on.

One person was not satisfied that the service responded well to their needs but others were very satisfied. There were examples of where the service had responded to people's changing needs and approached the local authority on behalf of people using the service to request more support for them or specialist equipment.

Staff were not trained in end of life care but the registered manager said that the service did not offer this service.

Is the service well-led?

Our findings

Although the service was generally well led there were concerns about the quality of care plans and the staff recruitment process at this inspection so the service was not well led in those areas. The service's quality checking systems in place had not been effective in picking up the deficiencies in care plans and recruitment practice. The management team expressed their intention to make the necessary improvements straightaway.

Overall people and their relatives were happy with the service and the way it was managed. One person said, "The manageress is very good; the office staff are good, they always answer and get back to me when I leave a message. They do try to be efficient." Another said, "It is a very, very good agency."

There was an open person-centred culture at the service. Staff said they were happy working for this agency and could approach the office staff with any concerns or queries they had. The management team were committed to providing a good service and to continual learning and improvement.

Staff morale was good and staff said they enjoyed working for this agency. One staff member said this was "the best care agency I've worked for so far" and one said the providers were "very caring and compassionate people." Another care worker told us "this is one of the best companies I have worked for."

The registered manager was supported by a director, a care coordinator and a field supervisor to manage staff and oversee the care provided. All the management team supervised staff and carried out spot checks. Staff meetings were held on a regular basis.

As the service was providing care to a small number of people they used the telephone and spot checking to ensure there were no late or missed calls. The service was in the process of introducing an electronic call monitoring system which the management team had been trained in and were waiting to implement it.

The management team telephoned people using the service to check if they were satisfied and if they had any concerns. They told us they called people weekly. They also checked people's satisfaction when they visited them to carry out spot checks in staff.

The registered manager was on call 24 hours a day and people using the service had the out of hours emergency number.

The registered manager and care coordinator told us they were working on improving the format of care plans and were committed to continually improving. The care coordinator checked the daily record of care provided and signed them as evidence that they had been checked.

The service had a business plan with a financial forecast under continual review. They had signed up to two quality assurance agencies to keep up to date with good practice.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not included sufficient information in some care plans to ensure safe person centred care was planned.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered persons had not taken out all the required checks to ensure all staff were safely recruited.</p> |