

Unity Care Solutions Limited

Unity Care Solutions (Maidstone)

Inspection report

Suite 31, 50 Churchill Square
Kings Hill
West Malling
Kent
ME19 4YU

Tel: 08450346410

Website: www.unitycaresolutions.co.uk

Date of inspection visit:
06 March 2019

Date of publication:
17 April 2019

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:

Unity Care Solutions (Maidstone) provides personal care and for 23 people who are living in the community. People receiving care and support were predominantly children aged two years old and up. Some people were young adults. People required specialist care which included nursing care. Some people required assistance from artificial aids to help them to breathe. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

People's experience of using this service:

- The service had received many compliments from people who used the service and their relatives. One relative told us, "They are a fabulous team who put [relative] first."
- People and their relatives told us that staff were reliable and turned up for calls on time. People had regular staff and this provided people with consistency. The provider made sure that there were enough staff to cover all of the calls.
- People were protected from abuse and avoidable harm. Staff understood their role and responsibilities in keeping people safe, they had received safeguarding training and had a safeguarding policy and procedure to inform their practice. Robust staff recruitment checks were completed before staff started working with people. Risks associated with people's needs including the environment had been assessed and staff had guidance about the care people required to reduce any risks.
- Medicines systems were organised and people were receiving their medicines when they should. Staff continued to follow safe protocols for the administration of medicines.
- Staff received an induction when they started their employment, this included shadowing experienced staff. This gave people the opportunity to meet staff before they provided care independently. Staff received ongoing training and support from the full management team which includes a Registered Nurse, senior co-ordinator and care co-ordinator. , this included assessments to ensure staff provided safe and effective care.
- People and their relatives were supported to understand how to keep safe and to raise concerns when necessary.
- People and relatives we spoke with felt staff managed their needs well. One person said, "They are brilliant and really know and understand [relative]."
- The registered manager was up to date about best practice and current legislation and supported staff in providing effective care. 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.

- Staff worked closely with people's social workers to ensure people's needs were met, and professionals spoke positively about the service. One health and social care professional we spoke with told us, "I have had nothing but positive experiences whilst working closely with Unity Care Solutions."
- People and their relatives told us staff were kind, courteous and sensitive. One person said, "Staff are exceptionally caring and kind."
- People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets at the office.
- Staff supported people to access medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.
- People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred.
- The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

The rating at the last inspection was Good (19 August 2016)

Why we inspected:

This was a planned inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we 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.

Unity Care Solutions (Maidstone)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Unity Care Solutions (Maidstone) provides personal care for 23 people who are living in the community.

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection record.

We reviewed three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including one staff files. We also looked at a sample of policies and complaints and compliments.

We gathered people's experiences of the service. We spoke with three people and seven relatives to gain their views. We also spoke with the registered manager, two members of the management team and two

members of care staff. We received feedback from two external health and social care professionals.

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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and we wanted to be sure that we had access to documents. The inspection site visit was completed on 6 March 2019. Phone calls to relatives took place on 6 March 2019 and 12 March 2019.

Is the service safe?

Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm. Staff knew how to recognise abuse and protect people from the risk of abuse.
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff and management we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "I would report any concerns or abuse to the manager, and report it externally if needed."
- Staff received appropriate safeguarding training. The staff we spoke with felt the training was sufficient for them to identify the risk of abuse and safeguard people.
- People and their relatives told us that they felt safe when staff were in their homes. One relative told us, "I have no concerns when there [staff] are here."
- People had access to an 'information pack' which included safeguarding information, and listed contact details for the local authority safeguarding team and the Care Quality Commission (CQC).
- Staff followed safeguarding procedures and made referrals to the local authority, as well as notifying CQC as required.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments in relation to their specific care needs. The risk assessments were personalised and covered areas such as, nutrition and hydration, medication management, moving and handling, skin care, health and home environments.
- Risk assessments were linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. This information was regularly reviewed to ensure it was up to date.
- People's moving and handling risk assessments were very detailed and specific to people's needs. People we spoke with felt staff managed their needs well.

Staffing and recruitment

- Staff files evidenced robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Through our discussions with the registered manager, staff, people and relatives, we found there were

enough staff to meet people's needs and to attend all the support calls that people required. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "I have regular workers." Another relative told us, "Our regular carers never miss – totally reliable."

- Staff rotas we saw confirmed staffing levels were flexible depending on people's needs. People and their relatives told us that staff arrived on time and stayed for the allocated time. One relative told us, "They never rush off and always check if there's anything else he would like."

Using medicines safely

- The provider had a medicines policy in place which covered the recording and administration of medicines. It stated staff had to undertake training before they could administer medicines.
- Staff told us they had received training in how to administer medicines and this was confirmed in the training records we reviewed.
- Staff received regular competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One relative told us, "I have to say they [staff] are very good at recording medicines accurately in the records."
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- Staff provided varying levels of medicines support, according to people's needs.

Preventing and controlling infection

- Records confirmed staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves, aprons and alcohol-based hand rub for disinfecting their hands. One staff member told us, "We always have access to personal protective equipment, we always wear them."

Learning lessons when things go wrong

- The provider had an accidents and incidents policy.
- There were appropriate processes in place for recording and investigating accidents and incidents.
- Staff members were aware to call the office to report any issues if there was an accident or incident.
- Risk assessments were reviewed following incidents.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately.

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.

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- Support was very person centred and recognised people's needs and individual preferences.
- People's needs were comprehensively assessed and regularly reviewed. Care plans were reviewed shortly after implementation and continued to be reviewed at regular intervals or when people's needs changed. One relative told us, "Our care plan was reviewed very recently. It happens at least annually. They have always been able to meet any changes and provide an increase in the care."
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to people's home environment.
- People and their relatives were involved in their care planning and the people we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Staff had good knowledge and understanding of their role and how to support people effectively. Staff had received all the training and guidance relevant to their roles.
- When new staff joined the service, they completed a robust induction programme which included shadowing more experienced staff. The induction covered topics such as confidentiality, privacy and dignity, moving and handling, communication, fluid and nutrition, food hygiene, infection control, and safeguarding. One staff member told us, "The induction was detailed."
- Staff had attended specialised training to enable them to support people's health needs. This included training in supporting people with nasogastric tubes (which is a tube passed into the stomach via the nose), tracheostomy (which is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help someone breathe, Stoma (a stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch (bag) on the outside of the body). Staff had also received training in PEG feeds (this is where people received food and fluid through a tube into their stomach) and training in administering rectal and buccal (inside the cheek) medicines.
- Staff were not able to work with people until they had received all the relevant training specific to the person's needs. Staff confirmed this. One member of staff said, "I have done specialised training which is child specific."
- We asked people if they felt staff were competent. One person said, "Staff are skilled and they know what they are doing."
- Staff felt supported and received regular supervision and opportunities for appraisal. One staff member said, "We receive regular supervisions which are helpful. I can discuss anything I need."

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

- Relatives explained that their family members were generally supported to eat and drink by relatives.
- Care plans and risk assessments provided clear guidance to staff about each person's food and drink needs, including where liquids need to be thickened to aid swallowing.
- Staff we spoke with confirmed they had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes.

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

- People were supported to access health care professionals when necessary.
- We could see from the records that health care professionals such as specialist doctors, district nurses and GP's had been involved in people's care.
- Staff recognised the importance of working with people to maintain their health. Where appropriate staff arranged and attended health appointments with people, if they wished for this support.
- Care plans had been amended according to the advice given by healthcare professionals and we could see this information was being followed.
- People had a health care plan and these contained information about the person's health needs, what they needed to do to remain healthy, what to do in case of an emergency, how they expressed themselves when unwell and who was involved in their health care support.
- Healthcare professionals told us that staff contacted them if they had any concerns or needed to clarify any advice.

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

- Some people receiving support were young children so staff discussed and agreed decisions with people's parents.
- 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.
- We checked whether the service was working within the principles of the MCA. 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.
- Staff had a good understanding of the MCA and could describe how to support people to make decisions.

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.

Good - 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

- Relatives told us that all of the staff treated their family members with kindness, compassion, dignity and respect. One relative told us, "They feel like part of our family team." Another relative told us, "They are a fabulous team who put [relative] first."
- Staff showed a good awareness of people's individual needs and preferences. For example, one staff member described how people liked to carry out their personal care in specific ways. Staff also talked about people in a caring and respectful manner. One relative told us, "They have a flannel system for when [relative] is having a wash that gives them their dignity. Staff always makes sure that the door is closed as there are other people in the house."
- Staff told us that they had time to build relationships and get to know people. People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included favourite toys and games the person like to play.

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

- Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people, who were older children or young adults, to be more independent.
- One staff member told us, "I always get the children to do what they are able to do."
- People were supported with communication skills. One person communicated using their own sign language. A member of staff had worked with this person's relative's to video them using the signs. These were available for staff to view to help other people learn how to communicate with them. The registered manager told us, "We have had a big focus on communication and have looked at how we can improve communication methods with the clients we support and the staff knowledge and understanding of this."
- To support the communication process the service have also been signposting families to external services and are providing a taster of sign and sign within the stay and play session to encourage and support families to develop themselves in order to enhance their loved one's communication.
- A relative told us, "Staff are able to communicate with [relative] because staff are very patient," • Records showed people and relatives were involved in care planning and reviews. One relative said, "Staff always make contact if they need to speak to me or change [person name] care plan." Another relative told us, "I am always here for reviews."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. All of the staff we spoke with explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity.

- Staff explained how they recognised they were working in people's homes and tried to ensure that they did not disturb other relative's privacy. One staff member told us they were "Mindful that's its people's homes."
- Promoting independence was reflected in people's care plans.
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us that all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The full office team including the registered manager, co-ordinators and Registered Nurse developed care plans with people, which provided staff with guidance of the care and support they needed. We found information was individual to the person and included information about their complex needs, preferences and routines. Care plans were regularly reviewed to ensure people's needs and wishes were accurately reflected in the guidance available for staff. One relative told us, "Our care plan was very thorough."
- The service had recognised that some of the families of the people they were supporting felt isolated and were not aware of other families living in the same circumstances as themselves. Because of this the service is holding a stay and play event. this will provide an opportunity for families to come together, meet others in similar circumstances and provide some useful information and tools for them in a welcoming environment. The service plan to host two of these sessions each year.
- The service have supported families to arrange, fund and facilitate holidays. The service work with families to identify what they would like to do and then support them to achieve this. The service are able to provide staff to support and care for people during their time away.
- People confirmed staff provided care that met their individual needs and preferences. A relative told us, "They know just how to care for [relative]."
- People's care plans gave details of their lifestyle and preferred activities and hobbies. Goals they wished to achieve had also been identified, for example, we saw in one care plan how the person wanted to maintain their independence when dressing and could see they had been supported with this.
- The service worked closely with people to identify activities that they were interested in and supported them to access these. The service help people to plan activities, outings and visits to encourage them to explore and enjoy things available to him in the community.
- The service worked with families to help them to identify what support was available to them from other agencies. The registered manager told us, "We work very closely with all our families from the outset to ensure that they are fully informed and educated in what other support is available to them. This can include sign posting to benefits, helping complete benefit forms, raising awareness of specialist equipment available and advocating for the families."
- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the provider had met this standard and had made information available in different formats.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure which identified how complaints would be responded to. People had information about how to raise any complaints or concerns. We could see the provider followed its policy in responding to complaints.
- Staff we spoke with identified the different ways people raised concerns. In addition to the formal

complaints process people were regularly asked for their feedback. Staff said they had frequent conversations with people and checked if they were happy with things as a matter of routine.

- The people we spoke to and their relatives knew how to make a complaint and said that they would feel comfortable doing so.
- The managers used learning from complaints and comments from people to improve the service.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.
- Some staff had received end of life training and told us they felt confident about providing this to people. The registered manager told us, "Not all staff complete end of life training. We understand and appreciate that end of life care is a specialist area and not all workers are happy or able to cope with this. We therefore work in collaboration with staff to ensure they have adequate training in the specialisms they wish to pursue. Staff are only placed to work end of life when trained to do so."
- The registered manager told us about how people were supported at the end of their life. They told us that they worked in partnership with the local hospice and healthcare professionals to make sure that people were supported in a way they wanted. The support provided promoted people's independence and increased their confidence and self-esteem.

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.

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place.
- The service was well led. The registered manager was motivated and highly committed in wanting to provide consistent high standards of care that was tailored to people's individual needs. The registered manager said, "My values are to provide person centred care." There was a clear culture based on achieving positive outcomes for people.
- There was an open culture within the service. Staff told us that the managers were supportive and that they could raise concerns with them and they were listened to.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.
- Relatives told us they valued the care provided and this enabled their loved one to remain living at home. People and their relatives spoke very positively about their experience of the service. One relative told us, "They do everything they can to help and support us."
- Health and social care professionals told us they felt the service was well led and communication and cross working with professionals worked very well.

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

- The registered manager was clear about their role and responsibilities, they had clear oversight of the service and a plan to further develop the service.
- The staff team told us the registered manager was very clear with them about their roles, responsibilities and the standards and expectations required of them. We found staff held the same vision and values for the service as the registered manager.
- The registered manager was supportive to the staff. The registered manager and office staff had regular contact with them to share information. The registered manager led by example and encouraged staff to share ideas and staff told us they felt involved and valued.
- Spot checks of staff delivering care covered a range of areas, including staff competency, punctuality, infection control and health and safety.
- The registered manager used a range of audits and checks to review the service and these were found to be up to date and effective.
- There were comprehensive policies and procedures in place which identified all areas of practice. These were available to staff.
- The registered manager told us that they were keen for staff to take pride and ownership of the service

which would enable them to grow as individuals. They told us, "Staff taking ownership in what they are doing and problem solving as they go along makes things more efficient."

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

- Staff said that they attended regular staff meetings which they found helpful. We saw from the records that these focussed on discussing people's specific needs as well as discussing concerns and issues relating to improving the service. Staff meeting records also evidenced that staff meetings were used to refresh training and share information of importance such as safeguarding children and adults from abuse.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff told us they regularly talked with people they supported to check if anything could be improved and then responded to this.

Working in partnership with others; continuous learning and improving care

- The registered manager had the appropriate skills and knowledge to fulfil the requirements of their role. In addition, they continued to develop their skills, knowledge and experience by engaging with a variety of networks, conferences and forums. These included; meetings organised by the provider organisation to share best practice and success and registered manager conferences which facilitated networking.
- Effective partnership working had been established with stakeholders including local commissioners, community based health services, specialist practitioners; who provided additional training around complex needs.
- The registered manager was committed to developing the skills and knowledge in the staff team. The provider had identified new ways of training staff and had created a new training programme.
- There were processes in place to enable managers to learn from mistakes and improve care.
- The service had recently introduced the use of reflective practice. The purpose of this is to look back on our practices at what went well, what could be done better and what we would do differently next time. These accounts are filed in a reflective account folder within the office. The registered manager told us, "This new practice which has been adopted has had a positive impact on the way in which we work as an agency and give office staff and the wider team the opportunity to debrief, share ideas and learn best practice moving forward. From this process so far, we have been able to make adaptations to our policies and processes to improve the service delivery to our clients and their families."
- Where mistakes had been made or if issues had arisen, time was set aside in staff meetings to discuss the concerns and provide additional support and training for staff as necessary.