

Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited - Newham Branch

Inspection report

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05 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Unique Personnel (UK) Limited – Newham Branch is a domiciliary care service providing personal care to children and adults 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. At the time of this inspection, 40 people were using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

People were protected from abuse and poor care. People using the service felt safe with staff and relatives confirmed this was the case. Staff knew how to report concerns of abuse. People had risk assessments in place. There were enough staff at the service to meet people's needs and the provider had a system to monitor late or missed calls. Medicines were managed safely, and people were protected from risks associated with the spread of infection. There was a system in place to record accidents and incidents.

Care plans were person-centred and staff knew how to deliver personalised care. Where appropriate, people were supported with activities, and to meet their cultural and spiritual needs. People and their relatives knew how to make a complaint and felt these would be appropriately resolved. Care records documented end of life care wishes so this type of care could be provided when needed.

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. People were encouraged to make choices and decisions in a way that met their communication needs.

People, relatives and staff spoke positively about the leadership in the service. Managers and staff understood their role and responsibilities. Staff had regular meetings including small group supervisions so important messages and changes could be shared. People and staff were asked for feedback about the quality of the service so improvements could be identified. The registered manager carried out quality checks in the service so that issues could be identified. The provider worked jointly with other agencies to improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

At our last inspection we made recommendations about the management of complaints and staff meetings. At this inspection we found the provider had acted on this and improvements had been made.

Why we inspected

We carried out a comprehensive inspection of this service on 27 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unique Personnel (UK) Limited – Newham Branch on our website at www.cqc.org.uk

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 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.

Unique Personnel (UK) Limited - Newham Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert 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.

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 service 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 the service 2 days' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2022 and ended on 18 January 2023. We visited the location's

office/service on 2 December 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 8 relatives. We spoke with 4 staff including the registered manager and 3 care staff. We looked at a range of management records including medicines, quality audits and staff recruitment. We reviewed 5 people's care records including risk assessments and 7 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines for people using the service. This was a breach of regulation 12(1) and (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- At the last inspection, support needed with medicines was not always clear in people's care plans. At this inspection, care plans indicated if the person was independent with their medicines, who was responsible for supporting with this and the level of support needed.
- People and relatives confirmed they were happy with how medicines were managed. Comments included, "Yes [staff] give me my medication. Never been any issues" and "[There have been] no issues [with medicines] and I am very happy."
- Staff had training in medicines and had to pass a medicine competency assessment before they could administer medicines unsupervised.
- People had medicine risk assessments which included details of allergies, prescribed and non-prescribed creams, ordering, collection and storage arrangements and whether blood thinners are prescribed.
- The provider used an electronic medicine administration recording system, The system highlighted any issues including missed or late medicines which meant the office were alerted in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. We asked people if they felt safe with staff and comments included, "I feel very safe" and "Yes I do feel safe."
- Relatives told us they felt their relative were safe with staff. Comments included, "[Relative is] very safe indeed and I am here too" and "I feel [relative] is safe."
- Staff had received training in safeguarding adults and children.
- Staff knew what action to take if they suspected a person was being harmed or abused. A staff member told us, "If I suspect any form of abuse I immediately report to my manager and if the person needs medical attention I call emergency services."
- The provider understood their responsibility to safeguard people using the service.

Assessing risk, safety monitoring and management

- People had risk assessments in place including for specific health conditions, mobility and falls, moving and handling, choking and the environment.
- The registered manager explained they managed risks through, "Staff training and working in partnership with external agencies like district nurses." They gave an example of a person with swallowing difficulties where they requested if their medicines could be provided in liquid form.
- The provider had a financial policy which gave clear guidance to staff about how to manage people's money where they supported with shopping. There was a system in place to record expenditure and reconcile the money.
- Records confirmed staff had received training in topics of safety including moving and handling, first aid and health and safety.
- Care plans contained guidance information about specific health conditions such as diabetes, epilepsy, sepsis and dementia.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us staff usually came on time. Comments included, "[Staff] are never late [and] often early" and "If [staff] are going to be late, it's never more than 15 minutes and they call me."
- Relatives confirmed staff were timely with their visits and never missed a call. A relative said, "Sometimes they can be 5 or 10 minutes late, which is understandable and if they can't be on time, they do ring us. They have never missed."
- Staff confirmed they were given enough time to travel from one person's home to another.
- Records confirmed there was always enough staff available to work with people. The electronic care system showed when staff arrived and left visits. This meant should there be late or missed visits, office staff would be alerted.
- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection and this was confirmed by people and relatives. Comments included, "[Staff] are very good around infection control" and "[Staff] wear protection all the time on their mouths, hands, feet and aprons."
- Staff understood how to prevent the spread of infection. A staff member told us, "I will wash and dry my hands regularly. Stay at home if sick, clean surfaces regularly, ventilate the home and immunise against infectious diseases."
- The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.

Learning lessons when things go wrong

- The provider kept a record of incidents and used these to learn lessons so improvements to the service could be made. The registered manager told us there had been no accidents since the last inspection.
- The registered manager gave an example of when a staff member was bitten by a person using the service and had not reported it. The lesson learnt was this staff member now understood this meant a solution could not be found to prevent it happening again. A message was sent to all staff to remind them to report all incidents.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider consider current guidance in the management of complaints. The provider had made improvements

- The provider managed complaints appropriately. They had a policy which gave guidance to staff about how to handle complaints.
- At the last inspection relatives told us they were unable to get through to anybody using the out of hours number. At this inspection, people and relatives told us they could speak to a manager at any time. A relative said, "I have the manager's number on my phone and they respond even when the offices are closed at weekends."
- People confirmed they knew how to raise a concern, Comments included, "I would just phone the office and they always help me" and "I have complained and they listened and changed things."
- Relatives told us they would feel comfortable raising concerns. A relative said, "I have spoken to Unique at the office and they are always responsive." Another relative told us, "I have never complained. I would ring the office or the manager."
- The provider kept a record of complaints. We saw 3 complaints had been recorded since the last inspection. The outcome of the complaint investigation, lessons learnt and identified actions were documented.

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

- People received personalised care which met their needs and preferences. People and relatives confirmed they were included in making decisions about the care which was delivered. A person told us, care staff gave them care, "Exactly how I like it."
- Staff were knowledgeable about how to deliver a personalised care service. They explained they would listen to what people said they needed and offer them choices. A staff member said, "I ask [person] what they want to eat or drink and how they want to dress."
- Care plans were detailed and personalised. For example, a person's care plan stated, "I am unable to go out alone and required someone to escort me. My paid carer takes me out for walks or to the shops."
- Care records included people's preferences, how they liked to be addressed and what a good and bad day for them looked like.
- Care plans were reviewed regularly and included the views of the person and their family.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. For example, a person's care plan stated, "Carers to be patient, attentive, maintain eye contact and use sounds and smiles when communicating with [person]."
- The registered manager understood what was required under the Accessible Information Standard and explained, "We ask if they want the care plan in a different colour or larger font. [Staff] know to always face [the person] because some can read lips. Sometimes [staff] have pictures they can show [the person]."
- Care plans detailed people's communication needs such as using body language, sign language, pointing or gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, people were supported to take part in activities that were socially and culturally relevant to them.
- Care plans included details about activities and interests relevant to the person and included, listening to music, going for walks and travelling on public transport.
- Staff understood how to support people with their cultural and spiritual needs. A staff member said, "[We have to consider] a person's religion, nationality or culture is likely to have an influence on their preferred activities and everyday routine."

End of life care and support

- People's end of life care wishes could be met. Care plans contained an end of life care form which could be completed if the person needed this type of care.
- We reviewed 3 care plans which contained an end of life care plan. The plans included who the person wished to be contacted when they were at the end of their life, detailed their burial wishes and indicated if there was a 'Do not attempt resuscitation agreement' in place.
- The provider had an end of life care policy which gave guidance to staff about how to compassionately meet people's end of life care wishes should anybody require this type of care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection we made a recommendation around the management of staff meetings. The provider had made improvements

- The provider held regular staff meetings. We saw from the staff meeting held in October 2022, topics discussed included, staff welfare, staff vaccinations, infection control, the care planner and late and missed visits.
- The provider held group supervisions with groups of 6 staff. We reviewed 2 examples of a group supervision held in November 2022, where topics discussed included effective communication and staff suggestions around this were encouraged.
- The provider had systems in place to engage with people, relatives and staff through feedback surveys, staff meetings and quality monitoring phone calls.
- We reviewed the analysis of the feedback survey carried out with people using the service and staff in 2022. Areas identified for improvement were documented with timescales for the actions to be put into place.
- The feedback survey analysis showed overall people and staff were happy with the service. It was noted improvements in communication with people and staff were needed so the registered manager had put systems in place to address this.

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

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service aimed to achieve good outcomes for people.
- People gave positive feedback about the management of the service. Comments included, "I have the numbers of 2 managers and they are very helpful" and "[Registered manager] is very good. [Registered manager] knows me personally."
- Relatives told us they thought the service was well managed. Comments included, "Definitely [the service] is managed well" and "I haven't really needed to talk to the manager as the office staff are good at dealing with everything."
- Staff gave positive feedback about the registered manager. One staff member said, "[Registered manager] can be rated as a good excellent leader. [They] communicate regularly by providing meaningful feedback."

- The registered manager described how they encouraged a positive and open culture. They said, "I recently put a suggestion box outside for [staff] to be able to complain and be anonymous. The [person using the service and relatives] know they can complain at any time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and understood what was required of them. A staff member said, "I follow the organisation procedures, work in co-operation with other team members, care for the well-being of others and report any difficulties."
- The provider had systems in place to check the quality of the service. This included medicine and finance audits, spot checks and quality monitoring phone calls.
- We reviewed the medicine audit for 4 people. These included checking there were no gaps in record entries. Where issues were identified these were documented and discussed with the staff member concerned.
- We reviewed a sample of 14 spot checks carried out to monitor the quality of the service provided and noted no issues were identified. The checks included the person's satisfaction with the service, staff conduct, recording of information and use of safe practices.

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 provider understood their responsibility to notify the appropriate authorities about incidents and safeguarding concerns.
- The registered manager understood the duty of candour. Their response included, "[It is] being transparent. It is learning a lesson. When I joined they were not doing many CQC notifications. I have been doing my CQC notification." The registered manager told us it was also important to apologise to those affected.

Working in partnership with others

- Care records showed the service worked in partnership with other agencies to improve outcomes for people.
- The registered manager told us, "We have a good relationship with the brokers, the social workers and the access team. If there are any issues they escalate it quickly."