Unity In Care Limited

Unity in Care Limited

Inspection report

The Pavilion
99 Alexandra Road
Farnborough
Hampshire
GU14 6BN

Tel: 01252544423
Website: www.unityincareltd.co.uk

Date of publication:
29 December 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Unity In Care Limited is a domiciliary care agency providing personal care to 43 people in their own homes. The service supported, children, adults and older people. 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.

People's experience of using this service and what we found
People were happy with the overall quality of care they received. They told us the service was reliable and that staff were caring. The registered manager had fostered a positive culture, where people and staff felt comfortable raising concerns or giving feedback.

There were systems in place to assess, reduce and monitor risks in relation to people's health and wellbeing. The provider had established effective working relationships with other stakeholders to help promote effective care.

People were involved in developing and reviewing their care plans. The provider ensured that staff had a good knowledge of people's needs, which was reflected in the care they delivered.

The provider had policies and procedures in place to help protect people from the risk of suffering abuse or avoidable harm.

The provider had adapted policies and procedures in response to the Covid-19 pandemic. This included changes to infection control procedures to reflect government guidance.

There were enough staff in place to meet people's needs. The registered manager had created contingencies against the risk of unplanned staff absence. This helped promote consistency in people's care.

There were systems in place to gain people's feedback about care and monitor the quality and safety of the service.

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.

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

Rating at last inspection
The last rating for this service was good (published 16 January 2018).

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Unity in Care Limited

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider between 27 October and 12 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
This inspection was carried out by one inspector and one assistant 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.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including, the registered manager, business administrator and care workers.

We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and quality assurance records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care from staff. One person told us, "Yes [I feel safe], I'm still here and still healthy, they [staff] look after me well."
- Staff received training in safeguarding vulnerable adults and understood how to protect people from the risk of suffering abuse or avoidable harm. Staff comments included, "Maybe if someone isn't being themselves, acting a bit different to how they usually are, I would always report that in case there's anything untoward."
- Staff felt confident identifying and reporting safeguarding issues or concerns about people's welfare. One member of staff said, "I'm aware I could contact CQC [with concerns], and social services as well." Staff understood when to raise concerns and the appropriate agencies they could contact.
- The provider had a safeguarding policy in place, which identified appropriate actions required to help keep people safe. This was developed in line with the local authorities safeguarding policy. The registered manager understood their responsibilities in reporting safeguarding concerns to appropriate local safeguarding teams, which helped to keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing were assessed. Where risks were identified, guidance was in place to reduce the risk of harm. For example, one person experienced seizures. Staff were given training and a clear protocol to follow if the person had a seizure. This helped staff keep the person safe in this event.
- The provider had a business continuity plan in place. This identified measures the provider would take to ensure the safe running of the service in the event of an emergency. This plan had been updated to include actions in managing risks related to the Covid-19 pandemic.

Staffing and recruitment

- People told us there were enough staff in place to meet people's needs. The registered manager had created a system where people were introduced to multiple staff. They told us this promoted consistency if main staff members were sick or unavailable.
- Staffing levels were determined by people's needs. Office based staff were care trained and assigned to help with care duties in the event of staff absence or sickness. This strengthened the staffing contingencies which were in place.
- There were recruitment processes in place which were carried out before staff were appointed. This ensured suitable staff were employed to support people.

Using medicines safely

● The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.
● Staff received training and regular competency checks to ensure they were administering medicines safely.
● People's care plans included the support people needed in the management of their medicines. Care plans detailed who was responsible for overseeing the reordering medicines and the assigned pharmacy. This helped to identify staff's role in people's medicines management.

Preventing and controlling infection
● People told us staff wore appropriate personal protective equipment (PPE) when carrying out their care visits. Comments included, "They [staff] wear masks all the time, and put on aprons and gloves" and, "They [staff] always wear the PPE."
● The provider had an infection control policy in place. This had been adapted in response to the Covid-19 pandemic to reflect government guidance.
● Staff had received additional training around infection control in response to the Covid-19 pandemic. Staff told us they always had enough PPE available and were confident in managing infection control risks. One member of staff said, "We were given gloves, masks and aprons and shields as well, and hand sanitiser. We were told to never enter the client's house without having those things, before you go in you put the mask on."

Learning lessons when things go wrong
● Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

Inspected but not rated

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the MCA.
- Staff understood how to apply the principles of the MCA into their everyday working practice, by gaining appropriate consent to care. Staff comments included, "If I'm going to do anything I ask [for consent], especially personal care, you have to check they're happy."

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 and found that nobody using the service was subject to these safeguards.

Inspected but not rated

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "They're [staff] always very helpful" and, ""They [staff] do listen, they're caring."
- Staff we spoke to were enthusiastic about their role and compassionate to the people they cared for. Comments included, "I know what people like and don't like and try and do things their way" and "As you get to know people more, you can understand how you can do things to make it easier for them."
- We found people's equality and diversity needs were respected and people's individual needs were recorded in their care plans. For example, where people had specific cultural beliefs, this was accounted for in the delivery of their care.

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

- People told us they were involved in care planning and their views were respected. This information was documented in their care plans.
- People told us they were able to request changes to their care and the provider gave realistic and reasonable time frames for changes to be made. This included adjustments of staff and times of care calls.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in developing and reviewing their care. One person told us, "I get to choose how things are and tell them (staff) what I like." The provider carried out reviews of people's care at regular intervals and when their needs changed.
- Care plans contained information about what was important to each person, including their preferred routines around personal care. This helped to ensure staff provided care in a way which people felt comfortable with.
- Staff promoted people's choice and control around their care. Comments included, "It's their house and their life. Little things are important, like do they want to wear an outfit, what they might like for breakfast" and, "Sometimes someone will say they can't do it, and you can say 'give it a try, you can do it'. You don't want people to lose their independence so we encourage people to do what they can for themselves."

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 identified in their care plans. This included where their primary form of communication was not verbal. In one example, the person communicated through body language and gestures. Their care plan included the strategies staff could use to promote effective communication. In another example, staff were supported to learn phrases in a person's first language, which helped to promote effective communication with them.

End of life care and support

- People were supported to receive care at home at the end of their life if they wished. People's care plans identified how the provider would work in partnership with other stakeholders to give responsive care at the end of a person's life.
- Staff had received training in end of life care. This helped them to develop a compassionate approach when providing care within this setting.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People told us they were happy with the care provided and that they received a personalised service. Comments included, "They're extremely good in all senses. They're very good company, I'm extremely happy and would not change" and, "They're a very good company, they keep themselves smaller so they can focus on us, I'm extremely happy."

● The registered manager was committed to promoting staff's wellbeing. During the Covid-19 pandemic they had organised regular welfare checks and phone calls to staff. This included providing support to staff who were self-isolating in line with government guidelines.

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

● The registered manager was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families. The provider had developed policies to help ensure they met the requirements of this regulation. One staff member told us, "The registered manager will listen. Anything you raise with her, she will take action."

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

●The registered manager was clear about how to meet regulatory requirements. They understood how to access statutory guidance and the requirement to notify CQC and other authorities of certain events.

● There were effective systems in place to monitor staff performance and the quality of care. This included auditing care records and observing staff carrying out their role. This helped the registered manager assess where staff required additional training or support.

● There was a clear leadership structure in place. The provider had a team of senior staff who were trained to carry out specific roles within the running of the organisation. This included administrators and co-ordinators.

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

● There were processes in place to encourage people to give their feedback on the service they received. This included a yearly survey to gain feedback about the quality of care. The responses to this feedback were analysed and summarised in a report, which helped to identify trends around positive feedback and areas

for development.
● The registered manager sought feedback from staff about their experiences of working for the provider. There were employee surveys sent which asked for feedback about the working culture within the service. This helped to identify areas where staff felt improvements could be made.

Continuous learning and improving care
● The registered manager had carefully considered when and where new care packages were taken on. This helped to ensure any growth in the size of the service would not reduce the quality or safety of care.
● The registered manager subscribed to updates from statutory bodies and participated in provider groups where good practice was shared. This helped to ensure the provider's policies and procedures were following current best practice.

Working in partnership with others
● The provider worked in partnership with social workers, health professionals and relatives to ensure people's needs were met. This included making appropriate referrals to professionals when people's needs changed.
● One staff member told us, "The minute we recognise a change we write it in the notes and call [the registered manager] to inform her and she'll book appointments straight away if they need the doctor. One person had reduced mobility and we organised an occupational health appointment for the day after." This helped to ensure the person had appropriate support and care in place.