

Unique Contact and Community Services Limited

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Inspection report

City Gate House
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London
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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

About the service

Unique Contact and Community Services Limited provides personal care to adults, children and young adults under the age of 19, living in their own homes. At the time of our inspection, the service provided personal care to 10 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service supported young people with learning disabilities and/or autism in line with these principles.

People's experience of using this service and what we found

Relatives told us the service was safe for their family members. There were procedures to protect people from abuse. Risks associated with their needs were assessed and staff understood how to reduce these risks.

People were supported with their medicines, which were recorded by staff. Audits took place to check staff had followed correct medicine procedures. There was a procedure to review accidents and incidents in the service to prevent reoccurrence. Staff followed safe practices to prevent and control infections.

Staff were recruited safely and their backgrounds checked before they started working for the service. Staff were supported with training and development to ensure their skills and knowledge were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation for the provider to source Mental Capacity Act (2005) training as part of its staff induction programme because some staff were unclear of its principles.

People were supported with maintaining their health and nutrition. The service worked in collaboration with health care professionals, to ensure their health needs were met.

Staff were respectful and caring towards people. Staff communicated with them appropriately, according to their communication needs. Staff understood the importance of promoting equality and diversity. However, we have made a recommendation for the provider to seek guidance on following current equalities

legislation because their procedures were out of date.

People or their relatives were supported to make complaints or contact the office to discuss concerns they had. Care plans were personalised. People were encouraged to maintain their independence and attend community events or activities.

Staff felt supported by the management team. Quality assurance systems included obtaining feedback from people and relatives. The registered manager was committed to making continual improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 27 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Unique Contact and Community Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable on the day of our inspection. We were supported by senior managers and the co-director of the provider organisation.

Notice of inspection

Our inspection was announced and took place on 8 August 2019. We gave the provider 72 hours' notice because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with the registered manager by telephone. We used all of this information to plan our inspection.

During the inspection

We spoke with the centre manager, the care supervisor, the co-director and three care staff. We also spoke with five relatives. We were unable to speak with people who used the service due to their needs.

We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans and five staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report. We requested feedback from social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were suitable procedures to protect people from abuse. Relatives told us the service was safe for their family members. One relative said, "The staff themselves are good with [family members] and we feel they are safe with them." Another relative told us, "My [family member] has high needs and is non-verbal. However, I do feel that [family member] is safe with [staff]."
- Staff had received training in safeguarding adults and children and told us they understood different forms of abuse, such as physical and sexual abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team and other authorities, such as the police and safeguarding teams.
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their physical health conditions, their medicines, mobility, skin integrity and home environment.
- Guidance was in place for staff to reduce these risks. For example, one person with autism could display behaviour that challenged, including "a lack of empathy and preference for all the attention." There was guidance for staff to ensure they understood autism and "distract and engage [person] with meaningful activities to help maintain calm." This showed how risks were assessed and actions were taken to mitigate these risks to keep people safe.
- We noted that severity of risks were calculated using a scoring system, with higher numbers meaning a higher level of risk. However, it was not clear how the scores were calculated or what the correct method of working them out was. We addressed this with the management team who told us they would review them.
- Staff told us risk assessments provided them with sufficient information and guidance to minimise risks. A staff member said, "Yes I read the risk assessments. They are easy to follow and help me keep my client safe."

Staffing and recruitment

- There were enough staff working in the service. Staff told us there were no issues with the numbers of staff and they were able to cover each other if required. For example, if staff were on leave or were sick.
- Relatives we spoke with told us staff were punctual and stayed for the correct length of time. One relative said, "The carers are always on time and [family member] has got used to them." If staff were running late, people and relatives were notified to reassure them they would be attending. Senior staff also covered calls in case of emergency.
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Two references and proof of identity were obtained, as well as details of their employment

history. This meant staff were suitable to provide safe care and support to people.

Using medicines safely

- The provider had safe procedures for medicine administration. Where required, staff supported people with taking their medicines. Care plans provided information on whether staff or family members were responsible for assisting people to take their medicines.
- After medicines were administered, staff recorded they had been taken on Medicine Administration Records (MARs). These included any medicines taken 'as required' such as paracetamol, also known as PRNs.
- Staff had received training in medicine administration and they were monitored during spot checks by senior staff to ensure they were carrying out safe medicine practice.
- Medicine records were accurate and up to date. A staff member said, "We record everything in our MAR sheet and log book. I understand the medicine procedures."

Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised. Staff followed these procedures and were provided with personal protective equipment (PPE), such as disposable gloves, shoe protectors and anti-bacterial hand gels.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreads of infection.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents. There were no incidents in the service following our last inspection and the management team told us should there be repeated incidents, these would be learned from to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service mostly provided support to children and young adults; and decisions about their care were made by their relatives.
- Where the service supported older people, an assessment of their capacity was undertaken. People that lacked capacity were supported to make decisions in their best interests by family members or representatives.
- Staff told us they sought consent before providing personal care to people. A staff member said, "I always ask their permission and consent. I give people a choice."
- Some staff had received training on the MCA and understood its principles. However, we noted that MCA training was not part of the provider's induction programme for new starters and some newer staff were unsure of the principles of the act. Training in the MCA was provided to staff at a later date. This meant some staff would not be fully aware of how to support people in accordance with the MCA.

We recommend the provider seeks guidance on incorporating the MCA as part of its induction training programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs were carried out prior to them using the service to determine if the service was able to support them. Assessments of the person's disabilities, health, home environment and nutritional needs were undertaken.

Staff support: induction, training, skills and experience

- Relatives felt staff delivered a good level of care to their family members and knew how to support them.

They also told us staff were well trained. A relative said, "When the regular carer is off, the person replacing them comes before they start giving care to do some training with the regular carer, so they know what to do." Staff confirmed they shadowed other staff to help them understand people's support needs. A staff member said, "Yes I did some shadowing before I started." There was an induction process for new staff to receive training.

- Staff received training in topics such as safeguarding adults and children, moving and handling, dementia awareness and autism awareness. Staff received annual refresher training to keep their knowledge updated. They told us they were happy with their training and the support they received. A staff member said, "There is a lot of training given and it is up to date. The training is very good and very helpful."
- They received supervision from senior staff to discuss their work and identify any further training they needed. Annual appraisals were undertaken to aid them with their development, monitor their performance and go through any concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink to maintain their health. A staff member said, "I make sure I provide [person] with enough food and fluid. I also help with getting rid of any out of date food in the house."
- Some people were supported by staff and family members with their PEG (Percutaneous endoscopic gastrostomy) feeding tube, which is a procedure where a tube is inserted into the stomach. Staff had received training in how to support with feeding, such as by ensuring the tube is fastened securely.
- People's food and drink preferences, including any cultural foods, was recorded in care plans. This included specific dietary or nutritional requirements they had and the frequency in which they liked to eat certain types of food. This meant people were supported to have a balanced diet with the food they liked to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's specific health needs were monitored. Their care plans included contact details of health professionals such as GPs, district nurses and child healthcare specialists. Staff told us they could contact them if they had concerns about a person's health.
- Records showed that the service worked well with other agencies to provide effective and timely care to people to ensure they were in the best of health. For example, senior staff attended meetings with dieticians, nurses and social workers to discuss the urgent health and welfare needs of people using the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The provider's equality and diversity policy referred to outdated legislation. This meant staff did not have access to up to date guidance on all protected characteristics such as age, race, disability, gender and sexual orientation, which legally protect people from discrimination. This is particularly important because the service supported both adults and children who were from different cultural backgrounds, nationalities and had varying levels of disability. The policy did not refer to the Equalities Act 2010 which replaced previous race relations and disability discrimination acts.
- Staff understood that all people had equal rights to good care. One member of staff told us, "I respect people of all backgrounds and beliefs. Everyone is treated the same way."

We recommend the provider obtains guidance on current equalities and diversity legislation to ensure people using the service are fully protected from discrimination.

- Relatives told us staff were kind and compassionate towards their family members. They felt staff were respectful and supported their family members in a caring and professional manner. One relative said, "[Staff] is very kind and [family member] really likes them." Another relative told us, "The carers are all very good with my [family member]. They are gentle as they help them with personal care."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by relatives to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered.
- They and their relatives were consulted and agreed the contents of care plans. One relative said, "We have a care plan which they come and look at every year and we do find it useful and they listen to us. We all work together; the care agency, the health team and our family."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A relative told us "The staff are kind to [family member] and they know enough about them to know when they are particularly upset about something." A staff member said, "I have got to know [person] well and enjoy supporting them with activities."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I close the door and curtains to make sure there is privacy." A relative said, "The staff are respectful by making sure they cover [family member] for privacy."

- Staff encouraged people to maintain their independence as much as possible. Their level of independence was detailed in their care plans, such as their ability to walk or move themselves without the use of walking aids. Staff also supported and encouraged them to "make choices to maintain a meaningful lifestyle."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons. A staff member said, "I would never share personal information with anyone." A relative commented, "The staff never talk about anybody else they visit. They are professional."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us the service was responsive to the needs of family members and they worked well together. One relative said of staff who helped them support their child, "The service is very flexible with us and that really helps me manage. The carer from Unique works alongside me and another worker to support [family member]. There is good communication between everybody so it works well. If I have an issue then I call and they sort it out."
- People's care plans recorded their needs, abilities and preferences for their care. They were person-centred and contained details about their interests, personalities and histories.
- Care plans were reviewed regularly or as and when people's needs changed. One relative we spoke with was not fully satisfied with the service and about changes made to their family member's care programme, such as times staff were to provide support. We discussed this with the management team who told us they were aware of their concerns but the decisions were made by the local authority, who funded the person's care.
- Staff also supported young people to get ready for school or access services such as swimming pools and activity centres. Staff completed daily notes about each person to share important information that required attention or following up. This ensured people's needs continued to be met.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection in December 2016, we made a recommendation for the provider to seek best practice guidance in ensuring staff could communicate effectively with people and their relatives. This was because some staff did not have English as a first language and people struggled to communicate with them.

At this inspection, this had been addressed. Feedback from relatives was more positive in this aspect. One relative said, "[Staff] gives [family member] a bath, feeds them and communicates one to one with [family member]. [Staff] also communicates so well with me."

- The provider was meeting the AIS and people received information from the service in a suitable format.

For example, one person's relatives had difficulty understanding information to help them support their family member and senior staff arranged for them to view a video. This enabled the relatives to have a visual understanding of what they needed to do.

- People's communication needs were documented in their care plan and provided information to staff on how to communicate with them effectively. For example, one person had a speech impairment and staff were required to "speak slowly and clearly and in short sentences or use signs and object of reference for clarity."

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service.
- Relatives told us they knew how to make a complaint and that if they had concerns, they were confident the management team would listen to them and attempt to resolve their complaint. One relative said, "I trust them and have no complaints."
- There were no complaints received by the service at the time of our inspection.

End of life care and support

- The service did not support anyone receiving end of life care at the time of inspection. However, systems were in place for people's end of life wishes to be recorded and acted upon.
- The management team told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- There was a registered manager in post but they were unable to attend the inspection. They were also one of the co-directors of the service. At our last inspection we noted that relatives were unsure of who the registered manager was. We found this was still the case and relatives assumed the other co-director or care supervisor, who contacted them regularly, were the registered managers.
- We spoke with the registered manager prior to our inspection. They told us they were planning to replace themselves as registered manager and appoint a new manager, who could focus on the day to day management of the service.
- The care supervisor, centre manager and the other co-director supported and supervised staff regularly. They carried out spot checks of staff performance and work practices to ensure they provided safe care. Audits of medicine records and daily logs were carried out to check staff had completed their tasks appropriately.
- Staff told us they were clear about their roles and responsibilities to ensure people received good quality care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to obtain positive outcomes for their care. For example, they were supported to maintain their physical health and access community events and activities, where they were able.
- Most people we spoke with were satisfied with the service. One relative said, "Somebody came out about six months ago and we met with them. We were able to discuss how things are going and plans for the future. They seem fine."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibility to be open and honest with people who used the service. Relatives told us they knew who office staff were and felt comfortable speaking with them to discuss any issues.
- Where staff required improvement in their performance, records showed the management team took action to address this. For example, reminding staff of their responsibilities to ensure records were completed thoroughly. They also emphasised the importance of effective communication and the reporting of issues to help resolve situations more quickly. This enabled continuous learning and improvement in the

service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive. One relative told us, "The managers contact me every so often. I find them approachable and will contact them if I need something. They always ask me how things are going."
- Staff felt engaged with the management team and told us they were encouraged to deliver a good service. A staff member said, "There is lots of support from the managers. They are very nice, helpful and caring. They respond to any concerns I may have." Staff attended meetings to discuss issues and share important information.
- Senior staff told us they had a positive working relationship with the registered manager and co-director. They said the registered manager was involved in the service and understood what was going on through regular attendance at management meetings.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs. We noted the service was praised for its ongoing support of young people in the borough and for its engagement with Great Ormond Street Hospital.
- We did not receive any concerns from health and social care professionals we contacted.