

Unite Highland Care Limited

Unite Highland Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Unite Highland Care provides personal care and support to people living in their own homes.

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 was supporting 15 people at the time of our inspection, 8 of whom received personal care.

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

People told us staff were kind and helpful and knew their needs well. Staff treated people with respect and promoted their independence. People had opportunities to give feedback about their care and told us their views were listened to and acted upon.

Risk assessments had been carried out to identify and manage any risks involved in people's care. Staff managed people's medicines safely. People were protected from the risk of infection because staff followed good practice in infection prevention and control (IPC). Staff attended safeguarding training and knew how to report any concerns they had about abuse or poor practice. The agency's recruitment procedures helped ensure staff were suitable for the work they did.

People's needs were assessed before the agency provided their care. Care plans were developed from these assessments, which contained guidance for staff about how people's care should be provided. Staff supported people to maintain good health and followed any guidance put in place by healthcare professionals.

People knew how to complain and felt able to raise concerns if they were dissatisfied. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had the training they needed to carry out their roles and to provide people's care in a safe way. Staff received good support from the registered manager and could speak up if they had concerns or suggestions for improvements. Quality monitoring systems helped the registered manager maintain an effective oversight of the service and to ensure people received safe, consistent care.

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

Rating at last inspection

This service was registered with us on 7 January 2022 and this is the first inspection. Although registered in

January 2022, the service did not begin providing care to people until July 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Unite Highland Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 28 February 2023 and ended on 5 March 2023.

What we did before inspection

We reviewed information we had about the service, including intelligence we gathered during a monitoring call with the registered manager in September 2022. We also reviewed feedback submitted by people using the service as part of our monitoring activity. We used the information the provider sent us in the provider information return (PIR) in December 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We met with the registered manager via Teams to talk about how the service was run. We spoke with 3 people who used the service and 2 relatives to hear their feedback about the care the agency provided. We received feedback from 2 professionals who worked with the service and from 5 staff about the training, support and information they received.

We reviewed assessments, risk assessments, care plans and medicines records for 3 people. We checked recruitment records for 3 staff, records of staff induction, training and supervision, meeting minutes, quality audits and spot checks.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff provided people's care in a safe way. People said they felt safe with staff and relatives were confident staff maintained their family members' safety. One relative told us, "[Family member] is at risk of falls, but [care worker] keeps him safe. He has never had a fall yet when she has been here."
- Assessments had been carried out to identify and manage any risks to people in areas including moving and handling, skin integrity and medicines. If risks were identified, guidance was provided for staff about how to minimise them.
- Professionals said staff followed the guidance in people's support plans to ensure they received safe care, and reviewed risk assessments if people's needs changed. A professional told us, "In relation to safe care, they always follow the support plan and if there are any changes or risks identified, they are proactive in making sure they have correct risk assessments completed."
- There were systems in place to ensure any accidents or incidents were recorded and reviewed. Staff used an application on their phones to access people's care plans and record the care they provided at each visit. Staff understood accidents and incidents should be recorded on the application, which would ensure the registered manager knew they had happened. The registered manager told us they would review any accidents or incidents to identify actions that could be taken to prevent them happening again.
- There was evidence of learning from adverse events. For example, hospital staff had discharged a person back to their home without informing the care agency, which meant the agency was unaware care visits needed to resume. Action had been taken to improve communication with the hospital to ensure there was no repeat of this incident.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff attended safeguarding training and knew how to report any concerns they had about abuse, including escalating these concerns if necessary. One member of staff told us, "I have access to Essex Council safeguarding team and I can also whistle-blow to the CQC or to the police. All the contact details are on the app." Another member of staff said, "The manager always informs us that if anyone has concerns regarding the care of clients that have been discussed with him and we believe he has not done anything about it, we can contact the CQC or the police and the safeguarding team."

Staffing and recruitment

- The agency had enough staff with appropriate skills to ensure people received a safe and reliable service. People told us staff were dependable and usually arrived on time for their visits. One person said, "Their timekeeping is very good on the whole; they are only late if the traffic is bad." Another person told us, "They are always near enough on time. They are very reliable." A relative commented on a feedback form, "They

were always on time which was important to [family member] when she was home alone.'

- The provider made checks on prospective staff to ensure they were suitable for their roles. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Medicines were managed safely. People who received support with medicines told us staff helped them take these as prescribed. One person said, "I leave all my pills to them. They make sure I take them on time."
- Relatives confirmed staff supported their family members to take their medicines on time. A relative commented on a feedback form, '[Family member] needed several drugs at different times of day and these were always administered from the blister packs at the right times during the day.'
- If staff supported people with medicines, a support plan was put in place detailing the reason for the medicine, dosage and any potential side effects. Staff attended training in medicines management and their competency was assessed before they were authorised to administer medicines. Staff practice was also assessed during spot checks and administration records were audited regularly.

Preventing and controlling infection

- People told us staff helped them keep their homes clean and hygienic. Staff received training in infection prevention and control (IPC) and people confirmed staff wore personal protective equipment (PPE) when they carried out their visits.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training they needed to provide people's care. Professionals told us staff had relevant knowledge and skills to provide people's care safely. One professional said, "They have well-trained staff that have been able to provide safe care in a variety of settings."
- Staff had an induction when they joined the agency, which included working alongside colleagues to get to know people and their preferences about their care. Staff said the induction process had been valuable in equipping them to carry out their roles. One member of staff told us, "My first week in the company, we had a meeting where the manager went through the policies and procedures, then I had a whole week of induction and getting to know the clients. I met with the team and they were very supportive."
- The registered manager told us they carried out observations of staff practice and assessed their competency before they were signed off to work unsupervised. The registered manager said, "This is where we observe and monitor how they engage with the service users and their understanding of the client's risk assessments and care plans."
- Staff had regular supervision sessions with the registered manager, which they said were useful opportunities to discuss their performance and development. One member of staff told us, "I find supervision very helpful as it helps me to know my strengths and areas that I need to develop."

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

- People told us staff supported them to maintain good health and relatives said staff were observant of any changes in their family members' healthcare needs.
- Professionals told us the agency worked collaboratively with them and said staff followed any guidance they put in place about people's care. One professional told us, "When we have discussed cases and any advice is given, this is always followed to improve the client's care."
- Staff implemented support plans developed by healthcare professionals to improve people's health and wellbeing. For instance, 1 person was recuperating from a stroke and had support plans devised by a speech and language therapist and a physiotherapist. Staff followed these plans to support the person's recovery, for example playing Connect 4 with the person to increase their cognition, dexterity and coordination.
- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans.

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

- People's needs were assessed before they used the agency to ensure staff had the relevant skills and training to provide their care safely and effectively. Assessments addressed areas including mobility,

communication, continence and skin integrity.

- People confirmed their preferences about their care and the outcomes they wished to achieve were discussed during their assessments. One person told us, "I met [registered manager] before it all started. He asked lots of questions about the care I needed and what I wanted from it."

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.

- People's care was provided in accordance with the MCA. People told us staff asked for their consent before providing their care on a day-to-day basis. Relatives said staff respected their family members' decisions about their care.
- The registered manager told us all the people using the service had capacity to make decisions about their care. The registered manager said if a mental capacity assessment was needed to determine whether a person was able to make informed decisions, they would contact the commissioner of the service to carry this out.
- No one using the service was subject to community DoLS authorisations.

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

- People's needs in relation to nutrition and hydration were discussed at their assessments and recorded in their care plans. No one using the service had specific dietary needs.
- People who received support with meals said staff supported them to make choices about the meals they ate.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- People told us staff were kind and helpful. They said they got on well with staff who visited them. One person told us, "I am very happy with them, they are very helpful; they always ask if there is anything else they can do for me before they go." Another person said, "The staff are very good; I get on well with them." Relatives confirmed staff demonstrated a caring approach to their family members. One relative said, "They are such a friendly, lovely team."
- People told us they saw consistent staff, which they said was important to them. One person told us, "I see regular staff. They do rotate but on the whole I see the same ones regularly. They know how I like things done." A relative said, "There are some changes over weekends and holidays but we generally have the same team. We have got to know them and they have got to know [family member]. They know what his needs are."
- Staff received training in equality and diversity and respected people's rights. The provider information return stated, 'We have supported our staff in training about equality, diversity and inclusion, we have staff from different ethnic backgrounds, religions and beliefs. Staff have a very good understanding of how to treat others with respect regardless of people's race, background and beliefs.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff listened to their views and respected their choices about their care. They said staff maintained their dignity when providing care and relatives confirmed staff treated their family members with respect. One person told us, "They are all very respectful."
- Staff supported people in a way that promoted their independence. One person told us staff had supported them to regain their independence following discharge from hospital, saying, "I made up my mind I wanted to get my independence back and they backed me. They were glad to see me making progress."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Each person had a support plan which had been developed from their initial assessment. People told us their needs and preferences had been explored with them when their support plans were being created. The registered manager told us how they involved people in developing their care plans, saying, "We have a conversation with them when we are developing the care plan. We ask about their preferences. We ask them what they want help with and what they can do for themselves. I ask them if they want male or female staff."
- The registered manager told us it was important to recognise that some people's needs or the care they wanted at each visit fluctuated. The registered manager said they advised staff to be flexible with the support they provided according to people's needs and preferences.

This was confirmed by people who used the service, one of whom told us, "I decide what I want them to do. If I want to do something for myself, they don't interfere."

- Staff told us they were given information about people's needs before they began to support them and were kept updated about any changes. People's care plans were accessible via an application on staff's phones, which enabled the registered manager to update the plans immediately if people's needs changed. One member of staff said, "I have to read the client's care plan and risk assessment before I am allowed to work with them. We always get information from the management if there are any changes."
- Professionals confirmed staff knew people's needs well, with one commenting, "When completing an assessment of a person's needs, the staff, especially the manager, are able to tell me exactly how the person is and what they like/don't like. This is always confirmed by the next-of-kin or client themselves and therefore I believe that they know their clients well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their initial assessments and reflected in their support plans. The registered manager told us how staff communicated with people in ways that met their individual needs. For example, 1 person was recuperating from a stroke and had a communication support plan devised by a speech and language therapist. Staff used cards and symbols recommended in the plan to enable the person to understand information and communicate their choices.
- The registered manager said none of the people using the service had significant sensory needs, but that information could be provided in alternative formats, such as large print or different languages, if necessary.

End of life care and support

- A number of people the agency supported had been discharged from hospital on an end of life care pathway. The agency worked with the local palliative care team to ensure there were appropriate care plans in place and people received the care they needed. Staff received training in the provision of end of life care and the registered manager supported staff through debrief meetings.
- Relatives of people who had been supported towards the end of their lives spoke highly of the care staff had provided. One relative commented, "The team were so supportive and lovely and [registered manager] was always available if we needed him." Another relative said, "The kindness shown to [family member] at the end of her life was so touching. I'll be forever grateful for what they did for her to make her comfortable at the end."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was given to people when they began to use the service. People and relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary.
- People who had raised issues said they were happy with the agency's response. One person told us, "I have contacted them a couple of when the tea cups were not washed well enough after breakfast. They soon sorted that out, they put things right."
- The agency had not received any formal complaints but the registered manager maintained a log of any issues or informal concerns people raised. The majority of these related to people's preferred timings of their visits and we saw the registered manager had adjusted these where possible.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the registered manager contacted them regularly to ask for their feedback about the care they received, either in person or by phone. One person said, "I see him at least once a month. He asks if I am happy with things. He was round here on Sunday night."
- Relatives confirmed the registered manager ensured they and their family members had opportunities to give feedback about their care. A feedback form submitted by a relative stated, 'What we really liked was that the manager himself came out to do calls and always asked if everything was OK with the care given or if any changes needed to be made. It's great to see people that actually care about the people they care for and it is not just a job.'
- Staff told us the registered manager encouraged them to speak up about any concerns they had or suggestions for improvements. One member of staff said, "The manager is receptive to feedback and is open to suggestions and input from staff members." Another member of staff told us, "I am able to speak up if there are any concerns and the manager has a listening ear, he is open to suggestions."

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

- People told us the registered manager listened to their feedback and did their best to accommodate any changes they requested. For example, 1 person said staff visited in the evening to help them get ready for bed but the timing of the visit was too early for their liking. The person told us, "I said to them, leave me until last and they do that now."
- Relatives said the registered manager took a personal interest in their family members' care. A feedback form submitted by a relative said, 'I can't speak highly enough of [registered manager], he made sure that [family member] was always happy with what his team were doing and I was surprised to see how many of the regular visits he attended, even after [family member's] needs were assessed and being taken care of by his team.'
- Staff told us they received good support from the registered manager. They said advice and guidance was available when they needed it. One member of staff told us, "The manager is very good, very supportive to staff but most importantly, he cares so much about the clients and the care we give to clients." Another member of staff said, "I can easily approach [registered manager], he is very helpful and he will always listen to staff."

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

regulatory requirements; 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

- There were systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and visit times, were audited regularly and spot checks were carried out to ensure staff were providing good quality care.
- The registered manager attended registered managers' meetings organised by the local authority and told us these were useful in keeping up to date with developments in the adult social care sector and good practice.
- The registered manager was aware of their responsibilities under the duty of candour and the need to be open and honest if mistakes were made.

Working in partnership with others; Continuous learning and improving care

- The registered manager had established effective working relationships with other agencies and professionals involved in people's care, including healthcare professionals and care commissioners. One professional told us, "The manager is the one that I normally communicate with and he is always helpful and has a knowledge of cases discussed." Another professional said, "I have found Unite Highland Care very responsive and knowledgeable. When invited to meetings, they are always available and attend without any difficulties."
- The registered manager was committed to continuous learning and improving care. Lessons learned were shared and discussed at team meetings. People's care plans were updated where necessary to ensure lessons learned were implemented.