

Unique Personnel (U.K.) Limited

Unique Personnel (UK)

Limited - Brixton Branch

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?	Requires Improvement ●

Summary of findings

Overall summary

Unique Personnel (UK) Limited – Brixton Branch is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults and children, some of whom have learning disabilities, dementia and physical disabilities. At the time of inspection 13 children and 116 adults were receiving support from this service.

Not everyone using Unique Personnel (UK) Limited – Brixton Branch receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection took place on 8 May 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that someone would be available on the day of inspection.

At the last inspection on 13 and 21 April 2016 the service was rated GOOD. At this inspection we found the service remained Good, with Requires Improvement in well-led.

The service had a registered manager in post. 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.

People's care records had not always addressed the support people required to stay safe. Information was missing on the assistance people required to minimise risks. Care plans were not always fully completed and information about people's health conditions was missing. We have made recommendations about this.

Staff had not completed appropriate training on the Mental Capacity Act (2005) to ensure they had the required knowledge and skills to support people effectively. We have made a recommendation about this.

People and their relatives told us that staff were regularly late for their shifts and there were occasions when staff had missed the visits. We have made a recommendation about this.

Quality assurance systems used were not always affective and therefore we recommended the provide to review their auditing processes to ensure that people's care records were maintained as necessary.

There were adult safeguarding procedures in place and these were followed by staff to support people from potential harm and abuse. People received their medicines in line with their prescriptions. Staff undertook appropriate checks to determine their suitability for the post and before they started working with people. The service provided staff with protective clothing to minimise the risk of infection. The management team

had monitored the incidents and accidents occurring and took actions to reduce a likelihood of such events taking place in the future.

People had support to meet their dietary needs and requirements. Staff supported people to access health care professionals if they needed assistance which ensured their wellbeing was monitored and maintained. Staff had skills to use manual handling equipment and supported people to move safely. People received effective care based on their wishes.

People's views were listened to and staff provided support that was respectful towards the people's care needs and privacy. People were treated with dignity and kindness. Staff encouraged people to be as independent as possible and helped people to make choices about their daily activities.

People and their relatives were supported to raise concerns and complaints should they have any. People felt confident to approach the management team for making changes to their care and support if necessary.

There were quality assurance processes in place to monitor improvements required, however these were not always effective for reviewing and updating people care records. The registered manager had not notified the CQC about some incidents, but took all the necessary actions to improve safe care for people. Feedback surveys were completed regularly which ensured that people's views about the service were collected. Staff's understanding and confidence in following the service's policies and procedures was checked to ensure they were carrying out their duties as necessary. Staff felt supported by the management team when they approached them for guidance and assistance. Information was shared with healthcare professionals to support people's best interests and ensure good care.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Care records were not reviewed as necessary to ensure they were up-to-date and reflecting people's support needs.

Staff told us the registered manager was approachable and available to speak with.

The service worked in partnership with local authorities to ensure good communication and information sharing practices.

Unique Personnel (UK) Limited - Brixton Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

We inspected the service on 8 May 2018. This inspection was carried out by an inspector, specialist nurse and two Experts 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.

We gave the service 48 hours' notice of the inspection because the location is a domiciliary service. We needed to be sure that someone would be available.

Before the inspection we reviewed information we held about the service, including statutory notifications. A notification is information about important events which the service is required to send to us by law. We also looked at a Provider Information Return (PIR). The PIR is 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.

Before the inspection we contacted eight people and six relatives for their feedback about the service. We also contacted five staff members working for this service.

During the inspection we reviewed people's care records, risk assessments, staff's files and other records relating to the management of the service. We talked to the registered manager and the deputy manager.

After the inspection we contacted health and social care professionals asking for their feedback about the service, but they did not respond.

Is the service safe?

Our findings

The management team told us that risks to people were identified during the initial assessment process and at the time people started receiving support. However, records showed that people's risk assessments had not been updated in line with people's current needs. For example, one person had started receiving support to go swimming. A risk assessment for this had not been completed and there was no risk management plan in place to mitigate the risks. We also saw that risk assessments were not always detailed enough or sufficient to manage the risks to people. For example, a risk of dehydration was not assessed appropriately for a person which was a potential risk factor because of their health condition. We discussed the risk assessments with the management team and a few days after the inspection we received copies of the updated risk assessments that included information on the actual risks to people and how to reduce or minimise these risks to people. The registered manager told us that they would update all the risk assessments within two weeks. We will check on their progress at our next comprehensive inspection of the service.

Some people and their relatives told us that staff sometimes were late for their shifts. People said that staff coming late for their shifts had not affected their daily activities and that staff called to inform people when they were running late. People's comments included, "[Staff] are usually late. It does not matter to me as I am here anyway. I do feel safe with them" and "[Staff] are late most of the time, because of transport. If [the staff member] is late, she will ring me to tell me she's late. We give my husband his meds, so at the moment there's no impact if the carer is late." Some relatives said that staff were not turning up for their shifts and that actions were taken when this was raised with the management team. One relative said, "I call the Agency and tell them the carers are not turning up and the Agency said they would talk to the carers. Since I've complained, things have improved."

Staff's late arrival for their shifts was discussed with the registered manager who told us that the reasons for this were that the public transport was not reliable and people made changes to the visiting times to meet their individual needs. The service had an administrator to monitor staff's attendance for their shifts. The administrator called staff to find out how long it will take them to get to a person's home if they saw on the system that the staff member was late. The manager told us and records had confirmed that staff's lateness was discussed at the staff meetings stressing on the importance of reducing the number of late calls. The registered manager said they arranged a meeting with a staff member to talk about the importance of being punctual if the staff member was regularly late. Following the inspection, the registered manager sent us a comprehensive action plan with information on how they planned to monitor and improve on staff's visiting times.

We recommend for the provider to seek guidance on best practice regarding the systems used to ensure staff's attendance for their shifts on time so people were provided with the support when they required it.

Staff were aware of their responsibilities to protect people from potential harm and abuse. One family member told us, "I am sure [my relative] is very safe with [staff]." Another family member said, "[My relative] is safe with the carers we have at the moment." Staff told us how they would protect people if they noticed

any signs of abuse taking place. Any concerns they had were reported to the management team for taking immediate actions to ensure people's safety. This included requesting the local authority to review a person's care package that had not met their care needs as required.

Records showed that the service followed appropriate staff recruitment procedures which ensured they employed suitable staff to keep people safe. Staff were required to fill in an application form noting their experience and skills before they attended an interview. The management team carried out criminal records checks on staff and each employee was required to provide two references prior to starting working at the service. Records were in place to monitor staff that required work permissions, which ensured they had legal rights to work at the service. The registered manager told us they collected important information about staff during the recruitment process to ensure they were suitable to support people based on people's preferences and needs. This included staff's cultural and religious beliefs that could affect their ability to perform certain tasks.

Staff were supported to assist people with medicines safely. Staff had access to the policies and procedures in relation to the safe administration of medicines to people, including National Institute for Health and Care Excellence (NICE) guidelines and Handling Medications in Social Care. Care plans identified where people required prompting or support to take their medicines. Records showed that people's medicine administration sheets were completed appropriately and included information about people and names of the prescribing doctor and local pharmacist. The medicine administration sheets were returned to the office for safe keeping after they were fully completed.

Staff told us how they supported people to stay safe from infection. One staff member said they encouraged people to wash hands before they took their medicines. Another staff member told us they used gloves and apron to support people with personal care. The management team carried out observations on staff performance to assess staff's understanding on health and safety procedures and to check if they were wearing appropriate clothing to protect people from risk of infection.

Any incidents and accidents reported by staff were logged on the 'Accident / incident form' and monitored by the registered manager to ensure that actions were taken as necessary. The service used a spread sheet to record data about the incidents taking place, including the date of the event and the investigation outcome. The spread sheet was reviewed by the registered manager monthly to find out if any regular occurrences took place and required addressing. Staff were provided with guidance 'How to keep yourself safe when working alone' to reduce the likelihood of the incidents according.

Is the service effective?

Our findings

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 saw that staff had not always received appropriate training for their role. The internal training courses were mostly facilitated by the registered manager, including the MCA training. Three out of five staff we talked to had a very limited knowledge about the MCA. They couldn't tell us what the MCA was about but when prompted they provided us with examples of how they supported people to make their own decisions. Staff told us they contacted the management team for support if they had any concerns about a person's ability to make more complicated decisions. We also saw the service using a mental capacity assessment during the initial assessment process and before people started receiving support. We saw the mental capacity assessment being completed to determine a person's overall capacity to make decisions, which contradicted the main principal of the MCA to assess people's capacity only in relation to a specific decision.

Following the inspection, the registered manager wrote to us noting the changes they made regarding the MCA. Staff were immediately booked to attend a refresher course for the MCA. The management team had also reviewed and made amendments to their procedure of how and when the mental capacity assessments had to be carried out to ensure they met the legal requirements of the MCA. The registered manager told us they recently undertook training for the MCA to refresh their knowledge on the act.

We recommend that the provider seeks guidance on best practice in relation to the processes used to support people in the decision making process and according to the MCA.

The service provided staff with flexibility to attend the training courses when it suited them. The management team had carried out three sessions in a day so staff could choose the most suitable time for them to attend the training course. The training courses were facilitated every Tuesday to ensure that staff were up-to-date with the refresher courses as necessary.

People were confident about staff's competence to carry out tasks as necessary. One person said, "They are well trained carers. [Carers] do everything right." Another person told us, "[Staff] are all very good, very well trained." One other person said, "If [staff] don't know what to do, they ask the others what to do."

The staff team had skills to use manual handling equipment to assist people with moving as necessary. Records showed that staff were trained in manual handling as necessary. We saw manual handling equipment available in the training room to facilitate learning and for staff to practice on. Staff were required to pass a 'Moving and handling competency assessment' which ensured they had the required knowledge to support people safely.

Staff were required to meet with the management team to discuss their performance and any areas to further develop their skills if needed. Records showed that staff had regularly attended supervision and appraisal meetings and we saw actions agreed that involved learning of new skills. For example, learning options were discussed with a staff member related to skills required to work in partnership with the healthcare professionals.

Staff supported people to meet their nutritional needs where they required assistance to do shopping or prepare meals. People told us they chose what they wanted to eat. One person said, "[Staff] get some meals for me. I choose what I want at the time." Daily notes included information on the support people received with their meal preparations which helped the service to monitor people's food intake where required.

The service worked in partnership with healthcare professionals to ensure that people's health needs were met. People told us that staff would contact the healthcare professionals if they required a check-up. One person said, "I am sure they would [call the medical staff], if I was not well. It has never happened, touch wood." The deputy manager told us they were in regular contact with podiatrists, nutritionists, opticians, dentists, hospital staff and specialist community teams, including tissue viability nurses. The service employed a nurse to guide staff and support people with their health needs, including approaching the healthcare professionals when people's needs changed and ensuring that people had the necessary equipment when they were discharged from a hospital.

Is the service caring?

Our findings

People felt that staff were kind to them and met their care needs as necessary. Comments included, "[Staff] do look after me well and do everything I need", "I like [staff] they really work well", "I can rely on [the staff member], she's very good and she does all that I ask of her" and "[Staff] do what they're supposed to do and I'm very happy with it." A family member said, "I think [my relative] is very well looked after. It is a good service." Another family member noted, "[Staff] always call to make sure we're aware [about the changes taking place]. [Staff] won't go ahead unless they double check."

There were social interactions between staff and people which helped to develop relationships. One person said, "[Staff] are all lovely and very funny too. We always have a laugh and a joke. I look forward to [staff] coming." People told us that staff were good at listening to them. One person said, "I feel [staff] always listen to me. [Staff] are like family now." Another person told us, "Carers always ask if everything is ok for me."

Staff encouraged people to maintain their independence where possible. Family members' comments included, "I think [staff] support [my relative] to do as much as she possibly can", "and [Staff] do encourage [the relative]. As far as I know" and "[Staff] try. When [my relative] is putting on her clothes [staff] guide her and then she can do it herself." A staff member told us they waited to see what activities a person could carry out for themselves before they started assisting the person and this helped the staff member to determine the level of support this person required.

People felt their privacy and dignity was respected by staff as necessary. People's comments included, "[Staff] are respectful and I do feel comfortable with most of them when they are helping me with personal care", "[Staff] always knock and shout out before they come in. Even though we have a laugh, [staff] are still very respectful towards me", "[Staff] help me in and out of bed and the toilet, [staff] are gentle and respectful of me" and "[Staff] don't do anything without my permission." One family member said, "[My relative] really loves the carers and [the carers] treat her very well, as far as I know." Another family member told us, "We all like [staff], they're very polite they always knock on door and say good morning." Staff told us they provided people with choices which supported people's right to make their own decisions. This included a staff member assisting a person to choose what to wear on the day.

Is the service responsive?

Our findings

People's care plans had not always reflected the individual needs of people. Some care plans we viewed were lacking information on people's health conditions. For example, we saw records noting that people had mental health conditions, including dementia and schizophrenia but there was no information available on how these conditions affected people's daily activities and the support they needed. We also saw that people's care plans were not always updated when people's care and support needs changed, for example after a person had a stroke. This meant that staff were not always provided with up-to-date information on the support people required with their care needs. We discussed the care plans with the management team and following the inspection the care plans we looked at were promptly updated to reflect people's support needs. The registered manager wrote to us to say that within two weeks they planned to review all the care plans making the necessary changes and provided us with evidence this was underway. We will check on their progress at our next comprehensive inspection of the service.

Staff assisted people with the tasks that they needed help with. One person said, "Nothing is too much trouble for [staff]." Another person told us, "[Staff] will ask if there is anything else I need doing." One other person noted, "[The staff member] will do anything for me."

People were provided with person-centred care which met their individual needs. People told us they were involved in their care planning. One person said, "I am involved and the staff listen to my needs." People felt that staff were aware of their care needs and provided support that they required. One person said, "I get on very well with [staff] and they look after me well." Another person told us, "I have been with [the service] a long time and get on very well with [the staff team]. They all know me very well."

People told us they would contact the management team if they had any concerns regarding the care and support they received. One person said, "I would call [the service] if I had any problems. I have never had any though." Another person told us, "I would tell the manager if I had any complaint." One other person said, "I feel that I can call the [service] and speak to the person in charge." People's relatives were listened to when they contacted the management team to discuss their concerns. Comments included, "I would feel comfortable in complaining. I have complained in the past and it was dealt with to my satisfaction. It's usually regarding late carers" and "I have not had cause to complain, but once the carer hadn't turned up (general mix up) and it was sorted out." We saw a robust procedure in place and the registered manager was aware of their responsibilities for taking the necessary actions when a complaint was received. We saw a 'Suggestion box' available for people and their relatives to use should they want to provide anonymous feedback about the service.

Is the service well-led?

Our findings

Systems were in place to review the quality of the services provided for people. The registered manager was responsible for auditing the processes in place to ensure they were capturing data accurately. The registered manager had monitored the system used to record information on staffing, safeguarding, complains, incidents and accidents. The care co-ordinators were overlooking staff on the job and checked staff performance during their shifts.

However, we saw that the audits carried out to review people's records plans were not always effective. The deputy manager was responsible for updating the care plans and risk assessments making sure that people's care needs were reflected as necessary. The regional manager's audit, carried out on 26 January 2018 noted that the care plans had to be updated to reflect people's health conditions. This action had to be completed by the end of March 2018. During the inspection we found that the care plans were not fully updated to reflect people's health conditions. As mentioned already, the service had now aimed to complete this action within two weeks' time and the registered manager told us they would look into the systems used to review the care records more effectively.

We recommend that the provider seeks guidance on best practice in relation to the auditing systems used to ensure that prompt actions were taken to maintain people's care records appropriately.

Systems were in place to review staff's understanding about their role expectations. Staff had support to raise their concerns if they felt they lacked skills to look after people as necessary. Staff were asked to complete a survey in relation to their understanding of complaints, whistleblowing and safeguarding procedures. Additional training was provided if staff had indicated they were not confident in any of these areas.

Staff told us they had support to perform their duties as necessary. One staff member said, "Managers listen and this is why I don't have any concerns." Another staff member told us the managers look into the "issues quickly and consider everything" to support them. One other staff member noted that the registered manager was "always in contact and good at communicating." We saw guidance translated into a language that most staff had as their first language which ensured that staff were clear on their role expectations and took actions accordingly to support people safely, for example when sharing personal information about people.

The registered manager was aware of their responsibilities to notify CQC of any important incidents. During the inspection we found that the registered manager had not informed us of two incidents, one of which involved the police. We checked the records for these incidents and saw that a thorough investigation had been carried out and the required actions were taken to learn from these incidents and improve the care provided for people where necessary.

People told us the managers were approachable and they talked to the managers if they needed assistance. One person said, "If I ring the office they always ring back. The manager has visited me to see if I am ok and

sometimes rings me." Some people told us they hadn't met the registered manager, but felt they would have the necessary support if they contacted the management team. Comments included, "I don't know the manager. I have not needed to contact the office for anything", "I have never spoken to the manager, but would call them if I needed to" and "I'm not sure I know the manager, but there is someone we liaise with, and we have a good relationship with her."

There were robust systems in place to gather people's views about the service for taking actions to improve where necessary. People were asked to complete a 'Customer survey' letting know their experiences on how complaints were resolved and if staff were following health and safety procedures. An action plan was put together to address any issues identified and the management team had contacted people individually to address their concerns to their satisfaction.

The service used external providers to ensure they were up-to-date with the changes taking place in the social care sector. The management team were notified by the consultancy service they used about the changes in legislation and had their policies updated to reflect these changes. The registered manager told us they worked in partnership with local authorities to deliver joined-up care for people. This included facilitating effective communication with the agencies to share information on the need to know basis as necessary.