

# Unity Healthcare UK Limited

## Cheam Village

### 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

Cheam Village is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to working age and older adults.

This was the first inspection of Cheam Village. Unity Healthcare UK Limited registered Cheam Village with the CQC in December 2016. They started providing personal care in March 2017 and at the time of inspection they were supporting four people with their personal care. Unity Healthcare UK Limited is a franchise of Heritage Healthcare.

A registered manager was 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 using the service and receiving care. There were sufficient staff to meet people's needs. Staff safeguarded people from harm and were aware of the plans in place to mitigate any risks to their safety. People received support with the application of topical creams and accurate records were maintained. Staff adhered to good practice in regards to the prevention and control of infections.

Staff received a range of training to ensure they had the knowledge to meet people's needs. Competency checks were undertaken to ensure staff had the skills to undertake their duties safely. At the time of inspection each person had the capacity to make their own decisions and staff adhered to the Mental Capacity Act 2005. Most people were independent in regards to meal preparation and arranging healthcare support. Staff provided any support in regards to this people required.

People said staff were kind and caring. Care workers had built caring relationships with the people they supported. People were involved in decisions about their care. Staff took account of any support people required in regards to their ethnicity, religion and communication needs. Staff respected people's privacy and dignity.

Staff assessed people's needs and developed care plans, with people's input, about how support was to be provided. There was an electronic system in place to monitor the support provided and technology was available to all care workers to access care plans and maintain detailed records of the support provided. There was a complaints process in place. No complaints had yet been received.

Processes were in place to support people and there were mechanisms to get feedback from people, relatives and staff about their experiences of the service. There were systems in place to monitor the quality of service delivery and make improvements where required. The registered manager was aware of their CQC registration responsibilities.

## 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. There were sufficient staff to meet people's needs. Staff safeguarded people from harm and were aware of the plans in place to mitigate any risks to their safety. People received support with the application of topical creams and accurate records were maintained. Staff adhered to good practice in regards to the prevention and control of infections.

### Is the service effective?

Good ●

The service was effective. Staff received a range of training to ensure they had the knowledge to meet people's needs. Competency checks were undertaken to ensure staff had the skills to undertake their duties safely. At the time of inspection each person had the capacity to make their own decisions and staff adhered to the Mental Capacity Act 2005. Most people were independent in regards to meal preparation and arranging healthcare support. Staff provided any support in regards to this people required.

### Is the service caring?

Good ●

The service was caring. Caring relationships were provided by care workers. People were involved in decisions about their care. Staff took account of any support people required in regards to their ethnicity, religion and communication needs. Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and developed care plans, with people's input, about how support was to be provided. There was an electronic system in place to monitor the support provided and technology was accessible to all care workers. There was a complaints process in place, however, no complaints had yet been received.

### Is the service well-led?

Good ●

The service was well-led. Processes were in place to support people and there were mechanisms to get feedback from people, relatives and staff about their experiences of the service. There were systems in place to monitor the quality of service delivery

and make improvements where required. The registered manager was aware of their CQC registration responsibilities.

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# Cheam Village

## 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 was planned to check 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 undertook this inspection on 4 December 2017. The inspection was undertaken by one inspector and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

Prior to our inspection we sent questionnaires to people using the service and staff. We received completed questionnaires from two people and one care worker about their experiences and opinions of the service. We have incorporated the findings from the questionnaires into this report.

During the inspection we visited the office and spoke with three staff, including the registered manager, the director and the franchise manager. We reviewed two people's care records and two staff records, as well as records relating to the management of the service. After the inspection we spoke with one care worker and one person's relative.

## Is the service safe?

### Our findings

People stated in their questionnaire submitted prior to inspection they felt safe and that staff protected them from abuse.

Staff safeguarded people from avoidable harm. Staff had completed safeguarding adults training and a safeguarding adults' policy was in place. The policy outlined different types of abuse and the reporting procedures if there were concerns about a person's health or safety. However, the policy did not refer to the Pan London multi agency safeguarding adults' policies and procedures. We spoke with the franchise manager for Heritage Healthcare who said they would ensure this was referenced and their processes were in line with this best practice document. Staff were knowledgeable in recognising signs of abuse and informed us they would report all concerns to the registered manager. The registered manager was aware of the reporting procedures to the local authority. Since the service started operating they had not needed to raise any safeguarding concerns.

The registered manager assessed the risks to people's safety and plans were in place to mitigate and minimise any risks. This included risks associated with moving and handling, nutritional needs and the environment. Detailed information was included in people's care records about how to support people safely, specifically in regards to moving and handling and use of lifting equipment including hoists and slings. Processes were in place to record any accidents or incidents that occurred. These were reviewed by the registered manager and any learning was shared amongst the staff team.

There were sufficient staff to meet people's needs. Safe recruitment practices were in place to ensure staff were suitable to work with people. Recruitment practices including reviewing staff's previous experience and training, obtaining references from previous employers, ensuring their right to work in the UK and completing criminal records checks. The registered manager continued to advertise and recruit in preparation for growing the business.

At the time of inspection there were four people using the service and four care staff employed. One person required support from two staff. Each person had two visits a day and these were planned with sufficient time for staff to travel between appointments. On the whole people were supported by the same staff therefore staff had regular appointments so they could plan their day around those times. On the occasion that care staff were not able to attend an appointment the registered manager was available to support so the person's needs were still met.

People self-managed their medicines, including ordering, administration of tablets and disposal of medicines. Some people required support from staff to apply topical creams. There were clear instructions for staff about when, where and how to apply these creams. Medicine administration records were completed of the creams applied.

Staff had completed training on infection control and followed practice to prevent and control the spread of infection. Stocks of gloves and aprons were available at people's homes and in the office to ensure staff

wore appropriate personal protective equipment when supporting people with their personal care.

## Is the service effective?

### Our findings

People stated in the questionnaires submitted prior to inspection they felt care workers had the knowledge and skills to meet their needs. Staff stated they received a full induction, regular training and ongoing supervision.

Staff had completed training to ensure they had the knowledge and skills to undertake their duties. The registered manager supported staff, particularly those new to care, to complete the Care Certificate. The Care Certificate is a nationally recognised tool which gives staff new to a care setting the knowledge and skills to undertake their basic duties. Staff had completed the provider's mandatory training which included; moving and handling, basic life support, medicines awareness, dementia awareness, safeguarding adults, infection control, and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager undertook competency assessments to ensure staff had the required skills to support people safely, this included in regards to moving and handling and medicines. Staff received regular supervision and support from the registered manager. None of the staff had been employed for over a year, nevertheless, an annual appraisal process was in place.

Most people were independent in terms of meal preparation and managed their own diets. When people requested staff provided them with support with meals. This meant at times staff prepared breakfast and snacks for people. Staff respected people's decisions and provided meals in line with their choice and preferences. Information was included in people's records about any dietary requirements they had, including any food allergies. Staff always supported people to have access to fluids. They provided them with hot drinks during their visit and left drinks within reach for people to access throughout the day. Staff recorded the support provided with fluids and nutrition on the daily notes.

People were independent in terms of managing their own health care. Details of people's GP were recorded in their care records. Staff told us if the person was feeling unwell they would arrange their own healthcare appointments. If staff had concerns about a person's health they discussed this with the person and their relatives and advised them to seek medical advice. One relative told us, "If there's any concern they phone me and advise me."

Staff were aware of and adhered to the Mental Capacity Act 2005. The registered manager told us and records confirmed that people had the capacity to make decisions about their care and the support provided. Staff respected people's decisions and provided support in line with their wishes. For example, if a person did not want support at an appointment this was respected and staff offered a welfare check later in the day.



## Is the service caring?

### Our findings

A relative said in regards to the staff, "They've been excellent" and they describe the support their family member received as "very good". They told us, "[Their family member] is very comfortable and [they] look forward to [the care workers] coming." People stated in their questionnaires submitted prior to inspection their care workers were kind and caring, and they were treated with dignity and respect.

As much as possible people were allocated regular care staff and received support from the same staff at each appointment. Due to the size of the service, so far people had been introduced to all of the care staff. This meant that when people's regular care worker was not able to attend an appointment people still knew the care worker covering. This reduced people's anxiety of having care workers they did know in their house and providing them with support. The registered manager told us they had not experienced a person saying they did not want support from a particular care worker, however, if this did occur they would investigate why and ensure the person was happy with who was providing them with support.

At the time of inspection the people using the service and the care staff had the same ethnicity. The registered manager told us none of the people currently needed support regarding any religion and were not actively practicing a faith. People were able to communicate verbally and all spoke English. One person also spoke German and as much as possible they received support from a care worker who also spoke this language.

People were fully involved in their care and they made all decisions about how their care was provided. They were involved in the care planning process and had access to their care records to ensure their views were taken into account and the information included in the records reflected their decisions.

Staff respected people's privacy and dignity. There was detailed information in people's care records about how to maintain their dignity whilst providing support with their personal care. Staff also ensured that people's privacy was maintained whilst support was given and that there was no-one else present, unless the person wanted them to be. A staff member stated in their questionnaire submitted prior to inspection, "I have been taught how to respect individuals and give them privacy when needed."

## Is the service responsive?

### Our findings

A relative said in regards to the service, "They make [their family member's] and my life easier and better." People stated in the questionnaires submitted prior to inspection that their care workers arrived on time, stayed the allocated length of time and met their needs. They also felt encouraged to be as independent as possible.

People received care and support in line with their needs. The registered manager met with people prior to delivering care to establish the level of support people required and how they wanted this to be delivered. The registered manager used this information to develop detailed care and support plans. These plans were shared with people, and with their permission their family members, to ensure they agreed with what was written. Staff confirmed the care plans were detailed and provided them with all the information they required to meet people's needs.

The provider had an electronic care recording system. This system enabled the registered manager to develop detailed care plans that linked to specific goals and outcomes the person wanted to achieve. This information was made available to staff via an application on their mobile phone. Staff could log into the system whilst at home, in-between calls or whilst at people's homes to access the information in people's care records and specific instructions about what support was to be provided at each appointment. Staff used this electronic system to record their appointments. This included the time they arrived, how long they stayed with people and what support was provided. From this system we could see that care and support was provided at the stipulated time, staff stayed the required amount of time and provided support in line with people's care plans.

As part of people's appointments staff were able to provide any additional support people required, for example in regards to domestic duties or social stimulation.

A complaints process was in place and the registered manager reminded people of the complaints process when they visited them so they felt able to raise any concerns they had. Since the service started there had been no complaints made.

## Is the service well-led?

### Our findings

A relative said, "The manager's lovely. She comes to visit mum...I'm glad we've got them...I'd recommend them to anyone."

There were regular monthly team meetings. These meetings gave staff the opportunity to discuss service delivery and were used as educational sessions to review staff's knowledge as a group about particular topics. For example, some staff had attended training by the London Fire Brigade. The staff member shared their learning from this session with the team and they discussed fire safety. From this discussion it was identified that one person was unable to check their own fire alarms in their house and therefore the staff had built into their appointments regular testing to ensure the alarms were in working order. Another staff member held a session on infection control so they could discuss as a team good practice guidance, policies and procedures. A staff member stated in their questionnaire submitted prior to inspection, "I feel I am very supported within my job role and have the knowledge and skills I need to provide a high level of support and care."

The registered manager welcomed feedback from people, relatives and staff about service delivery. We saw staff had recently completed a satisfaction survey. From this survey we saw staff were happy in their roles and the support they received. The registered manager had plans to issue surveys to people and their relatives, however, this was not in place at the time of our inspection. The registered manager had regular telephone and face to face contact with people and their relatives to obtain their feedback about service provision.

The registered manager completed audits on care records and staff records to ensure complete, accurate and contemporaneous records were maintained. The registered manager undertook regular spot checks and observations to ensure staff provided people with high quality care which took account of their needs and their wishes.

Appropriate policies and procedures were in place. These had been reviewed in August 2017 to ensure they contained up to date information. The policies were from Heritage Healthcare and standardised across franchises. The policies were available online which all staff had access to or in hard copy in the office.

The registered manager was aware of their Care Quality Commission's registration requirements and were aware of the different types of incidents that required notification. At the time of inspection there had not been any incidents that required notification.