

Unique Herts Care Ltd

Unique Herts 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

This inspection took place on 27 July 2017 and telephone calls to people who used the service, their relatives and staff were made on 28 July and 1 August 2017. The inspection was announced.

The inspection was carried out by one inspector.

Unique Herts Care is a domiciliary care service that is registered to provide personal care. This domiciliary care service enables people to continue living independently in their own home. At the time of the inspection twenty one people were using the service.

There was 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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report them, protecting people from avoidable harm and abuse.

People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Some people administered their own medication.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people and had signed consent within their care plans. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of additional health professionals when required. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individual

requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Unique Herts Care

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.

This announced comprehensive inspection took place on 27 July 2017 and telephone calls to people who used the service, their relatives and staff were made on 28 July 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

We spoke with five people who used the service and two relatives of people who used the service. We also spoke with the registered manager, the office manager, a supervisor care assistant and three care assistants.

We reviewed four people's care records, four medication records, five staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe when being visited by staff. One person said, "They make me feel safe and make sure the door is locked when they leave."

People were kept safe from avoidable harm and abuse by staff who had attended safeguarding training. They were able to explain the signs and symptoms of what would raise their suspicions to someone possibly being abused in any way and what they would do to report it. One staff member said, "I would raise it with the manager and complete an incident report and report it to safeguarding."

Within care plans we viewed, we found people had risk assessments in place. These were for a variety of risks including; moving and handling and medication. These were used to assist staff in keeping people safe whilst promoting independence. Staff told us they were reviewed when a person's needs changed. The registered manager told us, "We have them in place with guidance to keep people safe but not restricted."

Accidents and incidents were reported and reviewed by the registered manager or office manager. Documentation we saw showed that emergency services or GPs had been called if required to ensure people had appropriate continuing care.

The provider had emergency contingency plans in place to ensure the service could continue to provide care to people in the event of emergencies.

There were sufficient staff with varying skills on duty to meet people's individual needs. One person said, "I nearly always have the same girls." The registered manager said, "We try to use the same core staff for people to assist with continuity." This was seen to be when we looked at the staffing rotas. The office manager told us, "We do not use agency staff, the staff cover each other and we (including the registered manager) will go out if necessary. We do not want strangers caring for people."

Staff had been recruited using a robust system. One member of staff told us, "I applied then had to get references and wait for my Disclosure and Barring Service (DBS) check before I could start." Another said, "I had to get references from my last employers and personal references. I think it was two of each." The registered manager explained the recruitment process, which included application form, face to face interview, references and DBS checks. Staff files we viewed showed these had all taken place and were recorded. This ensured only staff suitable for the role were employed.

Staff told us some people who used the service were able to take their own medicines; others had Monitored Dosage Systems (MDS) dossett boxes which staff administered from or prompted people to use. Where staff assisted with medicine administration, the person using the service had separate information regarding the medication they had and protocols for the administration. Staff completed Medication Administration Record (MAR) sheets. We sampled four records and found they had been completed correctly.

Is the service effective?

Our findings

People who used the service received effective care and support from staff who had the knowledge and skills to do so. One person we spoke with said, "Yes, the staff are well trained. Well I think so."

The registered manager told us that they had a fairly small staff team. This enabled staff and people who used the service to develop a close relationship where they knew each other well.

The registered manager told us about the induction process they used for new staff. One staff member we spoke with said, "I had to do induction and training before I was allowed to work with people, then I shadowed other staff and was introduced to people." The registered manager told us they had introduced the care certificate for new staff. The care certificate is a set of standards that social care and health workers work to in their daily roles.

Staff told us they received a lot of training. One staff member said, "The training is good. I have just completed some specialist training which was very good." Another said, "We have all training face to face." The registered manager kept a training matrix which showed when each staff member had completed each separate training course and when it was due to be renewed. The registered manager also carried out spot checks and observations throughout the year. These were when a staff member was carrying out a particular task, for example medication administration or providing personal care and the registered manager would observe to ensure they were following the correct procedures and the person was happy with the care or support.

Staff we spoke with told us they were very well supported by the registered manager, the office manager and each other. One staff member said, "We have regular supervisions with [name of registered manager] but she is always around so we can speak with her at any time." We saw records which confirmed staff received regular supervisions and annual appraisals. The registered manager told us they operated an open door policy and staff could call or visit the office at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We checked whether the service was working within the principles of the MCA. No one at the time of the inspection was subject to Court of Protection.

People told us staff always gained consent before assisting them with any care or support. One person who used the service said, "They always ask. They know what I need doing but they always ask. They are very polite" A staff member said, "We ask every time we are going to help someone." Care plans we reviewed

showed people had signed to give consent to their care and support.

Staff assisted some people who used the service with their meals. This ranged from making sandwiches and drinks to heating pre prepared meals. One staff member said, "We have a few people who we help with meals. I have had food safety training so I know how to make sure it is cooked and safe to eat." Another told us if they leave food in a person's fridge it is labelled and dated so other staff know when it was opened or prepared. This ensured people were not eating out of date food.

People we spoke with told us the staff would support them with additional healthcare appointments if needed. The registered manager told us that they had a good rapport with the local district nurses who attended some people. They also said they would assist with arranging additional healthcare support if required. Documentation we viewed showed doctors, district nurses and ambulances had been called when required.

Is the service caring?

Our findings

People who used the service told us the staff were very kind and caring. One person said, "The staff are very good. They are committed to providing high quality care" Another said, "You could not ask for better. They are so caring they will do anything for you." A relative said, "They are second to none."

People who used the service had been involved in the planning of their care. One person we spoke with said, "I know what is in the care plan, it is legible and accurate." Another person we spoke with told us, "Nothing is too much trouble. They always ask if there is anything else I would like them to do when they are here." A relative said, "They do extras like if they see the plants need watering they will say so and do them." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. Care plans were reviewed and updated regularly to be reflective of people's changing needs.

Staff we spoke with were able to tell us about everyone who used the service including their background, life history and families. It was obvious from our conversations that the staff knew people well. The registered manager told us that if the person was allocated a specific time for their visit and it lasted longer it was not a problem. The staff member would call the office and the next visit would be allocated to another staff member or the person called to advise the staff member would be a little late. People we spoke with confirmed this happened. This ensured people had the correct care and support when it was needed.

The registered manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. An advocate is an independent person who can speak for and act on behalf of someone.

Staff we spoke with were aware of their responsibilities regarding confidentiality. One staff member said, "We make sure we never discuss anything confidential in other people's homes or where it could be overheard." One person who used the service said, "I have never heard them discuss anything confidential." Computers in the office were password protected and documentation was stored in locked cabinets.

People we spoke with told us that staff respected their privacy and dignity. One person said, "I have no issues with that, they are all polite and keep my privacy." They went on to say staff spoke to them in a respectful way and always knocked on the door and let them know who it was.

One person we spoke with said, "I like that the girls let me do what I can for myself. They help me with what I can't do but encourage me to do what I can." They went on to tell us what they were able to do and how staff had encouraged and supported them to be as independent as possible.

Is the service responsive?

Our findings

People we spoke with told us they and their families, if appropriate, were involved in the development of their care plans. The registered manager told us they carried out pre assessments and involved the person and family where necessary.

Care plans we reviewed showed they had been written in a person centred way for each individual. They contained a copy of the call times and what needed to be completed at each call. They were written in detail on how the person liked each task to be completed, for example how they liked their clothes laid out or their bed made. One person said, "They do things just how I want them." This ensured people received the support in the way they wished. Care plans we reviewed contained plans for each area of care the person received, for example personal care, showering and moving and positioning. Daily records were kept of every visit made by a member care staff which stated exactly what had been done on that visit.

Staff told us that people's care plans were reviewed regularly or if their needs changed for any reason. One relative said, "They arrange mums reviews around my availability so that I can attend." Records seen showed this had taken place. This ensured the care provided for people was as required and up to date.

People we spoke with told us their calls were never rushed and staff had plenty of time to carry out their care. One person said, "With a previous agency I never got my full time but these girls are never rushed, there is plenty of time. They never have to rush off."

The provider had a complaints policy and procedure in place. People we spoke with knew how to complain but had never had the need to. Records showed there had only been two complaints which had been dealt with according to the provider policy and to the satisfaction of the complainant. There were a large number of compliments which had been received from people who used the service and families.

The provider gave out questionnaires to people who used the service and their relatives every six months. We saw responses to the last survey. They were all positive with comments which included; 'The service I receive is excellent, I would recommend you most highly and [name of person] is so lucky to have such a wonderful group of carers'.

Is the service well-led?

Our findings

There was a registered manager in post. Staff and people who used the service knew who they were and said they saw them on a regular basis. We observed the registered manager interacting by phone with staff and people, they were very relaxed with each other and it was obvious that the registered manager knew them well.

Staff we spoke with told us they were supported by the registered manager and could speak with them at any time. The registered manager told us they were supported by the office manager who was a partner in the business. Staff were aware of their roles and responsibilities.

The registered manager was aware of the day to day culture of the service as they were in the office on a daily basis. They told us, and staff and people who used the service confirmed, they carried out all of the pre assessments to get to meet people who used the service and they also carried out calls and visits with staff. This meant that people saw the registered manager and the registered manager saw people who used the service regularly.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

A number of quality audits had been carried out. These included care plans and medication. Quality monitoring telephone calls were carried out to people on a regular basis. This gave the registered manager or office manager a chance to speak with people to ensure they were happy. Records we viewed showed audits had been carried out effectively.

Staff told us they had regular staff meetings, however, as there was a fairly small staff team they discussed things as they arose. We saw minutes of meetings where suggestions had been acted on. Staff told us that they were sent emails with any updates they needed and important information would be sent by text to ensure it was read. They said they found this very useful as they were kept up to date with any changes which assisted with caring for people.