

Unicaredevon Limited

unicare devon

Inspection report

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18 July 2016
19 July 2016

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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

Unicare Devon provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Newton Abbot, Teignmouth, Dawlish and the surrounding areas.

The service had a registered manager. 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.

We visited the office on 14 July 2016. We carried out phone calls to people and their relatives on 18 July 2016. We carried out a home visit on 19 July 2016. At the time of this announced inspection 78 people were receiving personal care from the service. The service had moved offices and this was the first inspection at this location.

People were really pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "I'm so glad I decided to have care; I'm delighted with them. I have a whole new group of friends"; "The staff are marvellous" and "They're very helpful and kind, I only have to ask". Several relatives told us that staff always offered to help them as well. Staff spoke about the people they cared for with compassion and concern. People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked if they could do anything else for people before leaving.

People told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel very safe" and "I feel comfortable with them". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People told us staff knew how to meet their needs. Comments included "They know my routine" and "They are competent". Staff told us they were happy with the training they received. Staff told us they felt well supported and had regular opportunities to discuss their work.

Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. We saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People

were provided with a copy of the staff rota so they knew who was due to visit them. The registered manager told us they tried to ring people with any changes, and the majority of people confirmed this happened. Staff told us they had enough time to travel between visits.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken. A healthcare professional fed back that the care staff had managed one person's complex needs very well and this had reduced risks for them. The service reviewed incidents and accidents to minimise the risk of them happening again.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, and during visits and care plan reviews. Some people who lived in the Dawlish area had commented that the office in Newton Abbot was too far away. The service had opened a small office in Dawlish so people could call in and speak with a staff member. One person had recently enjoyed calling in for a cup of tea as they were passing. The provider had received an award for the positive feedback received from people and their relatives. People had submitted their feedback to a website and this resulted in a 'Top 10 Award'. We saw all reviewers had rated the overall standard as 'excellent'.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "I can't fault them in any way. They do everything" and "No complaints at all". Where complaints had been received they had been managed in line with the company policy.

People told us the management were approachable and they were happy with the service. Comments included "They're very approachable and work hard to keep you in the picture"; "I'm very happy with Unicare, I'd recommend them to anyone" and "It's going extremely well". Staff told us there was open culture. Staff said "Nothing could be better, the door is always open"; and "It's open and transparent, I can't speak highly enough of them". Staff told us they were able to make suggestions for improvements. For example, staff had identified an issue at weekends. They had not been able to contact senior staff on call if they were carrying out visits. The registered manager cleared the senior's visits to make sure they were available to take calls.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. Records were clear, well organised and up-to-date. An audit system was in place to monitor the quality of the service. Unannounced checks to observe staff's competency were carried out on a regular basis.

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 and their relatives told us they felt safe when they received care.

Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. The service reviewed incidents and accidents to minimise the risk of them happening again.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff had completed training and were well supported in their role.

Is the service caring?

Good ●

The service was caring.

People were positive about the way staff treated them.

Care workers were kind and compassionate.

Staff knew people's interests and chatted with them about these with warmth.

Is the service responsive?

Good 

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

Is the service well-led?

Good 

The service was well-led.

There was an open culture. The management team were all approachable.

Records were clear and well organised.

An audit system was in place to monitor the quality of the service and make further improvements.

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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 checked whether the provider was 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.

Before the inspection we reviewed the information we held about the service. This included notifications of events the service is required by law to send us and the Provider Information Return (PIR) sent to us by the service. This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection visit took place on 14, 18 and 19 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people and carried out a visit to people in their own home. We received feedback from four healthcare professionals.

One social care inspector carried out this inspection. On the first day of our visit, 78 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with 21 people and two relatives. We spoke with six staff, the registered manager, and the director. We received feedback from one healthcare professional. We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel very safe" and "I feel comfortable with them". Some people had key safes installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors. We observed a staff member knocking on the door and calling out to let people know they were entering their homes. People told us staff were careful to ensure their homes were secured on leaving. One person told us staff always checked they were wearing their pendant alarm so they could call for help, if they needed to when they were on their own.

Staff had completed training in safeguarding vulnerable adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. For example, staff told us how they had noticed that some carpet had come loose in one person's home. Staff spoke with the person and it was agreed the carpet would be removed as it posed a risk of trips. This reduced the risk of the person falling and they had not fallen since the carpet was removed. A healthcare professional fed back that the care staff had managed one person's complex needs very well and this had reduced risks for them.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, on one occasion staff had taken the wrong day's medicine from a pack. Staff alerted the office and other staff who visited the person were made aware. The staff member received supervision to prevent this happening again.

Recruitment practices were safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance (DBS)), health screening and evidence of their identity had also been obtained. New staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had enough staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management.

The service had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan. This gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments included "They know my routine" and "They are competent".

New staff completed face to face training before going out to visit people. The service had introduced the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff members told us "It made me feel confident" and "I've learnt a lot". New staff worked alongside experienced staff to observe how people had their care delivered. One senior staff member told us about their role as mentor for new staff. They provided support to staff in their work. They had gone out to meet the staff member on a visit on their first day to check they were alright. Staff commented "If I need anything I can pick up the phone" and "They're always on hand".

Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. One staff member told us they had enjoyed completing training course in diabetes, Parkinson's and arthritis. These related to people's specific needs. Staff training certificates were kept in their individual files. All the staff we spoke with told us they felt well supported. Staff had regular supervisions to discuss their work. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good awareness of the MCA. Where staff suspected people may lack capacity, mental capacity assessments had been carried out. At the time of our inspection, each person had capacity to make decisions relating to their care. Staff gained consent from people before carrying out personal care and respected people's choices.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. During our inspection, the registered manager contacted the district nurse as staff had identified that one person's wound needed attention. We saw evidence that staff had carried out joint visits with physiotherapists to learn how to assist one person safely. A healthcare professional said the service had "demonstrated good communication in terms of feeding back relevant information, referring on to other services such as GP's and highlighting any concerns regarding the person".

Staff supported some people with their meals. Staff had filled in knowledge questionnaires that asked them how they promoted and supported people to maintain a healthy diet. Staff said they offered a choice of the person's preferred foods, encouraged healthy foods, made the food look attractive, and made sure the

portion size was appropriate. A staff member told us when one person refused their breakfast, they brought them toast as they knew they might eat it when they saw it and the person ate all of it once it was placed in front of them. This showed the staff member knew the person might be more tempted to eat if they saw the food. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. We saw that staff had contacted healthcare professionals and followed advice when people had lost weight.

Is the service caring?

Our findings

People and their relatives were really pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "I'm so glad I decided to have care; I'm delighted with them. I have a whole new group of friends"; "The staff are marvellous" and "They're very helpful and kind, I only have to ask". Several relatives told us that staff always offered to help them as well.

Staff spoke about the people they cared for with compassion and concern. Staff members said "Each person is lovely" and "We enjoy having a chat". Staff told us how they would stay on after they had finished, where this did not affect another person receiving care, to spend more time with people.

People told us staff were respectful and polite. Staff used people's preferred name. People told us, "They always check what I would like them to do" and "They ask how I want things to be done". Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked with people whether they could do anything else for them before leaving.

Staff found ways to communicate with people in a way they understood. For example, one person's care plan contained information on how they communicated their wishes. Staff knew the person and how to communicate with them. Staff had recently introduced photos and picture cards to further support the person to make their wishes known.

The provider information return stated, "We ensure that independence is promoted wherever possible and that privacy, dignity and respect are upheld at all times". People told us staff respected their privacy and dignity. They said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Staff's work practice was observed to make sure they used these values within their work. During our home visit, we observed the staff member was careful to protect the person's privacy and they respected their wishes. Staff were calm and attentive to people's needs. They worked with each person at their pace.

People told us their independence was respected. Comments included "I try and keep as independent as I can and staff respect this" and "Staff encourage me to make my own cup of tea, that's respectful".

The service had received lots of compliments from people and their relatives thanking them for their care, kindness and compassion. Comments included "Thank you for the excellent home care" and "A big thank you to all your carers who have taken such good care of my mum since her return from hospital".

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. An initial visit was carried out to ensure the service would be able to meet the person's needs. A healthcare professional told us "I have often had need to speak with Unicare regards complex support planning and have consistently found their way of working as flexible, holistic and responsive". Some people had moved from a different care provider. People commented that the change of service had gone very smoothly and they were very happy.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs. Staff told us they would read the care plan before going out to a new person. Staff knew people well and were able to tell us how they supported people.

During our home visit, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

The service was flexible and responsive to changes in people's needs. One person told us they had gone into hospital and had to stop the service and then restart it. They were very happy that once they came home, their visits had been adjusted to meet their needs. One person told us staff looked after them when they were in bed with a bad chest infection. The person said "They coped beautifully and gave me everything I needed".

People told us staff were usually on time and had time to meet their needs in the way they wanted. The registered manager told us they rang people if staff were going to be late, and the majority of people confirmed this happened. Staff told us they had enough time to travel between visits.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. Comments included "I can't fault them in any way. They do everything"; "No complaints at all"; and "If I had any problems I would ring the office". One person told us when they had a concern in the past it was acted on quickly. Where complaints had been received, they had been managed in line with the company policy. We saw that each stage of contact with the complainant had been recorded with the outcome of the complaint.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits, and care plan reviews. Several people commented that the registered manager phoned or visited them quite often to see how things were going. Some people who lived in the Dawlish area had commented that the office in Newton Abbot was too far away. The service had opened a small office in Dawlish so people could call in and speak with a staff member. One person had recently enjoyed calling in for a cup of tea as they were passing.

Is the service well-led?

Our findings

Since our last inspection, the service had moved offices. This was the first inspection to be carried out at this office.

People told us the management were approachable and they were happy with the service. Comments included "They're very approachable and work hard to keep you in the picture"; "I'm very happy with Unicare, I'd recommend them to anyone" and "It's going extremely well". One healthcare professional told us "Quite simply I am very pleased by and impressed with Unicare". Another healthcare professional said when they had spoken with management they found them very supportive and helpful.

The registered manager and two members of the management team were working towards the Level 5 Diploma in Leadership and Management. This showed the registered manager was keen to develop their knowledge and improve the service.

Staff knew their roles and responsibilities. The team included the registered manager, director, three administration staff, and four senior staff. Comments from staff included "We all get on really well" and "We aim to support people to continue to live in their homes as independently as possible". Weekly operational meetings were held with the registered manager and staff to discuss what had been happening and plan the week ahead. Staff told us they felt valued by the provider and registered manager. Staff commented "This is the best place I've ever worked" and "They don't only care for the clients, they care for us as well".

Staff told us there was open culture. Staff said "Nothing could be better, the door is always open" and "It's open and transparent, I can't speak highly enough of them". Staff told us they were able to make suggestions for improvements. They were listened to and new ways of working were introduced. For example, staff had identified an issue at weekends. They had not been able to contact senior staff on call if they were carrying out visits. The registered manager cleared the senior's visits to make sure they were available to take calls and the management team provided back up for this system.

The provider had received an award for the positive feedback received from people and their relatives. People had submitted their feedback to a website and this resulted in a 'Top 10 Award'. We saw all reviewers had rated the overall standard as 'excellent'.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers to share good practice. In response to reviewing practice, a new weekly medication administration record sheet had recently been introduced to make the record easier to read. The provider information return told us the registered manager was working with a software company to introduce phones which would provide information for staff and maintain a log of each visit. At the time of this inspection, some staff were using this system to check how it was working.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the

service. Records were checked when they were brought back from people's homes. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

The registered manager had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.