

Homecare Unique Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We previously carried out an announced comprehensive inspection of this agency on 7 July 2015. Breaches of legal requirements were found. We took enforcement action and required the provider to make improvements to become compliant with Regulation 12 and 19. This was a comprehensive inspection and included an inspection of the previous breaches of legal requirements. We found that improvements had been made.

We inspected this service on 07 October 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us. Homecare Unique Limited is a small domiciliary care agency which provides personal care and support for adults in their own homes, some of whom were receiving care and support at the end of their life. At the time of our inspection they were supporting eight people.

The provider was 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.

People received a service that was safe. Staff and the registered manager had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff had received the training they required to meet people's needs including any specialist needs. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the registered manager. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People using the service were treated with kindness and compassion by staff who understood the importance of protecting people's privacy. People were treated with dignity and respect. Staff and the registered manager understood the principles of the Mental Capacity Act 2005 and people said they were always asked their consent before any care or support tasks were carried out.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed. These were reviewed as and when needed.

People were supported to remain as healthy as possible with the support from staff and the relevant health care professionals. Staff supported people to communicate with the relevant health care professionals.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included spot checks, annual questionnaires and observation visits from the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

Risks to the safety of people and staff were appropriately assessed and managed.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to have the knowledge and skills to meet people's assessed needs.

Staff received support from the registered manager to carry out their role.

People were supported to remain as healthy as possible with the support from health care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity. People said the staff were kind and caring towards them.

People were involved in the planning of their care and support.

Information was available to people informing them what to expect from the agency.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed recorded and reviewed.

Guidance was available to staff informing them how to meet people's needs.

A complaints policy and procedure was in place and available to people.

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

The service was well-led.

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

People's views were sought to develop and improve the service people received.

Systems were in place for assessing, monitoring and developing the quality of the service being provided to people.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 October 2016 and was announced. The inspection team consisted of two inspectors. One inspector interviewed members of the care staff over the telephone. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the agency, which the provider is required to tell us by law.

We spoke with three people or their relatives about their experience of the service. We spoke with two care staff and the registered manager who was also the provider to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at three people's care files, two staff record files, the staff training programme, the staff rota and the communication systems.

## Is the service safe?

### Our findings

People told us they felt safe and secure with the staff that supported them. One person said, "I feel absolutely safe 100% safe. I feel very secure when staff are supporting me." Another said when asked, "Yes very safe. They (staff) know what to do."

People were protected from the potential risk of abuse. There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff received training in how to safeguard adults. Staff told us what action they would take if they had any concerns including reporting it to the registered office, the local authorities adult protection team and the Care Quality Commission (CQC). Information was displayed within the registered office informing staff how to raise a concern and who they could contact. The registered manager and staff knew their responsibilities protecting vulnerable people in the community.

At our last inspection on 07 July 2015, we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that all staff files contained the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. There were enough staff employed to meet people's assessed needs. The registered manager completed care calls if a person's needs changed and their care packaged increased.

At our last inspection on 07 July 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not conducted health and safety risk assessments relating to staff. At this inspection we found that improvements had been made.

Environmental risks to staff working within the registered office and, out in the local community had been assessed and recorded which included guidelines for staff to follow. For example, lone working, manual handling, working outside of normal working hours and work related stress. A system was in place to ensure these were reviewed on a regular basis. People and staff could be assured that any potential risks to them or others had been assessed and reduced.

Potential risks to people and staff had been assessed and recorded. The risk assessment covered any risks which were involved in providing people with the support they required within their home. These had been completed by the registered manager at people's initial assessment visit. These included, premises risks involved within peoples internal and external environment of their home, risks relating to manual handling,

infection control and a pressure area risk assessment. Staff had up to date information to be able to support people to minimise the risks that had been identified.

Accident and incidents involving people and staff were monitored and recorded. Staff would inform the registered manager and complete an accident form. This included detailed information about the injured person, the accident/incident itself, details of the person reporting the incident and any actions that had been taken as a result such as contacting the person's GP and next of kin. The registered manager reviewed all incidents and accidents to highlight and patterns or trends that had emerged.

Staff had been trained to administer people's medicines safely. At the time of our inspection the provider did not support people to manage their medicines.



## Is the service effective?

### Our findings

People told us that the staff asked for their consent before offering any care and support. One person said, "The staff ask my permission before they do anything." Another said, "The staff ask for my consent before completing tasks. They ask me if I would like them to do anything differently."

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand that all people are deemed to have capacity to make choices and how they could encourage these in their everyday practise. Staff gave examples of how they supported people to make everyday decisions such as, a choice of what to wear. Staff explained how they encouraged people to make choices using different forms of communication such as signs or gestures. People could be assured that their consent to care and treatment would be sought in line with legislation.

People told us they felt the staff were well trained and knew what they were doing. One person commented that the staff were "Very professional". Staff told us they received the training they required to fulfil their role to provide support to people. One member of staff said, "We are given the opportunity to do the training we need and to refresh that training." There was an ongoing programme of training, this included training in topics such as health and safety, safeguarding of vulnerable adults, lone working, manual handling people and infection control. Staff received refresher training in a number of subjects to keep their knowledge up to date and current.

Staff were trained to meet people's specialist needs such as Parkinson's disease. New staff completed an induction with the registered manager which included working alongside existing staff to shadow them and meet the people they would be supporting.

Staff told us and records confirmed that staff had received support and supervision from the registered manager. Staff said the registered manager was visible and they saw or spoke to her on a weekly basis. The registered manager offered support to staff via formal supervision at the registered office and spot checks within people's homes. One member of staff told us that the registered manager observes her working practice and how they related to the person they were supporting. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and to receive direct feedback from the observation.

People's nutrition and hydration were assessed and recorded by the registered manager as part of their initial assessment. Staff received training in food handling which was regularly refreshed. At the time of our inspection the provider was not supporting anyone with their nutrition or hydration. Staff were guided by external health care professionals if they supported a person with drinks or to reheat a meal.

Staff supported people to remain as healthy as possible. Some people receiving support were nearing the end of their lives and staff worked alongside health care professionals delivering personal care to these people. Staff would liaise with health care professionals such as the district nursing team and people's GP's. Record showed that staff had contacted a person's GP surgery as they had complained they were in pain. The staff then contacted the pharmacy to ensure the person received their medicines.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. One person said, "The staff are kind, caring and very friendly." A relative said, "The staff are very good, very friendly and really lovely. I can't fault them." Comments from the annual feedback questionnaire included, "Staff have been exceptionally helpful and attentive." And "The carers are polite, patient and are always smiling." People told us staff respected their privacy. Staff gave examples of how they promoted people's privacy and dignity whilst meeting their needs. For example, ensuring the door is closed and covering people up when completing personal care tasks, knocking on doors and waiting for an answer before entering.

People and their relatives had been involved in the planning and delivery of the service they received. People had a care plan in place which had been developed with them, their relatives, commissioners and the registered manager. These recorded the exact support needs people had for each of their calls, what they were able to do for themselves and what they required staff support with. People's care plans also contained information about their mobility and any assistance that was required from the staff or equipment that they needed. Some people had an advanced planning document in place which recorded information that the person wanted to happen at the end of their life and anything else that they had in place such as, a preferred solicitor, funeral director and whether they had a 'will'.

Information about people was stored securely and remained confidential. Staff had received training regarding 'Information Governance', this training covered the appropriate use of confidential information, standards of confidentiality and consent to information sharing. Staff gave examples of how they maintained confidentiality whilst working out in the community such as, handing over to other staff in private and not speaking about people outside of work. People could be assured that information about them was treated confidentially.

The provider who was also the registered manager had produced a comprehensive service user guide and statement of purpose. This was given to people and their relatives prior to them receiving a service. This document included details about the services the agency provided and information about what people should expect from the agency. People and their relatives using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

## Is the service responsive?

### Our findings

People told us they received the care and support they wanted and needed from staff. A relative had written on the annual feedback questionnaire, 'Really happy with the service and quality of carers. They have been fantastic with (loved one) kind, caring and patient.'

An initial assessment was completed with people, their relatives and the registered manager before the service could commence. Referrals were made directly from the local authority commissioning team but people could also make direct contact with the agency themselves. The assessment detailed the specific support which was required from staff. A record of people's emergency contact details, past and present medical history was recorded which included any aids or medical interventions the person used. The assessment process supported staff to find out people's expectations of the service and to provide what had been requested.

Information from the initial assessment was used to develop a 'plan of care' with people and/or their relatives. Staff took direction from people and/or their relatives to ensure they were receiving the care and support they required. People and/or their relatives were involved in the development of their care plan by advising the registered manager how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their care plan. People using the service had a record which was kept within their home recording the exact support people had received during their visit. Information was available to ensure staff were responsive to people's care and support needs.

Systems were in place to ensure people's care plans were reviewed with them on a regular basis. Due to the specific needs of some people using the service the frequency of changes could have been daily. To ensure staff were fully aware of any urgent changes in people's support needs the registered manager set up a private media page. This enabled the registered manager and staff working out in the community to update people's care and support needs as they changed. The registered manager also used this for training and guidance updates for staff such as a briefing note on the Mental Capacity Act 2005.

The provider had a complaints policy and procedure in place which was available to people and their relatives within their service user information pack. This included the procedure people could follow if they were not happy with the complaint response. There had not been any formal complaints since the last inspection. The registered manager kept a record of compliments the agency had received about the service they provided to people. These were in the form of cards and letters from people who had used the agency or a relative of someone who had used the agency. One card from a relative read, 'A big thank you to you and the girls for all the care and kindness you showed (loved one).' Another read, 'Just want to say a big thank you to you and all for your kindness to (loved one) and me.'

## Is the service well-led?

### Our findings

The service had a registered manager in post who was also the provider and had worked as the registered manager since the agency began. The registered manager had recently employed a part time administrator within the registered office. Staff we spoke with understood the management structure, who they were accountable to, and their role and responsibility in providing care for people. One person said when they were asked about their views of the service, "I would recommend the agency to others absolutely."

People we spoke with told us they knew who the registered manager was and felt the agency was well managed. One person said when speaking about the registered manager, "Oh she is great, very kind and always keeps us informed about things." Another said, "(Registered manager) is trusted and explains things to me." People and staff spoke highly of the registered manager who was visible and available when they needed to speak to them. Records showed that the registered manager had sent flowers to the relatives when their loved one had passed away and had offered information about a local bereavement counselling group.

The registered manager had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died unexpectedly or had had an accident. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The registered manager would use these policies if staff were not completing their role and responsibilities. Staff knew where to access the information they needed.

People and their relatives were involved in the development of the service being provided. Systems were in place to regularly monitor the quality of the service that was provided. People and their relative's views about the service were sought through annual feedback questionnaires. These included questions about staff's attitude and approach, the service people received and any additional comments. Comments from the recent questionnaire included, 'You are my angels' when speaking about the staff. Another commented, 'Lovely girls, easy to talk to, no problems at all. 10/10 for care.' One person had requested an earlier morning call which was accommodated by the agency. People and those acting on their behalf had their comments listened to and acted on.

Systems were in place to monitor the quality of the service that was being provided to people. The registered manager had an audit schedule in place which included quarterly formal spot checks, observational assessments and bi-monthly telephone calls. These gave people opportunities to discuss their experience of using the service. Staff received direct feedback from the registered manager following the observations if any shortfalls had been identified or areas for improvement.

Team meetings were held with the staff to keep them updated with the business and their job role. These meetings gave staff the opportunity to discuss any suggestions or concerns they had about the agency. Staff had suggested that due to the road works in the town centre that everyone receiving a service in the

surrounding area was written to prepare them of potential traffic delays, this was actioned by the registered manager. The registered manager used the meetings to ensure staff working within the community were regularly updated about the service they gave to people. The meetings gave staff the opportunity to keep up to date with any changes or request further support from the registered manager.