

Unite Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Unite Care Ltd is a small domiciliary care agency in Brent Northwest London. The agency provides personal care to people living in their own houses or flats. At the time of our inspection Unite Care Ltd provided personal care to 10 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

The systems in place to manage people's medicines were not able to show that people were supported to manage their medicines safely. We could not be assured that people were receiving their medicines as prescribed. Risk management plans were not always carried out appropriately and we could not be fully assured that care workers were provided with the correct information to manage risks in relation to carrying out the regulated activity. Care records at times contained conflicting information and didn't reflect the assessed needs of people who used the service. There were systems in place to assess and monitor the quality of the service provided. However, we found that the service had failed to identify deficiencies in respect of medicines management, risk management and personalised care plans. We found breaches of regulations in respect of this.

Feedback from people who used the service and relatives was consistently good. People told us they felt safe when being cared for by care workers and this was confirmed by relatives we spoke with. People and relatives were complimentary about care workers and said they were caring, patient and respectful. They also told us that the service was professional and well run. Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by staff who understood how to identify and report any abuse concerns. Staff followed appropriate infection control practice. These practices were updated to reflect COVID-19 and systems in place. There were appropriate numbers of suitably skilled staff available to meet people's needs. Feedback indicated that care workers were generally punctual. A system was in place to record and respond to accidents and incidents. Lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out to ensure people's needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had a system in place to obtain feedback from people about the quality of the service they received through regular telephone monitoring and questionnaires. This enabled the service to continuously monitor the effectiveness of the service.

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)

This service was registered with us on 15/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on risk and the time the service was registered with the Care Quality Commission but not being rated.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, personalised care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Unite Care Ltd

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 one inspector and an Expert by Experience who contacted people who used the services and relatives over the telephone. 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.

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.

Inspection activity started on 11 May 2021 and ended on 24 May 2021. We visited the office location on 11 May 2021 and 13 May 2021.

What we did before the inspection

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 also assessed information we held about the provider such as safeguarding referrals or notifications they have sent to us.

We spoke with one person who used the service and three relatives about their experience of the care provided.

During the inspection

We spoke with the registered manager and office manager. We reviewed a range of records. This included seven care plans and multiple 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 training information, quality assurance information and policies and procedures. We also contacted care workers and spoke with three care workers.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks in relation to people receiving personal care were not always assessed in detail and risk management plan did not provide the correct information in how to minimise the risk and support people safely.
- During the first day of our inspection visit to the office we found a number of issues with risk assessments we viewed for different people who used the service. For example, in one of the risk management plans the response for managing diabetes and shoulder pain was, "Carer to ensure [name] is handled safely with care by implementing the correct method provided in moving and handling training to avoid risk of causing pain and injuries." This information is conflicting and not clear. Based on the information provided the management of diabetes and shoulder pain was the same.
- We found similar issues in other risk assessments we viewed, we discussed our concerns with the registered manager, who advised us that this was a mistake and shouldn't have happened.
- We further found that while the risk assessment stated that the person was at risk no information in how to manage the risk was documented in the risk management plan. For example, one person was a risk of falls, but their moving and handling and falls management plan had no information in how to minimise the risk of falls.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and Treatment.

- During the second day of our inspection visit to the office we found that risk assessments and risk management plans we viewed were of much better standard than on day one. We discussed this with the registered manager. The registered manager told us that during the COVID-19 pandemic the service employed an administrator tasked to review care plans and risk assessments. However, the person left without properly reorganising the files and folders, which was the explanation why some files and risk assessments did not include the correct information.
- We asked people who used the service if they felt safe. One person said, "I am quite safe yes. I am unsteady on my legs and they wait outside the bathroom when I have a shower as I'm shy and won't have them in, but them being there for my safety makes me feel good and safe."

Using medicines safely

- Some people required assistance with the management of their medicines. However, this was not always done safely. For example, in one care plan it noted that the person had to be reminded to take their medicines. However, we were not able to find information about the medicines, a medicines risk assessment

and medicines administration record sheet (MARs) in the person's care folder. This meant that staff might not have all the necessary information to support people with their medicines in a safe way.

- In another care plan we found that a person required assistance with the administration of their medicines. However, no information on how this was done safely was recorded on the person's medicines risk assessment. This raised concerns that people might have been at risk of not receiving their medicines safely.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and Treatment.

- The service was currently in the process of transferring medicines information and the support people required to an electronic medicines administration system. We found that information entered onto the electronic system provided the necessary information to safely manage people's medicines. At the time of our inspection visit approximately 50% of records had been transferred to the new system.
- We checked MARs and risk assessments for three people and found them to be of good standard. Care workers told us that they liked the new system. One care worker said, "Birdie is good, I record whenever I help [name] with their medicines and when I forget to record the office calls me immediately." People who use the service and relatives said that they felt safe with the support they have received around their medicines. One person said, "They come twice a day. They give me them [medicines] with a glass of water and watch me take them safely."

Systems and processes to safeguard people from the risk of abuse

- There are systems and processes in place to safeguard people who used the service from the risk of abuse.
- We saw that the service had a robust safeguarding adults' procedure in place and the registered manager demonstrated understanding of what to do and whom to report allegations of abuse to.
- Care workers had received training in safeguarding people from abuse and told us that they would contact the office if they came across or saw anything in relation to abuse. One care worker said, "I would contact the office and record it on Birdie if I saw or someone told me of abuse."
- People who used the service and relatives told us people felt safe with care workers. One relative told us, "[Relative] is very safe. [Relative] takes a long time to get around as cannot walk well but they [staff] walk behind [Relative] when going upstairs for their bath ensuring [Relative] does not fall over." Another relative said, "We have no concerns and will not hesitate to call the office if anything is not ok."

Staffing and recruitment

- People could be confident they were supported by staff who were recruited safely.
- The service followed safe recruitment practices and records viewed showed that appropriate recruitment checks which included a disclosure and barring checks (DBS) were carried out prior to staff being employed.
- People who used the service told us that care workers arrived on time and stayed the time allocated. People told us if care workers were late, they would call and advise people of this. One person told us, "They [carers] are very good, always on time and not been late or had a missed call." One care worker told us, "I am usually on time, but if I am late, I would give [Person] a call."
- Care workers were required to log in and out and the system alerted the office if care workers were late or missed a call in real-time. The registered manager said, "If care workers were late we would call the client and tell them."

Preventing and controlling infection

- Appropriate infection prevention control measures ensured that people who used the service and care workers were protected from the spread of infections such as COVID-19.
- The service had an infection and prevention control (IPC) procedure and COVID-19 procedure in place. The

registered manager said that the COVID-19 pandemic had been challenging due to the office being closed for the majority of the time. They said that they provided personal protective equipment (PPE) to care workers by doing doorstep deliveries to people's homes. This was confirmed by care workers we spoke with.

- The service facilitated COVID-19 testing for care workers and most of the care workers had received the COVID-19 vaccine.
- We saw that COVID-19 was a permanent fixture on staff meeting agenda and had been regularly discussed with care workers to ensure up-to-date national guidance was shared with care workers.

Learning lessons when things go wrong

- Systems were in place to ensure accidents and incidents were documented and lessons were learned if things had gone wrong.
- The registered manager told us that since registering with the Care Quality Commission (CQC) there had been no accidents or incidents. They told us that they would discuss any incidents or accidents with care workers during their supervisions or during staff meetings to ensure lessons were learned and the risk of similar incidents happening in the future were minimised.
- The registered manager was clear that certain incidences and accidents had to be reported to the CQC.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The needs of prospective people to the service had been assessed following the referral had been received. This ensured that the service met people's needs and enabled people to contribute to their care.
- Pre-admission assessments were completed at the person's home to observe their physical, mental and social needs and consider if the service could meet these.
- Careful consideration was given to match people with care workers. This was consistently monitored to ensure people were satisfied with the care workers.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. One care worker told us, "I have received regular training, which helped me to do my job better. I have also done annual refresher training."
- New care workers did induction training and shadowed more experienced care workers prior to be working with people unsupervised.
- The registered manager told us care workers received regular supervisions. Staff files viewed confirmed this. Care workers told us that they felt supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received support to eat and drink that had been documented in people's care records.
- We saw in records that while relatives prepare the meals, care workers supported people to eat. One care worker told us, "The relative prepares the meal, but I help [name] to eat. This is in her care plan and I record it on the electronic system."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with local commissioning groups, GP's and other relevant health care professionals. We saw in records that the service responded to people's changing needs, by contacting the social worker and asking for a reassessment to ensure that the person received the correct care package.

Supporting people to live healthier lives, access healthcare services and support

- People we spoke with made their own health care appointments or had family who supported them to arrange these.
- Care workers monitored people's wellbeing, such as their general health, and where necessary informed families to seek appropriate health care support. We saw in records that the service supported people to obtain equipment required to support them with their health and medical needs.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's mental capacity to make decisions.
- People using the service made daily decisions for themselves, or with the support from relatives and care workers.
- Care workers had completed training in MCA and understood how this affected their practice. One care worker told us, "Never assume people cannot make decisions for themselves, always ask people before you do something. That is common sense."
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where relatives, or others involved in people's care, had the legal authority to make decisions on people's behalf, this was recorded in their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People said they were always treated with respect. One person said, "My carer is lovely and very respectful." One relative said, "As I mentioned I have found them to be very aware of how to treat elderly people. They are caring, warm and friendly."
- People were helped to develop and maintain their independence. We asked people if they were encouraged to do things for themselves. One person said, "They usually will wait outside the shower door and I get on with it, but I know I can call someone if I need help."
- A care worker spoke affectionately about a person they were supporting to take part in more activities. They said, "I love my job and I enjoy chatting and laughing with people."

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

- People and relatives told us that they were fully involved in planning their care and how their needs should be met. One relative told us, "They [agency] saw to all of my relatives' needs and we had a meeting where everything was written down."
- Unite Care is a smallish agency and the registered manager maintains good oversight and meets regularly with people to seek their views and ensure they remained happy with the service provided to them. One relative said, "[Manager] was always in touch to ask us how things are."

Respecting and promoting people's privacy, dignity and independence

- People had built trusting relationships with the care workers who supported them. People and relatives told us that staff were kind and caring and that they ensured that their dignity and privacy was maintained. One relative told us, "They [care workers] were great, very caring and respectful and would do anything right up until the end."
- Care workers respected people's diverse needs and lifestyle choices and were non-judgemental in their work. One care worker said, "I look after some people who speak the same language, this helps to understand each other."
- Where people had specific wishes about who supported them this was respected. We saw in assessments that people were asked if they preferred a care worker from a specific gender.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Care plans viewed were found to be not always personalised and did not always reflect the person's needs and preferences. For example, we saw in one care plan that there was a different name recorded. It was therefore not clear who this care plan was for. In another care plan we saw that the language recorded to be spoken was different to the actual language spoken by the person. In another care plan we saw that the person had mental health problems. When we discussed this with the registered manager, we were advised that this is incorrect.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

- We found issues with all care plans we looked at during the first day of our inspection. However, during the second day of our inspection we did not encounter any issues with the care plans. The registered manager told us that this was due to the care plans being reorganised by a temporary member of staff.

- We asked people and relatives if they had been involved in the planning of their care. One relative said, "They [Unite Care] dealt with that, we had the meeting here and they wrote everything down." One person told us, "They met with my relative and discussed what I need to be comfortable. Currently everything is going well."

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.

- The service worked towards meeting people's communication needs to ensure they understood the information provided to them.
- The registered manager told us that care records could be provided in different formats to make them more accessible to people if needed. We saw that the service tried to match care workers and people from the same cultural background and language to help with communication.

Improving care quality in response to complaints or concerns

- The service has not received any formal complaints since registering with the CQC. The registered manager told us that they would deal with any concerns raised by people or their relatives immediately. These had

mainly been around choosing more suitable times for calls or requesting a different care worker.

- The service had a complaints procedure in place and people who used the service and relatives told us that they would be happy to raise any concerns with the care workers or the registered manager. One person said, "I would call the office to discuss any concerns."

End of life care and support

- Some people who used the service were receiving end of life care from the local palliative care team provided by the hospice. Care workers provided personal care and no end of live care. However, we saw that care workers had received training in end of life care and a relative told us that they were very sensitive to their relative's end of life care needs. They told us, "They [staff] understood my relative very well and provided very good and respectful 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a system in place to monitor the level and quality of care provided. The service had various audits. The service also monitored care workers through regular supervision sessions and spot checks. The registered manager completed a monthly service audit which focused on looking at the overall running of the service and looked at feedback as well as any changes and updates as well as how the service could make improvements.
- We however found that provider's quality assurance systems were not always effective. This was because the quality audit system had failed to identify the issues, we found in respect of medicines management and risk management as detailed under Safe section of this report and person-centred care planning as detailed in Responsive section.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- There was a registered manager in post who knew of their responsibility with regards to the Health and Social Care Act 2014 and their responsibility to notify the CQC of any significant events at the service.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to 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

- During this inspection we found the registered manager to be open and honest and admitted that the service could have done better in ensuring people's medicines, risks and that person-centred care plans were managed better.
- The registered manager reassured us that they would address the shortfalls found and was fully aware that he must notify the CQC of any notifiable events.

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

- People who used the service told us that they were engaged and consulted by the service and regular phone calls and spot checks were arranged for people to feedback on and contribute to the care they received. One person told us, "They [agency] contact me regularly to find out if everything is ok with the care and if I want to have anything changed."
- The registered manager demonstrated a good understanding of the equality characteristics. People who used the service were consulted during the initial assessments process if they required any culturally specific support or required care workers from a specific ethnic background or gender and their views were respected.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- The registered manager and office manager told us that they regularly took part in provider engagement calls arranged by the local authority during the COVID-19 pandemic. They told us that these calls were very useful and was a good forum to share knowledge and experience.
- We saw information of training provided for the management team responsible for monitoring quality in care and implementing improvement strategies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were at risk of not receiving person centred care because their care records did not always reflect their needs and preferences appropriately. Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that risks to people in relation to receiving care and treatment were assessed and reasonable steps were taken to mitigate such risks.</p> <p>The registered person did not ensure that people's medicines were properly and safely managed. Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to assess, monitor and improve the quality and safety of care provided and mitigate the risk in relation to the health, safety and welfare of service users. Regulation 17 (1)</p>

