

Unique Care Network Limited

# Unique Care Network Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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

### About the service

Unique Care Network Limited is a domiciliary care service providing personal care to people in their own homes. People may have needs related to dementia, physical disabilities and sensory impairments. 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 the inspection eight people were receiving personal care.

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

At our last inspection in March 2019, the provider was in breach of regulations 11, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not being managed to keep people safe. People had experienced late and missed care calls which impacted on their safety. People's consent to care was not always sought and some decisions were made by the provider or people's family and not in line with the law. People were not protected against the risks associated with unsafe staff recruitment practices. The provider had not ensured there were effective quality assurance checks in place to monitor the quality and safety of the service people received.

At this inspection we found that improvements had been made and breaches had been met. These improvements need to be embedded and sustained

The systems in place for monitoring the quality of the service had improved. Audits had been implemented but these still needed to be consistently undertaken and sustained, to ensure people received good outcomes.

Risks to people's safety were identified with management plans in place to guide staff in supporting people safely. Staff understood how to recognise and report abuse to the appropriate safeguarding authorities. People were happy with the support they received to take their medicines. The numbers of people using the service had significantly decreased, care call scheduling and monitoring of care calls had improved so people did not experience missed calls. The provider had audited existing staff files, they have yet to demonstrate they can follow and sustain safe recruitment practices. People were satisfied that staff followed infection control procedures when in their home.

People were supported by staff who had training and support to meet people's needs. Improvements were noted in carrying out spot checks on staff to check their care practices. Improvements had been made in relation to seeking people's consent before providing support. 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 had consistent support with their meals and staff were mindful of promoting drinks and snacks ensuring these were within reach of people. People maintained control over their health care arrangements and staff responded to changes in people's health conditions and followed the advice of health professionals.

People described staff as caring and considerate. People's dignity and privacy was protected. The impact of having familiar staff and regular care calls had promoted people's happiness with the service.

People's needs were assessed and their choices and preferences identified in their care plan. People's wishes regarding their end of life care had not been discussed with them in case a sudden death occurred. The service was meeting the accessible information standard to provide information for people in a format relevant to them. People knew how to complain and complaints were responded to appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was inadequate (published 09 April 2019) and there were multiple breaches 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 regulations. This service has been in Special Measures since 15 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Unique Care Network Limited

## **Detailed findings**

### Background to this inspection

#### The 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an 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 homes.

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 sought feedback from two local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the deputy manager, and registered provider. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at care plan information related to a persons' medicines. We looked at information received from two local authorities who purchase care packages from the service.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found staff understood how to deliver safe care. For example, some people required support with moving and handling and pressure care. Risk assessments were in place to guide staff in supporting people safely with these needs. Staff were up to date with training in these areas to keep people safe. A relative told us, "Yes he is safe with them, they safely use a manual hoist to lift him, they turn him each time they go because he has bed sores. I have no concerns over his safety with them helping him. They are looking after him well."
- People told us they felt safe when being assisted by staff. A person said, "I do feel safe yes. I have four calls a day to do all my personal care and have a shower. They support me safely doing this so I don't fall over and then dress me and get my breakfast."
- People told us they were happy with the support from staff to take their medicines. A person said, "They get them out for me, mix them and I have them after my food. They never miss doing this for me and then write down what they have done." Records showed staff were assessed as competent to give medicine and we saw spot checks were made to check their practice. The provider had systems in place to check that medicine administration records (MAR) were signed. However, one person's medicines were prescribed to be given half an hour before meals, but they had their medicine after their meals on two occasions. This guidance was not recorded on their medicine record or in their care plan. The deputy manager acknowledged they had missed this update and rectified records during the inspection to ensure staff had appropriate guidance. There had been no impact for the person as a result of this mistake.

Staffing and recruitment

At our last inspection the registered manager had failed to ensure systems and processes were consistently implemented to ensure staff were safely recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider at three consecutive inspections dated from June 2015 to March 2017 had not consistently carried out checks for all staff with the Disclosure and Barring Service [DBS]. These checks identify any

criminal convictions to ensure only suitable staff are being employed. In addition, at the last inspection in March 2019 two staff had been employed without suitable references being obtained to check their suitability to work with vulnerable people. This meant the providers checks were not routinely carried out.

- At this inspection we saw from three staff recruitment records that references had been obtained and DBS checks were evident. The deputy manager told us staff files had been audited to ensure appropriate recruitment checks were obtained. Whilst we saw the provider was now following safe recruitment practices, they have yet to demonstrate they can sustain this improvement.
- The number of people receiving a service had significantly reduced since the last inspection of March 2019. The local authority who commission care packages from the service had ended their contract with the provider. This related to late and missed calls and people experiencing poor care outcomes. A second local authority told us the provider had assured them that they have capacity and staff to provide safe care to people.
- Due to the significant decrease in the numbers of people using the service, a large proportion of the staff had left. There were enough staff to ensure people received their calls and at the times they needed them. Everyone we spoke with confirmed that they had not experienced any missed calls. A person who used the service said, "They are good, on time and will phone me if held up for any reason, they never rush me". A relative told us, "They are very good; they are on time and will call me if held up. No missed calls, they always come and stay the allocated time with him."
- The system in place to monitor late and missed calls had improved. The provider had an electronic system in place to schedule calls and this was monitored to ensure people received their calls at the right time.
- We saw records to confirm the provider was conducting telephone monitoring to people to capture their feedback on staffing.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us that they had received safeguarding training and knew how to report any concerns about people's safety. A staff member said, "I'd tell the manager and they would report it to safeguarding, we did discuss it in one of our meetings".
- We saw staff had recognised and reported a potentially abusive incident to the registered manager. Records showed the registered manager had shared this incident with the local safeguarding team for investigation.
- Staff meeting minutes evidenced that the provider had taken steps to reinforce safeguarding procedures.

#### Preventing and controlling infection

- Staff told us they had access to protective clothing such as gloves and aprons to minimise the risk of infections spreading. Infection Control training had taken place and staff spoken with described safe hygiene practices. One staff member said, "We collect supplies from the office and change when we are doing personal care or preparing food". People we spoke with had no concerns about staff hygiene practice within their homes.

#### Learning lessons when things go wrong

- There was some improvement in identifying concerns and improving safety for people. For example, systems were in place to schedule and monitor care calls to ensure people received support.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to seek people's consent to care and support in line with legislation and guidance. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

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.

- The deputy manager told us that no one was being deprived of their liberty and no applications had been made to the Court of Protection.
- Staff had completed training and understood people's rights under the MCA. They were able to explain how they sought people's consent and helped people make daily decisions. One person told us, "They always ask me if I am ok and what I want doing before they start doing anything."
- Improvements had been made to people's records to reflect where they had signed and consented to their own care plan. Details were also evident of where people needed support with some decisions, for example, in relation to their personal care.

Staff support: induction, training, skills and experience

- Records showed that staff had completed the training that the provider considered mandatory to enable staff to undertake their role.
- People and their relatives said staff were trained and competent in meeting their needs. One person told us, "Yes they are all very good. They all know what they are doing and are very understanding and helpful with me."

- Staff told us they felt supported and had opportunities to discuss their practice. One staff member said, "We have group discussions in team meetings and spot checks when we get feedback on our practice".
- There was an induction process but this had not been used because no new staff had been recruited.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were discussed with them and care plans reflected how they wanted to be supported. A relative told us, "I do the care plan for her and any changes in respect of tablets are put in. She has a copy at her home and it is reviewed and all in order."
- People told us they were happy with the support they had with eating, drinking and preparing meals. One person said, "They do all my meals for me. For breakfast they get me cereal and a cup of tea, for lunch warm me some food up in the microwave and for tea a sandwich or something I want to have".
- Care plans provided details as to the level of support people needed in relation to maintaining their nutrition. Preferences were recorded to encourage people to eat and drink. For example, how many sugars they preferred, favourite drinks and cereals. Guidance was also evident in relation to risks related to not eating or drinking enough and the level of prompting people needed. For example, a staff member told us, "The care plan was good, it told me the person would say they had eaten, but when I checked they hadn't so I knew I needed to prepare something and encourage them".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People maintained responsibility for their health and were supported by family to access health professionals.
- Staff told us that advice from health professionals was discussed with people to ensure they understood how this might impact on their health. Staff followed the recommendations of other professionals such as district nurses to provide effective care. For example, in ensuring people had pressure relief at the times they needed this.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively between themselves, the family and other health professionals.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider has not always enabled staff to provide and sustain a caring approach to people. At the previous inspection people had been distressed and felt rushed with staff not arriving at the agreed times or missing care calls. People lacked confidence in staff, particularly where it was not their regular staff. People experienced language barriers with staff supporting them. Since that inspection, the local authority who commissioned care packages from the service had ended their contract with the provider because people had experienced poor care outcomes.
- At this inspection the numbers of people receiving a service had significantly decreased. This had helped the provider to make progress on providing people with staff who were known to them and shared the same language.
- People's feedback reflected that staff were kind and caring and often undertook additional tasks to help people. For example, a person told us, "My daughter shops for me but if my food is getting low they will go to the shop and get what I need. Also, when my laundry is dry they fold it up and put it away for me. They are very good to me."
- Relatives told us the staff were kind and friendly. Their comments included; "They all care and are very kind and considerate with him. They are very careful and caring in the way they are looking after him." "The girls are all absolutely fine, very caring and kind to her and have a laugh and joke with her as well."
- People told us staff did not rush them and understood their needs. Staff told us they had enough time to get to know people and understand their care and support needs.

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

- Records showed people's feedback on the service was complimentary. They read, "I'm very happy with current care". Another person said, "I get the same staff who visit regularly; it's very good".
- People had completed questionnaires to share their views about their care. These were not free text and provided limited information, although the results of these showed people rated their care as good.
- There were records of telephone contacts to check if people were happy with their care. For example, this identified a request to change the call times to a person, and this was being arranged.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff protected people's privacy and dignity while completing personal care tasks. A person said, "Privacy and dignity is very good; they close the door when showering me and always hand me a towel to keep myself covered." A relative told us, "Staff are very good; they keep the door closed, curtains drawn and make sure he is always partially covered up when bed washing him."

Another relative said, "I like the staff and how they do things and their nice nature with him." Care plans reflected how people's privacy, dignity and independence should be promoted.

- People were encouraged to maintain their independence and control over their own daily lives. For example, deciding when they wanted staff to assist with a task, and continuing to do things for themselves.
- Staff meetings had been used to reinforce the importance of maintaining confidentiality. For example, not discussing other people's needs during care calls. We saw care records were stored securely.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt the service was responsive to their needs because their care calls were delivered at the times they agreed. A person who used the service, told us, "They are good on time and will phone me if held up for any reason. Weekends can vary a bit because of the bus times but always get to me and not missed coming". A relative said, "They are very good on time and will call me if held up for any reason. No missed calls and they always come and stay the allocated time with him".
- People told us their personal preferences were considered. One person told us, "Staff will prepare meals I choose, and will follow my routine, or if I need something different, like shopping, they will do it".
- People said the service had responded to their wishes. For example, a person told us the service had changed the call times at their request. A relative told us staff had worked with them to devise a personal routine. They said, "We have put together a bedtime check for her which includes making sure she has water, her mobile phone is on charge and close to hand and her emergency call pendant around her neck. They always ensure this is done. Also, they sometimes stay overtime without pay if she is having a poor day, to make sure everything has been done for her."
- Care plans included people's preferred daily routines and wishes regarding how they managed their health and maintained their independence.
- People's care plans included some information about their protected characteristics, as identified in the Equality Act 2010. This included the support people may need in relation to their religion. For example, a person told us, "I have friends that take me to Church". People's cultural and religious needs were understood by staff who described supporting people by respecting prayer times, removing shoes on entering the house or supporting people to dress in a manner suited to their culture or religion. Staff displayed a good understanding of not discriminating against people. There were no people using the service who were from the Lesbian, Gay, Bi-sexual and Transgender community (LGBTB), The providers assessment process did not include exploring these needs to ensure people received personalised care.

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.

- Staff understood their responsibility to ensure that important information was given to people in a way they could understand. Staff described ensuring people wore hearing aids and glasses to access information. Staff also read or interpreted information for people and families where a disability or sensory

loss was identified. These methods were relevant to the people currently using the service.

#### Improving care quality in response to complaints or concerns

- A complaints system was in place with records of the complaint made and outcome of the providers' investigation.
- The provider had responded appropriately to the two complaints that had been made. This included speaking with the complainant, investigating the complaint and acting to learn from the complaint. For example, they had improved their communication with people to ensure changes to people's support were shared with staff in a timely manner.
- People we spoke with told us they had no complaints about their care. They knew how to complain and were confident their complaint would be addressed.

#### End of life care and support

- The service was not supporting people who were at the end of their life. The providers process did not include exploring this information to ensure people's preferences or choices in relation to end of life care, could be met, in case a sudden death occurred.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. The provider did not monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. At this inspection the number of people that the provider was supporting had significantly reduced. This reduction in the service had meant that the provider had been able to improve their processes, and we saw that for the people still using the service their experiences of the reliability, quality and safety had improved. However, these improvements need to be embedded so that quality improvements are sustained and further developed so the provider can be assured that if more people use the service the quality of the care delivered to them will meet their needs.

- Improvements had been made to the oversight of the service. Some further improvements were needed to ensure the systems in place were fully effective, embedded and sustained.
- Systems to monitor care calls had improved. An electronic system enabled the provider to monitor call times and duration. Records showed the provider had addressed late or short calls with staff.
- Care plans contained sufficient up to date information to guide staff on providing appropriate care. We saw these were reviewed and updated as changes occurred.
- Audits of people's medicine records had taken place. The providers' IT system identified if medicines had not been given which enabled them to follow this up with staff without delay. The most recent audit did not identify a person required their medicines to be administered half an hour before meals. This was rectified during the inspection.
- The provider had two previous breaches related to recruitment regulations. At this inspection the deputy manager told us they had completed an audit of staff files. We found the required recruitment checks had been carried out in the files we checked.
- Records reflected the quality of care delivered to people was monitored through spot checks of staff practice. People said they had no concerns about the quality of care they received.
- Records showed management meetings were taking place on a more regular basis to reflect on actions

needed to improve the service.

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 the requirements of the duty of candour. For example, records showed they had identified when a mistake had been made, investigated this and offered an explanation to the person. They had agreed action to prevent the reoccurrence of the incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's feedback about the service was obtained. Questionnaires and telephone monitoring were evident from the records we looked at.
- People told us communication with management was good and they were consulted and kept informed. One person said, "I've been quite pleased with them. They are very good and keep me well informed over any concerns they find."

Continuous learning and improving care; Working in partnership with others

- The registered provider was not continuously learning and improving following feedback from us, (CQC), or the local authorities. As a result they had lost their contract with one local authority who had removed people from the service because people had experienced poor care outcomes.
- The provider continued to work with another local authority for whom they provided care packages. The local authority told us the provider had the capacity and staff resources to provide safe care to the people they supported.
- The provider told us they were committed to continuing to support the people who remained with the service, but they were considering the future of the service.