

## 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?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Our inspection took place on 22 June 2015. It was the first inspection we had carried out of this service as the provider, although registered before that time, had only started to deliver care towards the end of 2014. The provider had a short amount of notice that an inspection would take place. This was because the office of the service was not always 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.

The provider is registered to deliver personal care. They provide care to people who live in their own homes

within the community. At the time of our inspection 11 people received personal care from the provider. All people of the people who used the service lived with a family member.

The provider was also the 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.

# Summary of findings

The registered manager/provider was not up-to-date with what was required of them regarding the law. The provider told us that they had not consistently carried out medicine audits and the audits and checks they had undertaken had not been recorded.

All people and their relatives that we spoke with told us that the service was good. They also told us that they felt safe and this was confirmed by their relatives. People who used the service described the staff as being nice and kind.

The registered manager/provider knew that they needed more staff. However, staffing levels at the time of our inspection were not placing people at risk of not receiving the care and support they needed or at the right time.

We found that a complaints procedure was available for people to use. People and their relatives told us that they were confident that any dissatisfaction would be looked into or dealt with effectively.

Staff told us that were felt adequately supported in their job roles. However, the registered manager/provider told us that they were aware that some improvement was needed as the supervision and involvement of staff was lacking.

Although staff had some understanding, their knowledge was limited regarding the legalities of the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS).

We saw that there were systems in place to protect people from the risk of abuse but these were not always followed.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

Recruitment systems needed improvement to prevent the possibility of the employment of unsuitable staff.

Medicine recording did not confirm the actual medicines that were given or how many medicines the staff had supported people to take.

Systems were in place to protect people and minimise the risk of them being abused but not always followed.

Requires improvement



### Is the service effective?

The service was mostly effective.

People and relatives we spoke with told us that the service provided was effective.

The service provided was reliable so could meet people's needs.

Although staff had some understanding, their knowledge was limited regarding the legalities of the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS) as they had not received in-depth training about these subjects.

Good



### Is the service caring?

The service was caring.

People described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Good



### Is the service responsive?

The service was responsive.

People told us that the service provided met their needs.

People's needs and preferences were assessed.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



### Is the service well-led?

The service was not well-led.

The provider was not up-to-date with what was legally required of them regarding for example, the safe recruitment of staff and medicine management safety.

Requires improvement



# Summary of findings

Audit systems had not been used to ensure that the service was safe and being run in the best interests of the people who used it.

Although staff told us that they felt supported, management support systems were lacking concerning staff involvement and meetings.

# 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 22 June 2015 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because the office of the service was not always 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 local authority staff about the service, they told us that they did not have any significant information to provide.

We had received information which highlighted the absence of some staff pre-employment checks. We looked at recruitment systems during our inspection and found that some improvement was needed.

At the time of our inspection 11 people received personal care from the provider. The local authority funded 10 peoples' care and one person funded themselves. With their prior permission, we spoke with one person who used the service and relatives of five other people by telephone. We spoke with four staff and the registered manager/ provider. We looked at the care files for two people, medication records for two people, recruitment records for six staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

# Is the service safe?

## Our findings

We looked at files for six staff who had been recruited in the last twelve months and found that the provider had mostly taken action to ensure that the staff were fit for work and references had been obtained. However, for one staff member previous employment dates were not available to confirm there were no gaps in their employment history. For a further two staff the registered manager/provider, although we asked, could not show us evidence to confirm that a new Disclosure and Barring Service (DBS) check had been requested at the time they started to work. The dates on previous DBS certificates showed that they were older than three months (the maximum time allowed for a current DBS to be used) and that they were issued before the DBS 'update' scheme came into force. (This is where staff can subscribe annually to the DBS and their certificate is updated and can be reused). We saw that there was information on some DBS certificates that required further exploration. The registered manager/ provider confirmed that they had held verbal conversations regarding these but had not made records to demonstrate that their decision to employ had looked at all risk factors.

People who used the service and their relatives were happy with the arrangements the registered manager/provider had in place relating to the management of medicines. One person said, "The staff give me my tablets. They always do it correctly. I am glad they do my tablets, I would get in such a mess with them". A relative told us, "The staff always give the tablets as they should".

Staff told us that they had received medicine training. We saw certificates to confirm that this was correct. One staff member had not given a person their medication. When they realised this they reported it to the provider. Advice had then been sought from the person's GP.

We found that at least two Medicine Administration Records (MAR) had been handwritten by staff. However, there was no second signature to show that a staff member, relative or person who used the service had checked to ensure that what was written on the MAR was the same as what was detailed on medicine label or blister pack. The MAR that we looked at did not give a precise account of the medicine staff had given to people or prompted them to take. For example, one person's MAR that we looked at did not give the name of the medicine or quantity given. It only specified 'Blister pack' (This refers to

the container the medicine was stored in). Records that we looked at and staff we asked confirmed that a number of medicines were prescribed for that person but they never recorded on the MAR's what the medicines were or how many they gave or prompted the person to take each time. Staff and the registered manager/provider told us that all other peoples MAR did not have that detail either. Although daily notes for the same date and time confirmed that peoples medicine had been given we saw that the actual MAR had not been completed.

We saw staff signature gaps on at least two MAR for those dates. This highlighted that the MAR's in use did not confirm that people were being given/or prompted to take their medicine as it had been prescribed. The registered manager/provider told us that they would take action to rectify the situation. When speaking with staff later in our inspection, they confirmed, that the registered manager/provider had already given them instructions for the issue to be addressed.

All of the people and relatives we spoke with told us that they (or their family member) had not encountered any treatment or interaction from staff that they were worried about. One person said, "No I have not experienced anything that worries me". A relative said, "No I have not got any concerns". All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. However, we determined from records and speaking to staff and the registered manager/provider that in the last four months there had been at least three missed care calls (when staff had not turned up for work to do their care calls) and on one occasion one person's medicines had not been given. The issues had been dealt with adequately to prevent reoccurrence. However, the registered manager/ provider confirmed that these issues, which constituted omissions of care, had not been reported to the local authority as they should have in done in line with safeguarding board requirements. The registered manager/provider told us that they would report the missed calls retrospectively to the local authority.

People and their relatives told us that they were not aware of any staff shortage. Staff we spoke with told us that there were enough staff to meet people's needs and keep them safe but problems could occur if staff phoned in sick. One staff member said, "Things are ok but there is not enough staff for back up when staff go off sick". The registered

## Is the service safe?

manager/provider confirmed that a number of staff had left and although they did not have a staffing shortage as such, there was no contingency if staff did not turn up for work. The registered manager/provider told us that they were continuing to advertise to recruit new staff and until they had recruited new staff they would not offer any new care packages. They told us that they had negotiated with other agencies to use their staff for contingency and continuity. This was confirmed by staff we spoke with.

A relative said, “The staff are able to use the hoist properly”. A staff member said, “I feel safe and competent to hoist people”. All of staff told us that they had received moving and handling training which included hoist training. The training matrix confirmed that the majority of staff had

received the training and the registered manager/provider told us that they were arranging further training and/or refresher training for staff. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured by for example, hoisting equipment or unsafe moving and handling.

Staff we spoke with gave us a good account of what they would do in emergency situations such as finding a person who used the service was injured or unconscious. Some staff told us how they had dealt with ‘live’ situations. This demonstrated that the staff knew of the provider’s emergency procedures and followed them to ensure that people got the required attention they needed.

# Is the service effective?

## Our findings

All people and relatives we spoke with were happy with the service provided. One person said, “I am very happy so far with the staff and the service. They do over and above what they should and to a good standard”. A relative said, “We had a service from elsewhere before that was not good. This one is good and we have no concerns or complaints”. Another relative said, “The service is very good. I am pleased”.

All people were positive about the reliability of the support provided to them. Relatives we spoke with confirmed that the service was reliable. One person said, “No, the staff have never not been to me when they should. If they are running late they always let me know”. A relative said, “The staff always come on time. We need two staff to do the hoisting. Two staff always turn up. We have not had any problems”. Another relative told us, “If the staff are going to be late because of traffic they telephone me”. People and their relatives also told us that they had consistency of service as in general the same staff covered the care calls. One person said, “I have one or two staff that come to me. I have got to know them well it is good”.

All of the people and relatives we spoke with told us that in their view the staff were trained and experienced. A person said, “The staff know what they should do”. A relative told us, “I think they are knowledgeable, they are very good”. Another relative said, “The staff do their job well”. Staff we spoke with told us that in general they had received the training that they needed. A staff member said, “I have done all the training. I need some refresher soon but the manager is sorting that”. Another staff member told us, “I feel confident and competent to do my job”. One staff member told us, “I had induction when I started. I went through policies and procedures and introduction to people”. Staff files that we looked at held documentary

evidence to demonstrate that induction and training processes were in place. All staff we spoke with told us that they felt supported on a day to day basis. One staff member said, “We can always contact a senior or manager if we need to”.

People 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. One person said, “They always explain what they are going to do and ask me first”. Records that staff had made to confirm their actions at a care call read, “Consent received before personal care given”. We found by speaking with staff that their knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied. Although some staff had some understanding of these topics generally their knowledge was limited. The training matrix and staff training certificates that we looked at did not confirm that staff had received MCA or DoLS training. The registered/manager provider informed us, “We cover mental capacity and DoLS in Dementia awareness courses. However, have not yet started running it as stand alone course for all staff but we will soon”.

All staff we spoke with told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Records highlighted and staff told us that the majority of people who used the service lived with or received support from a relative. Staff told us that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action. The relatives we spoke with also confirmed that this was correct. This demonstrated that where it was needed staff had taken the appropriate course of action to ensure that people’s healthcare needs were met.



# Is the service caring?

## Our findings

All of the people and their relatives we spoke with were positive about the staff and their caring attitudes. One person said, "The staff are lovely, they are very kind to me". A relative said, "The staff are kind, helpful and friendly". Another relative said, "They [The staff] never rush. They know my parent is fragile and has a disability and they are kind". Another relative said, "If they [Their family member] is anxious the staff sit and hold their hand". Staff we spoke with all told us they liked their work. One staff member said, "I love my job helping people, it is rewarding".

All people we spoke with told us that staff provided the care for the correct time that had been allocated to them for their care to be delivered. This was confirmed by the relatives we spoke with. One person said, "The staff always stay the amount of time they should". A relative told us, "Actually because their [Their family member] needs are so great the staff spend more time than they should".

A person who used the service told us, "All of the staff are polite and respectful". A relative said, "Oh the staff are always polite and treat them [Their family member] with dignity". Staff we spoke with all gave us a good account of

how they promoted privacy and dignity in everyday practice which included, ensuring that doors and curtains were closed and people were covered when undertaking personal care. A staff member said, "If families are around I always ask if they would mind going into another room when I do personal care".

One person preferred a male staff member to care for them. Their relative said, "The like a male carer and this is provided most of the time". The registered manager/provider and all staff we spoke with confirmed that a male staff member provided the care to this person.

All people and their relatives confirmed that staff listened to what was said to them and acted accordingly. One person told us, "If I ask the staff to do something in a certain way they do". A relative said, "Sometimes they [Their family member] do not feel well or are tired. The staff then ask if they want things done in another way".

A person said, "I like to do what I can myself. The staff just help me do the things that I cannot". A staff member told us, "We always encourage people do what they can". Relatives told us that staff encouraged their family member to retain their independence.

# Is the service responsive?

## Our findings

A person said, “The staff know my personal needs well”. Another person told us, “Before I started using the service staff asked me questions. This was because they needed the information to know about me and what I needed to have done”. A relative said, “The staff went through everything to make sure they knew how to look after them” [Their family member].

A person told us, “The staff are very good they know how I like things to be done”. Records that we looked at had information about people’s likes and dislikes. All staff we spoke with gave us a good account of peoples likes and dislikes regarding their care. 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 ‘records’ in their homes to give the staff instruction on how they should be looked after. A person said, “There are written papers

about my care here [In their home] and staff always write down what they do”. We saw that care plans that had been produced that highlighted people’s needs and how they should be cared for.

People who used the service and their relatives told us that the staff had been responsive to their particular situations. One person told us that they sometimes asked for a change of care call time and they dealt with that. A relative told us, “If we need our call time changed the staff accommodate this”.

People who used the service and their relatives told us that they were aware of the complaints process. One person said, “If I had an issue or complaint I would ring the office and tell the staff. I have never had to though”. Another person said, “My family keep an eye on me and the service I receive they would not hesitate to complain if they had cause”. A relative said, “The owner always says if any concerns to ring him direct and I would. I have not got any complaints though”. We saw that a complaints procedure was in place. No complaints had been logged to date. We were not aware of any complaints.

# Is the service well-led?

## Our findings

People and their relatives told us that the service was well run. A person said, “I am very pleased with the service”. A relative said, “I think things are well run”. The provider had a leadership structure that staff understood. The provider was also the registered manager and was supported by a training lead and a team leader.

Relatives and people who used the service all knew who the registered manager was and felt they could approach them with any problems they had. This demonstrated that the provider encouraged and promoted an open and transparent culture. The registered manager/provider took an active role in the running of the service. Our conversations with the registered manager/provider confirmed that they knew the people who used the service well.

During our inspection we found that the registered manager/provider was not up-to-date with what was required of them regarding the law. We found issues that should have been identified and addressed through management and provider quality monitoring, observation and speaking to people but had not been. These included the lack of staff Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) training, ineffective recruitment processes and potentially unsafe medicine procedures. The registered manager/provider told us that although they visited people in their homes and spoke with them by telephone there was no audit structure and no record of contact. People and staff we spoke with all confirmed that the registered manager/provider had not used many formal methods to involve them in the running of the service or for them to voice their views if they wanted to.

Some conditions of registration had not been met as they should be to comply with the law. The registered manager/

provider has not kept us informed of all events and incidents that they are required to notify us of for example, missed calls and a medicine not given as it had been prescribed. The registered manager/provider told us that they knew that they had a shortfall and was considering hiring a consultant for support.

This is a breach of Regulation 17(1)(2)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2014.

Relatives told us that they had been given written information about the service that contained information about the service and contact telephone numbers in case they needed to ring the service office to speak to a manager. One person said, “I can ring the office and speak to them if I need to”. A relative told us, “I have the contact numbers to ring. I have not had a problem contacting the office”.

We found that some support systems were in place for staff. Staff told us that the management team were, “Supportive” and that they always had a contact number they could ring for help. The provider confirmed formal staff meetings and ‘spot checks’ (to make sure that the service was being delivered properly and that staff were working as they should) had not been undertaken for some time. They also told us that although improvements were being made, formal staff supervisions and involvement, had been lacking.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. This was confirmed by our evidence gathering. One staff member said, “If I saw anything I was concerned about I would report it to the manager. I had to a while back about an external staff member”. Another staff member said, “We have policies and procedures regarding whistle blowing. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 (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.</p>