

Unite Healthcare Ltd

# Unite Healthcare Ltd

## Inspection report

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15 March 2017

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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

This was an unannounced inspection, carried out on 16 and 21 of February 2017 as well as 15 March 2017 following concerns received by the Care Quality Commission.

Unite healthcare is a domiciliary care agency which offers care and support to people living in their own homes. The agency has an office based in Rainhill, Merseyside and employs 130 staff. The service was supporting 300 service users at the time of the inspection.

The last inspection of Unite healthcare was carried out on 4, 5 and 8 August 2016 and the service was rated overall requires improvement.

The registered provider is also the registered manager of the service. 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.

At this inspection we two 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 the full version of the report.

People's needs were assessed and risk assessments were in place. People's histories, likes and dislikes were not documented within their care plans. This meant staff did not always have essential information to offer person centred care.

We found that not all medicines were managed safely. Clear protocols were not in place to ensure these were administered and recorded in accordance with good practice guidelines. People's allergies were not recorded on the medication administration records (MARS) or medication care plans. This meant people were at risk of not receiving their medicines safely and staff not having all the information required to keep people safe.

The registered provider had systems in place for assessing and monitoring the quality of the service however; these were not robust and effective. This meant that there was a risk that concerns would not be identified in a timely manner and people's safety could be compromised.

People felt they could be better informed about which staff would be supporting them and when. However; people told us that staff were caring and attended to their needs. Most people said they had some support staff that attended regularly and knew them well. People told us staff had the right skills to do the job. The registered provider employed sufficient staff to meet the needs of the people they supported.

Recruitment practices were safe and demonstrated only people suitable to work with vulnerable people were employed by the service.

Staff had access to policies and procedures in relation to safe practice. All staff had received regular training in adult safeguarding and demonstrated an understanding of how they would recognise and report signs of potential abuse.

People and their families told us they had been involved in the development of their care plans. The care plans included clear descriptions of people's preferred routines. Reviews were regularly undertaken and included the people receiving the service. Daily records were completed but did not always include essential information including the date and time of visit. Records were not consistently legible or signed. This meant that audit processes would not always be able to accurately identify when issues had occurred. This could have a potential impact upon the efficiency of any follow up action taken to address these issues.

People knew how to raise concerns or make a complaint. Records showed complaints had been fully investigated in line with the organisational policy and procedure.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA. Most staff had received training and had a basic understanding of the principles of the Act. Care planning documents included consideration of the MCA which meant the people's rights were protected.

## 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 were supported to take their medication where appropriate, however information was not always recorded correctly and essential information was missing.

Staff knew how to recognise and report the signs of abuse. All staff had received up-to-date safeguarding training.

There were appropriate systems in place to ensure risks to people's safety and well-being were identified and addressed.

The registered provider had robust recruitment procedures in place. There were sufficient numbers of staff to meet the needs of the people being supported.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to access healthcare and specialist services when required.

People were supported by staff that had a basic knowledge of the Mental Capacity Act 2005 which meant their rights were protected.

People were supported by staff that had the right knowledge and skills to meet their individual needs.

**Good** ●

### Is the service caring?

The service was caring.

People told us that staff were caring, kind and helpful.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's rights to privacy.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Staff did not always have access to sufficient information to offer person centred care. People's histories as well as likes and dislikes were not included in the care plans.

People were involved in the regular review of their care plans.

People knew how to raise concerns and complaints about the service and they felt they would be listened to.

### **Is the service well-led?**

The service was not always well led.

A registered manager was in post.

The registered provider had not fully met the requirements of the last inspection.

The registered provider did not have a robust audit system in place. This meant that they could not monitor the quality and safety of the service in a timely manner.

The registered provider sought regular feedback from people about the service.

**Requires Improvement** ●

# Unite Healthcare Ltd

## **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 following concerns received by the Care Quality Commission.

This inspection took place over three days. On 16 February 2017 it was unannounced, on 21 February 2017 it was announced and on 15 March 2017 it was unannounced. The inspection team consisted of one adult social care inspector on the first two days and then two adult social care inspectors on the third day.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. The registered provider had completed a provider information return (PIR) and we reviewed this. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to four people being supported by the service by telephone. We spoke to eight relatives in person and by telephone. We visited nine people in their homes and also reviewed their care plans and records. We also spoke to the registered manager, office manager and five members of support staff.

We reviewed a range of records including the care records for people using the service. These included support plans, risk assessments and daily records. We looked at other records relating to the management of the service. These included staff training, support and employment records for nine staff members, medication administration records (MAR) charts and quality assurance audits.

# Is the service safe?

## Our findings

People told us that they felt safe with the carers coming into their home. People's comments included "Staff always explain what they are doing particularly when they are hoisting me" and "It can be difficult with new carers as they do not always know my routine".

At last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 because the registered provider did not have systems in place to assess, monitor and improve the quality and safety of the service provided. Medication administration record sheets (MARS) were not always completed accurately and there were no formal systems in place to check if medication errors had been made.

At this inspection we found that the registered provider had introduced a system for auditing MARS. However, the system did not include an audit policy which meant that there was not a clear direction regarding how often audits should take place to ensure information was accurate and up-to-date. During this inspection we found that a long period of time had elapsed between audits which meant that concerns were not picked up quickly and addressed to ensure that people who used the service received their medication as prescribed. For example: we say at audits were completed on the 16 February 2017 These included medication administered between August and November 2016. On some occasions carers had already left the service before any queries could be answered. The audit stated that some MARS could not be audited due to them not being dated or the name and address of the person had not been completed. There were missing entries, missing signatures and incorrect codes used on the MARS reviewed. There were some audits where actions had been identified and signed and dated as complete.

When we visited people in their homes we reviewed their medication records. MAR sheets did not demonstrate a number of medicines in stock within a person's home. For example, one person's record did not identify that they were having a prescribed pain patch administered by carers. This meant that staff may not always be aware that this person required a patch to manage their pain and placed them at risk of being in significant discomfort. People allergies were not recorded on the MAR sheets. We also found that as required (PRN) protocols or care plans were not in place within the files reviewed. For example, where paracetamol is administered, staff need to document the time and quantity given to ensure sufficient time elapses between administrations to minimise the risk of people being given an overdose. There was not a clear documented procedure followed for the safe disposal of medicines from people's homes. This is important to ensure unused or refused medicines are disposed of safely by staff or family members to the prescribing pharmacist. A record of this should be kept to demonstrate an effective system is being followed. This should be done to reduce the risk of excessive quantities of medication being stored in people's homes, which may be unsafe for people who experience episodes of confusion and are at risk of accessing these.

This was a breach of Regulation 12 of the health and social care act 2008 (regulated activities) regulations 2014 because the registered provider failed to have effective information and systems in place to manage the administration, recording or disposal of medicines.

Staff undertook medication training within the induction process. The registered provider had recently commenced a medication competency process which was completed over a three-month period and would be refreshed every two years. A senior carer had been recruited to undertake this role.

Recruitment procedures were in place to ensure that appropriate staff were employed. We looked at the recruitment files of nine staff and saw that the appropriate procedures had been followed. For example, we saw that all applicants had completed an application form and attended an interview. Prior to the person commencing employment, the required checks were undertaken including references and disclosure and barring service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant that people were supported by staff deemed of suitable character to work with vulnerable people.

Risk assessments identified risks to people's safety and plans were documented for the management of these. For example, we saw that people's living environments were assessed to identify any risks to health and safety. Risk assessments were also in place to support tasks which included moving and handling. Specific risk assessments were in place to meet the needs of the individual for example, skin integrity for a person at risk of developing pressure areas or for a person living with epilepsy at risk of seizures. This ensured that staff provided safe care and the correct level of intervention to meet people's individual needs.

Policies and procedures were in place in relation to safeguarding adults. The local authority safeguarding procedure was available in the main office. Staff demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. Training records showed that all staff had completed safeguarding training within their induction process however not all staff had undertaken safeguarding training updates.

A whistleblowing policy was in place and staff were familiar with this. The policy included details of external organisations including the local authority that staff could also contact with any whistleblowing concerns. Staff told us they were confident that they would raise concerns regarding poor practice with a senior member of staff or the registered manager.

Staff had access to advice and support from management, or senior members of staff at all times they were working. The office was staffed during core working hours and an on call system was available via a mobile telephone number at all other times. Emergency contact details for family members and healthcare professionals involved in people's lives were recorded within their care plans. This meant that staff, in the event of an emergency, could contact the appropriate people without delay.

Staff were aware of their responsibilities for ensuring the safety of people they supported as well as their own safety and the necessity to report any concerns they had. The registered provider had a range of policies and procedures that were made available to staff. Training undertaken by staff included health and safety, moving and handling theory and practice, fire safety, first-aid, and medication safety.

Personal protective equipment (PPE) was available and held within the office for staff to collect. PPE included aprons and gloves used by staff when undertaking personal care tasks. They are used to protect staff and people to reduce the opportunities for spreading infections.

There was a clear procedure for the recording and reporting of accidents, incidents and concerns. This included a full description of the event, people involved, actions taken by whom and when including date and time. This system was reviewed regularly by the registered provider.



## Is the service effective?

### Our findings

People told us that their regular carers knew them well, however people also said it could be difficult when new carers arrived who did not know them. Comments included "Staff are trained and know what they are doing", "I am not always told if different carers are visiting" "Staff are good and well trained".

Staff told us they did not receive regular supervision and records confirmed this. Records showed 15 supervisions were undertaken between 16 February 2017 and 15 March 2017. The five staff we spoke to told us they had not received an annual appraisal within the last 12 months and records confirmed this. The registered provider's policy stated annual appraisal should take place every 12 months. The supervision policy stated supervision would take place bi-monthly. Supervision gives staff the time to discuss any areas of concern within their role, areas for development and is an opportunity for the staff member to receive feedback within their role. The registered provider immediately commenced staff supervisions during the period of the inspection.

All new staff completed an induction in line with the new Skills the Care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All new staff undertook one day of shadowing with an experienced member of staff to support their orientation into the role.

All staff received an employee handbook that included an introduction to the company, key policies and procedures, statutory entitlements and training information. Supervision and team meeting guidelines as well as company expectations were also outlined.

Records showed training topics included fire safety, first-aid, health and safety and moving and handling theory and practice. Most training was undertaken via classroom sessions. Staff told us they felt they had sufficient training to undertake their role. Some staff had completed training linked to the qualification and credit framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff supported people with their meal preparation and there were care plans in place for the management of this. The care plans gave clear guidance for the level of support a person required with eating and drinking. One person told us "Staff make my meals and I tell them what I want them to make, it's always suitable for my diabetes". All staff had undertaken training in food hygiene and nutrition during their induction process. Records showed that professional advice had been sought from speech and language therapists when clear guidance was required regarding swallowing.

Staff supported people to attend appointments including dentist, GP, optician as well as hospital appointments. Staff explained what they would do in an emergency situation and felt confident they had received sufficient training to manage this.

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 or 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedure for this within the community is through the Court of protection.

We checked whether the service was working within the principles of the MCA. The registered manager had undertaken training in the Mental Capacity Act and showed an understanding of this. Records showed that some staff had undertaken Mental Capacity Act training. When a person did not have the mental capacity to make their own decisions the registered manager worked alongside health and social care professionals and appropriate family members to make specific decisions in people's best interests.

## Is the service caring?

### Our findings

Most people spoke positively about the care and support they received. Comments included "I have a laugh with the carers", "They are all good girls - anything I ask they will do", "Staff are caring and gentle" and "Always courteous and pleasant".

People told us their privacy and dignity was maintained. A relative said "Staff preserve [Names] dignity and always explain what they are doing". People's comments included "Staff preserve my dignity by keeping me covered up" and "Staff always close the blinds and keep me covered up as I'm downstairs". One person told us that staff always left their home tidy.

People told us that when they had regular staff that knew their individual needs preferences and abilities. All people spoken to stated they had experienced staff changes and particular days when they did not have regular staff. Comments included "Lots of new staff", "Lots of changes of carers" and "One day in the week and weekends can be really difficult as my regular carers are not working then". Four people told us that the times of their calls were variable and they did not always know what times staff would arrive or who the staff were. Everyone we spoke to stated staff completed all the tasks they required and stayed for the specified time.

People told us that staff always asked them what care and support they needed. They talked through the personal care process ahead of it happening, including moving and handling. People told us that staff would knock at the door before entering unless they had a prior arrangement to enter using a key code or other means. Staff had received training in relation to the role of the carer, including values and boundaries as well as communication.

The registered provider sought feedback from people receiving a service by way of an annual satisfaction questionnaire. Results from the last questionnaire undertaken during 2016 included, 100% of respondents felt staff treated them with dignity and respect, 100% of respondents were either satisfied or extremely satisfied with the help they received and 97% of respondents rated staff performance as good or above. Comments received within the questionnaires included 'Staff were pleasant, hard-working, respectful and helpful'.

The computers within the office were password protected and staff could only access information relevant to their role. All staff had undertaken data protection training during their induction. Records were stored within locked cabinets within the office.

We reviewed compliments received by the service which had included 'Your carers showed professionalism and patience, sometimes in difficult circumstances', 'I just want to say thanks for everything your team of carers have done over the past 12 months' and 'Every carer brought a smile to my dad's face'.

## Is the service responsive?

### Our findings

People and their families told us they knew how to complain or raise concerns. Comments included "No complaints so far but I would phone the office if I had any concerns", "My main concern is around timekeeping and a couple of times a month my call will be up to one hour late" and "I've had no cause to complain".

The service had a policy and procedure in place the dealing with any concerns or complaints. This was readily available to all people using the service. People knew who to the contact if they needed to raise a concern or complaint and felt confident to do so. Records showed concerns and complaints had been investigated and responded to appropriately.

An assessment of a person's needs was undertaken prior to them receiving a service. Assessments were undertaken by a suitably qualified member of the senior staff team. People and where appropriate family members were involved in the assessment process and the preparation of the care plans. One family member stated "Yes we (family) were involved in care planning". During our visits to people's homes we found that not all care plans were up-to-date. Three care plan files within people's homes were from the previous organisation that offered their support prior to Unite Healthcare taking over the package. These people did not have access to essential contact information including office telephone numbers or the complaints procedure as this information was not within the files. The care plans and risk assessments were awaiting review. The service had recently started to provide support to a large number of service users from another organisation and was in the process of updating all the care plan files.

People told us that the support they received mostly met their needs and that their regular staff team knew them well. Care plans included how many staff were required to support people, the tasks they were required to complete as well as people's preferred routines. Care plans were person centred and described a person's preferred routines. However these did not contain any information around people's social history, likes or dislikes. This meant that staff may not have all appropriate information relating to the person to ensure their support needs were met.

Each person had their own care plan file which contained care plan documents, risk assessments, involvement of other health and social care professionals and daily records. Care plans were stored electronically and accessed via computers at the service. As the service had undergone various software upgrades over a period of time information was not always readily accessible. Key information had been collated and was available to 'on call' staff to be used in the event of an emergency. The registered provider had previously stated within the provider information return (PIR) and an action plan received following the last inspection that a new electronic system would be introduced by September 2016. They stated this would improve the completion of tasks including medication and contact recording. This system was not in place at the time of this inspection. During our visit we were assured by the registered provider that the new system would be in place by May 2017.

Prior to staff leaving people's homes they completed a written record detailing the care and support they

had provided to the person. The records included the times staff had arrived and left, tasks undertaken any concerns raised and action taken as well as staff signatures. Whilst we found that some of these documents were fully completed, others had gaps in records and were illegible. This meant there was a risk that important information may not be passed on to the next carer. The registered provider had introduced an audit system in 2016 that included an action process to improve the completion of these. Records showed staff were spoken to as issues were identified to improve the completion of these documents.

Records showed staff worked alongside health and social care professionals, including district nurses and therapists to ensure people's needs were met. One person's records showed that contact had been made with the paramedics following staff concerns regarding a person's well-being. There was also evidence of GP contact when changing needs of a person were highlighted.

## Is the service well-led?

### Our findings

The service had a registered manager in post that had been registered with the Care Quality Commission since January 2013. The management team included the registered manager, office manager and a team of coordinators. People's comments included "We previously had difficulties with another company. Unite healthcare are very good" and "The communication by the office staff about changes could be better".

Following the last inspection undertaken during August 2016 a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because Medication administration records (MARS) were not fully completed and the audit system had not highlighted this. We required that the registered provider completed an action plan outlining how the required improvements were going to be made. The action plan received on 22 November 2016 stated the new electronic EMS care plan system would be in place by January 2017. It also stated it would be improving its training strategies around medication to include a medication compliance assessment and refresher by January 2017. They also stated they would be appointing a senior home care assistant role by the same date.

The registered provider had introduced an audit system to monitor and improve the service. The registered provider did not have an audit policy in place which meant that there was not a clear direction regarding how often audits should take place to ensure information was accurate and up-to-date. The systems and processes were not effective as they were not undertaken in a timely manner to highlight and action any concerns raised. Some documents including MARS and daily records had people's names and addresses missing, dates and times not completed, as well as missing signatures. Some audits had been undertaken up to 5 months after the original completion of the document. Some members of staff had left the organisation before these issues could be addressed. This meant that errors would not be identified in a timely manner which increased the risk of harm being caused to people.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service provided.

The registered provider had recently taken over 150 care packages from another organisation along with staff members. Some support staff team meetings had taken place but were not consistently evidenced through minutes.

Records showed that some staff observational practice had been undertaken by the registered provider to monitor staff when working with people within their own homes.

Staff received their weekly roster through their work issue mobile phone as well as any updates and amendments to their work schedule. The service used an electronic monitoring system for staff to log in and out of every call to people in their homes. This system recorded the times in which staff were scheduled to visit a person and also recorded the actual time staff arrived and left. The system was monitored by the service and the local authority on a regular basis to help ensure that people received the visits they required.

The registered provider had been asked by the CQC to complete a provider information return (PIR) which was received on 12 August 2016. This document asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR stated within the required improvements sections that the new electronic EMS care plan system would be in place for September 2016, a service user profile which would include people's needs, risks, history and their achievements would be available for all people receiving a service by the end of 2016, staff feedback groups would be introduced before 2017. The registered provider had not undertaken any of the improvements stated within the PIR.

The registered provider invited feedback from people using the service annually by questionnaire. Quality monitoring visits were undertaken while staff were visiting people in their homes and some telephone monitoring also took place to ensure that people were happy with the service they received.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations but not always in a timely manner. There had been a delay in notifying the CQC of safeguarding concerns received by the service.

The registered provider had policies and procedures in place for the service. Policies were available to staff in order for them to be assisted to follow best practice. This ensured staff had access to up-to-date information and guidance.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audit systems were not effective.