

Unique Care Network Limited

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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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection was undertaken on 01 March 2017 by one inspector.

The provider is registered to deliver personal care and support to people in their own homes in the community. The provider told us that 22 people were using the service at the time of our inspection. People had needs that related to old age and could include dementia, a variety of health conditions, and/or a physical disability.

The provider was also the registered manager and they were present during our inspection. 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 our inspection of June 2015 we found that the provider was in breach of the law regarding the quality monitoring of the service as the processes in place were not adequate. At our inspection of April 2016 we found that the quality monitoring of the service had improved to the extent that there was no longer a breach of the law. However, we found that some more improvement was required to ensure that the service was run adequately and safely. At this, our most recent inspection, we found that the quality monitoring had not improved as issues that we found had not been identified by the provider.

Medicine systems had not sufficiently improved since our previous two inspections when we found that improvements were needed to prevent any potential risk of errors and ill health to people who used the service. Staff recruitment processes had not improved since our previous inspection to ensure that all staff checks were carried out in a timely manner to prevent any risk of unsuitable staff being employed. The current staff/ staffing levels had not prevented some late or missed calls. People and their relatives confirmed that there had not been any experiences of abuse. Staff had received safeguarding training and knew how to report any concerns they may have.

People and their relatives had mixed views about the effectiveness of the service. Their views varied from good to feeling that some improvements were needed. Staff felt supported in their job roles on a day to day basis. However, annual appraisal systems were not used. Staff had received the training they required to them to be able to carry out their work. Staff ensured that they received consent from people prior to support being provided. People's medical needs could be met where this was required.

Complaints procedures were available but not in different methods that could make them easier to understand or read. Complaints had been looked into but there was no on-going analysis to determine patterns, trends or learning. Systems to determine people's satisfaction with the service had not been widely used. People's needs had been assessed and reviewed to ensure information was appropriate and current.

Audit processes had failed to identify issues that they should have done to ensure a safe, well-led service.

The provider had failed to display their last inspection rating on their website as they must do by law. People and their relatives confirmed that they knew who the registered manager was and were familiar with him.

You can see what action we told the provider to take at the back 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 always safe.

Recruitment systems needed some further improvement to ensure that all staff checks were carried out in a timely manner.

Records did not confirm that people had been given their medicines as they had been prescribed by their doctor.

Systems were in place to minimise the risk of people being abused.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Some people and their relatives felt that the service, due to staff knowledge, was not always effective and that they did not always have confidence in the staff.

The service provided was reliable so could meet people's needs and ensure their safety.

Staff knew that they must not unlawfully restrict people and asked for people's consent before providing support.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The provider had not ensured that the service was inherently caring as they had failed to protect people from experiencing late calls.

People and their relatives felt that the staff were kind and caring.

People's dignity and privacy were maintained.

Requires Improvement ●

Is the service responsive?

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The outcomes from complaints had not been documented to use to monitor patterns and trends or learn from complaints made.

People's needs and preferences were assessed and documented as instructions for staff to follow.

Is the service well-led?

The service was not well-led.

The provider had not fully addressed all issues raised at our last inspection to demonstrate a well-led quality service.

Some processes had been introduced to monitor the quality of the service but these had not identified shortfalls in the service delivery.

The provider had not fulfilled their legal requirement to display their previous inspection rating on their website.

Requires Improvement 

Unique Care Network 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 01 March 2017 and was announced. The provider was given 48 hours' notice. This was because the office of the service may not always be open. We needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We asked a local authority staff member their view about the service. We used this information to plan our inspection.

We spoke with five people who used the service, six relatives, three staff, a team leader and the registered manager/provider. We looked at the care files for three people, medication records for three people and recruitment records for three staff, the training matrix, complaints and safeguarding processes and the way the service had been audited by the provider. We also looked at documentation one local authority had sent to the provider following a recent monitoring visit.

Is the service safe?

Our findings

At our last two inspections of June 2015 and April 2016 we found that the provider had not recruited some staff in a safe way. This was because they had not fully completed checks for all staff with the Disclosure and Barring Service [DBS]. DBS checks are undertaken to determine if a prospective staff member had a criminal record or had been barred from working with adults so would not be safe to work with people. Staff can use the DBS update system instead of completing the required forms each time they require a DBS check. The update system is when an annual subscription is made so that providers can access staff 'live' DBS via the internet. At our previous inspection the evidence that we were provided with highlighted that a check of one staff update DBS had not been undertaken before they started work. This, our most recent inspection, we found that the situation had been repeated as one staff member had been employed for nine months before a check of their DBS had been undertaken. We asked the registered manager if they had any evidence to confirm that they had undertaken a DBS check earlier for this staff member and they told us that they did not. The registered manager told us that it was their policy that staff DBS checks were undertaken before staff were allowed to start work. They told us that they did not know why it had taken so long to do the check. This meant that during three consecutive inspections we identified that recruitment checks had not been fully completed to ensure that staff were suitable and safe to work.

Failure to undertake full recruitment checks is a breach of regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us that the other required checks were undertaken before they started work. These included checks to confirm staff identity, their health status and the obtaining of references. Records that we looked at confirmed this.

At our last two inspections of June 2015 and April 2016 we found that the provider had not fully ensured that medicine systems were safe. We found that where staff had handwritten the medicine records there was no second staff signature to confirm that what was written was correct. At this, our most recent inspection, we again found that the same had occurred with staff hand writing medicine records without seeking clarification that they were correct.

One staff member had hand written on the bottom of a medicine record that they had applied a medicine patch for one person. There was no reference to this medicine patch in any other records or instruction for staff about the frequency of when the patch should be applied, to what part of the body and the need to change where the patch was applied to prevent sore skin. For another person their medicine record highlighted that a prescribed cream should be applied four times a day, however, on two days we saw that the medicine records were only signed twice by staff. When we asked the provider about the incomplete medicine records we were told that the cream was to only be applied on an 'as needed' basis. We showed the provider the medicine record and highlighted that the cream was detailed to be applied four times daily not 'as needed'. This meant that the medicine record was not accurate so did not confirm that the person had been supported to have their cream applied as it had been prescribed.

The provider confirmed that protocols were not used to instruct staff when 'as needed' medicines should be given by staff. Without this instruction there could be a risk that people were not supported to take their 'as needed' medicines safely.

A person shared with us, "I do my tablets myself". A relative said, "Their [person's name] tablets are given correctly". Staff who supported people to take their medicines told us that they had received medicine training. We saw certificates to confirm that this was correct. This meant that staff had been given knowledge to help them to give medicines safely. However, our findings showed that that staff had not always follow safe medicine practice.

A person shared with us, "The staff always turn up to look after me". Another person said, "The staff turn up but sometimes they are late. It is not their fault if they are stuck in traffic". A third person said, "The staff have not come to me a few times. I ring the office and they send someone else but that means my call is late". A relative said, "The staff usually arrive when they should". Another relative said, "The staff are late frequently". Staff we spoke with had mixed views about staffing levels. Some said the staffing levels were adequate others said that at times there were not enough staff especially if staff phoned in sick. This meant that people could not be fully confident that there were adequate staff to consistently provide their support. The provider told us that for various reasons there had been a turnover of staff but they had continually tried to address the issue and had an on-going staff recruitment campaign.

A person told us, "I feel safe when I have my care". Another person said, "I am safe with the staff". A staff member shared, "I know the people I look after are safe. I make sure they are". However, information we had received since our previous inspection from a local authority and some relatives' highlighted issues that had occurred that could place people at risk. These incidents included, late or missed care calls. This meant that people who had been assessed as requiring support were at risk because their support had not been provided, or had not been provided on time. On one occasion staff had not ensured that a person's front door was locked when they left. To date not all staff had been issued with an identity badge. This meant that people could not know if it was safe to allow staff to enter their houses. These issues did not demonstrate that the service provided had been safe.

A person shared with us, "I have never fallen or hurt myself when the staff were here". The provider told us that there had not been any accidents and this was confirmed by staff. Records that we looked at confirmed that no accidents or incidents had occurred when staff were supporting people. This demonstrated that staff were aware of how to support people safely. We saw that risk assessments had been carried out to find out if there were risks to staff and people in people's homes where they were supported. These had identified what support people required regarding their mobility, if there was enough room for staff to support people safely, any clutter, poor lighting or uneven floors. This would ensure that staff knew of the risks and any hazards so that they could provide safe support to people.

A person shared with us, "I have not had any bad treatment. The girls [staff] are nice". Another person said, "No-one has been rough with me". A relative told us, "No. Nothing like abuse". Other people also confirmed that they had not experienced any abuse. Staff we spoke with told us that they had received safeguarding adults training, they had knowledge of the signs that they should be aware of regarding abuse and how to report if they had any concerns. The registered manager told us that if there were any incidents of concern or abuse they would report these to the local authority safeguarding team.

A staff member shared, "A person was not well so I called the ambulance, let their family and the manager know. I waited with the person until their family arrived". Other staff we spoke also told us what they would do in emergency situations such as finding a person who used the service had fallen. This demonstrated that staff could act appropriately if there was a need to ensure that people got the required emergency

medical attention they needed.

Is the service effective?

Our findings

People and their relatives had mixed views about the effectiveness of the service. A person who used the service shared with us, "The service is good". Another person said, "The service is much better than I experienced with the other agency I used". A relative said, "I have no concerns. The service is good". However, a relative shared with us, "It is not a good service. Some staff do not do what they should they seem not to have been told. They [person's name] had to tell the staff what to do. We [family] do not have confidence". Overall, the staff we spoke with felt that the service provided was good but in some areas improvements were needed.

A person shared with us, "Sometimes experienced staff bring new staff with them to show them what they need to do". A staff member said, "Went I first started to work I had to look at procedures in the office and had some training. Then I worked with other staff to teach me what to do and met people. This was a good induction". Staff files that we looked at demonstrated that staff had received good induction including training. This included looking at policies and procedures and receiving training before they started work. New staff also worked alongside staff who had experience before they worked alone. The registered manager told us that the new staff had commenced the Care Certificate. A staff member and records that we looked at confirmed this. The Care Certificate is a set of nationally recognised induction standards for staff to work through to promote compassionate and safe care.

A staff member told us, "If I need support I ring the office or on call phone, a senior or manager is available". Another staff member shared with us, "I have one to one meetings with a manager". Other staff we spoke with confirmed that they felt supported on a day to day basis. We looked at three staff files and saw that they had received some formal supervision sessions. During which their performance and training needs had been discussed. Records highlighted that if there were work issues these were discussed and monitored. This showed that there were some systems in place to support staff to ensure that they worked as they should. However, we found that annual appraisal systems had not been fully implemented. Appraisal systems are used to inform staff of their overall performance and give staff the opportunity to set professional goals or objectives. The provider told us that they would implement these for all staff.

Relatives had mixed views about staff effectiveness. One relative told us, "The staff know what they should do so they must have had training". Another relative shared with us, "I don't know what training staff have had but some staff do not seem to know what they need to do". A person told us, "The staff are trained. They are better than the last agency I used". Another person said, "Sometimes there are problems with new staff. They lack the knowledge". A staff member told us, "I have had all the training I need". Records that we looked at confirmed that staff had received the training that they required. This showed that some staff may have worked better than others and there could be some gaps in staff knowledge. This meant that not all people and relatives had confidence that staff knowledge had been checked to ensure that the service provided was consistent and effective.

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 this is called Deprivation of Liberty Safeguarding (DoLS). 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider confirmed that no person had been restricted in anyway and there had not been a need to make any DoLS approvals.

A person said, "The staff usually ask me what I want done each day". Another person said, "The staff always ask me what I need as it changes from day to day". A relative shared with us, "The staff do ask [person's name] permission before starting tasks". People and relatives told us that staff involved them in day to day decisions about their care and this was also confirmed by relatives who we spoke with. We found by speaking with staff that they had some knowledge of the MCA and DoLS. However, the training matrix and staff training certificates that we looked at did not confirm that staff had received MCA or DoLS training. We raised the issue of staff requiring MCA and DoLS training at our previous inspections. The provider told us that they would secure the training required but this still had not been addressed.

A person shared with us, "If I was ill the staff would tell my family or ring the doctor for me". A relative said, "The staff always telephone me if they have any concerns". Records that we looked at had contact details for each person's doctor in case the staff needed to ring for the doctor. Staff confirmed that if they found that a person was unwell they would inform the person's family/and or get medical assistance.

A person shared with us, "My family buy my food so there is choice. The staff ask me what I prefer to eat and then prepare what I want". A relative told us, "The staff ask them [person's name] what they would like to eat and drink". Records that we looked at highlighted people's food and drink likes and dislikes. Staff certificates that we saw confirmed that the majority of staff had received food hygiene training to ensure that they would prepare meals hygienically and safely.

Is the service caring?

Our findings

A person shared with us, "The staff are so kind". Another person said, "The staff are lovely". A relative told us, "The staff are caring and do over and beyond what they should do. They will take their washing out of the washing machine and do other little jobs". A staff member told us, "I think we [the staff] do the job for a reason, that's because we care".

Whilst we found that the individual actions of staff were kind and caring we established that the provider had not promoted a caring service. They had not protected people from being upset from experiencing missed calls or protecting people from unsuitable staff being employed through not undertaking all of the required checks.

A person said, "The staff ask me every day what I want doing and how". Another person shared with us, "I stopped the other agency as they did not listen to me. This one [the service] is much better. I feel listened to and staff do things as I want them to be done". A relative told us, "I am listened to about how [person's name] should be cared for and staff do as I have asked".

A person said, "I always choose my own clothes to wear". Another person shared with us, "They [the staff] ask me what I want to wear". A staff member said, "Generally people are able to select what clothes they want to put on. I ask them and show them different cardigans and trousers. Many ladies like the colours of their clothes to match so I help them in that way". Another staff member told us, "I advise people to wear warm clothes if it cold outside". This meant that people were encouraged to dress in their preferred way and for their clothing to be appropriate for the weather.

A person said, "The staff speak so I understand". Another person said, "I understand the girls [staff] fully". A staff member told us, "Communication is important. If a person has poor hearing I speak louder. If a person has poor eye sight I explain in detail verbally and make sure the person can see me when I speak. One person who was blind wanted to know what I looked like. I told them the colour of my hair and I let them feel my face and hair to give them some awareness". Another staff member said, "I speak clearly and face people. It helps them to know what I am saying". This demonstrated that staff knew it was important that communication with people was effective and used different methods to achieve this.

A person who used the service told us, "The staff are generally polite". A relative said, "I think that the staff show them [person's name] respect and look after them in a dignified way". A staff member said, "When I provide personal care I always do one part of the body at a time and cover the rest". Another staff member told us, "I always ensure that the curtains and bathroom door are closed to ensure privacy and dignity".

A person shared with us, "I can still do some tasks myself and the staff encourage that". Another person said, "I look after my tablets. I am able and the staff do not interfere". A staff member told us, "We [the staff] encourage people's independence at all times. Even if they can only use one hand they may still be able to wash themselves with the other hand or put a sock on. It is important that people do what they can independently".

A person said, "My son comes every day and helps me decide". Another person said, "I am still able to make sound decisions". A number of relatives told us that they assisted their family members to ensure that they received the care and support that they required in the way that they preferred. We saw that information was available to people of how they could access an advocate. An advocate can be used when people have difficulty making independent decisions to ensure that their views and wishes are heard.

Is the service responsive?

Our findings

A person told us, "If I was not happy I would telephone the office". A relative said, "I know how to complain". We saw that a complaints procedure was available in the 'service user guide' this is a document given to people at the assessment of need stage to make them aware of what for example, their rights are and the level of service that could expect. Although we asked we were not provided with an easy read complaints procedure. An easy read complaints procedure is produced in different formats for example large print, or part pictorial to ensure that it is easier to read for people for example, who may have reduced vision. The provider told us that they would provide this if requested. We saw that some complaints had been received and documented. We found that the provider had looked into the issues. However, an outcome for each complaint to demonstrate whether or not the complainant had been satisfied with the feedback/actions taken had not always been documented. This meant that the provider may not have all of the information required to show that lessons had been learnt or for them to determine whether or not the complaints process was responsive.

A person shared with us, "Before I had care from this agency a manager came and asked me questions. They asked me what I needed". A relative said, "Someone from the office came and asked questions about them [person's name]. I think this was to see if they [the staff] could look after them". Records that we looked at confirmed that an assessment of need had been undertaken and that additional information had been provided by the funding authority. An assessment of need would be undertaken to ensure that the provider knew of people's needs and to determine if they could meet those needs.

A person told us, "The girls [staff] know what I like". A relative said, "Sometimes someone from the office comes and does a review. I am involved in this". Another relative shared with us, "I attend meetings to see that everything is alright. Generally staff do what is written in the care plan". We saw records to confirm that reviews of people's needs had been undertaken. Staff we spoke knew of people's current needs. They told us that they had access to care plans and were aware of how people needed to be supported and their individual likes and dislikes. People we spoke with confirmed that they had care records in their homes to give the staff instruction on how they should be looked after. This was confirmed by the relatives we spoke with.

A person told us, "Two staff always turn up to hoist me". Other people and staff told us that in the past only one staff entered a person's house when there should be two. This had caused problems as people had, since our previous inspection, expected the one staff member, to get on with the task alone when this may not have been safe. The provider told us that they had now instructed staff not to enter a person's home unless both staff were there and if the second staff member did not turn up they must telephone the office. The showed that the provider had been responsive in that they had considered the issue and had resolved it.

Is the service well-led?

Our findings

At our inspection of June 2015 we found that the provider was in breach of the law regarding the quality monitoring of the service as the processes in place were not adequate. At our last inspection April 2016 we found that the quality monitoring of the service had improved to the extent that there was no longer a breach of the law but we found that further improvement was required.

During this, the third consecutive inspection, we found that the quality monitoring of the service required improvement. The provider had not improved further in that issues that we had highlighted previously, were still occurring and had not been identified or acted upon as part of the provider audit/quality monitoring processes. The provider told us that records that had been made by staff were returned to the office monthly for checking. We saw that records had been stamped and signed to confirm that they had been audited. These included a lack of staff initials on some medicine charts. A staff member highlighting that she had applied a prescribed medicine patch that was not highlighted on the medicine record that this item had been prescribed. An age inappropriate term used in a care plan. These issues had not been identified by audit. The provider agreed that the issues should have been identified and acted upon and did not know why they had been missed.

A person shared with us, "I completed a form [provider feedback form]. I did not hear anything back from it though". Another relative said, "I was given a questionnaire [provider feedback form] and I completed it". We found that provider feedback forms had been used to determine people's satisfaction with the service. However, these had been issued to only a small number of people. We identified that an analysis of the feedback forms had not been undertaken or made available to people. The registered manager told us that they were to develop the process further and they did have other contact with people and relatives regularly for them to give their view on the service provided.

Failing to have effective systems to review and improve the quality of the service offered is a breach of regulation 17 of the Health and Social Care Act 2008. (Regulated Activities.) 2014.

It is a legal requirement that our current inspection report and rating is made available within the service and if the provider has one, on their website on the internet. We saw a copy of the current inspection rating was on display in the service office but not on the providers web site. The provider told us that they had not displayed their inspection rating on their web site. They said that there had been problems with their website for a year. The provider further confirmed that during that time the rating had never been displayed on their website. This meant that the provider was had not met that legal requirement.

Failing to display the current rating is a breach of Regulation 20A HSCA 2008 (Regulated Activities) Regulations 2014.

A person shared with us, "The manager is nice. I have met him". Another person said, I have the telephone number so I can ring the manager if I need to". A relative told us, I know the manager and the other girl [team leader] who does checks". This showed that the registered manager made themselves visible and

available to people and their relatives.

A relative told us, "The managers do spot checks". We found that some spot checks of staff work had been undertaken. These had monitored how staff worked when for example using a hoist. Where issues were identified, on one occasion the staff member did not show their identity badge, this was fed back to staff to improve.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Regulation 17(1) (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. The provider did not monitor and mitigate the risks relating to the health, safety and welfare of people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Regulation 19 (2) (a) (b) (3) (a) HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not adhered to recruitment procedures effectively to ensure that persons employed met all of the conditions listed in the regulation and specified in schedule 3.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider failed to display their last rating published on 12 May 2016 on their website.

The enforcement action we took:

We issued a fixed penalty notice.