

Unity Care Solutions Limited

Unity Care Solutions Limited - Southampton

Inspection report

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05 December 2019

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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

About the service

Unity Care Solutions is a domiciliary care service providing personal care to people who live in their own homes. The service is registered to support both children and adults with physical health needs. At the time of the inspection the service was providing personal care to five children and no adults.

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 people receive personal care we also consider any wider social care provided.

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

Children and young people were safe from risks of neglect or abuse and had risk management plans in place which were appropriate. Medicines were managed well by the service. Parents felt confident in the service, with one parent telling us, "Overall we are extremely happy with Unity, their communication, training of carers and overall service is fantastic."

Staff were trained and supported to develop and maintain the skills they needed to meet the complex needs of the children and young people they supported. Staff and the registered manager worked closely with other healthcare professionals and services to ensure children and young people's needs were met.

Children and young 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.

Staff were caring, kind and compassionate and worked well with the children and young people they supported. Parents told us that staff were kind and well-liked by their children. Staff understood how best to work with parents who were experts in their child's condition.

The service was responsive to the needs of children and young people, as well as their family and support network. Parents knew how to make a complaint should they wish to and felt the registered manager was approachable and responsive. The wishes of children, young people and their families around end of life care were explored sensitively and captured in detailed plans, where appropriate.

The service was well-led, staff told us they felt empowered and that the service was open and inclusive. Parents had confidence in the leadership of the service. The registered manager was focussed on continuous improvement and sought the views of staff and parents to guide the development of the service.

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

Rating at last inspection

This service was registered with us on 06 December 2018 and this is the first inspection.

Why we inspected

This was the first planned inspection of this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Unity Care Solutions Limited - Southampton

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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 28 November and ended on 05 December 2019. We visited the office location on 28 and 29 November.

What we did before the inspection

We reviewed information we had received about the service from registration with CQC and since this time. 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 reviewed the provider's website. We used all of this information to plan our inspection.

During the inspection

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

We spoke with one parent on the phone and received feedback from another by email about their experience of the care provided. We spoke with four members of staff including the registered manager, care co-ordinator, a health care support worker and a paediatric nurse.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding children and adults and had a good understanding of signs or concerns to look out for. Staff understood how to raise a concern and felt confident to do so.
- The systems and processes in place protected children and young people from the risk of avoidable harm or abuse. Children and young people's risks of neglect or abuse were considered and there were appropriately robust arrangements in place to monitor the support provided by staff.

Assessing risk, safety monitoring and management

- Children and young people's risks were fully assessed and considered their complex physical health needs, social needs and were reflective of their age. Risk assessments promoted children's freedom promoted their independence and parents told us they felt their child was safe.
- Children and young people had comprehensive plans in place to manage their risks, which were appropriately detailed based on the high level of support needed and the high risks involved. Staff had detailed training and time to understand risk management plans before working independently with them.

Staffing and recruitment

- There were suitable numbers of staff to provide safe and effective support. The service recruited specifically based on the needs of the children and young people they were supporting and based on the contracted hours provided.
- There were robust recruitment procedures in place to ensure staff were suitable to work with children and young people. Staff had undergone relevant pre-employment checks, including obtaining references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Staff were trained in administering medicines and had their competencies assessed. Children and young people had clear support plans for how their medicines were managed.
- Some children and young people's medicines were managed by both staff and their family. Where this was the case there were clear guidelines for staff. Where children had 'as required (PRN)' medicines, there were clear protocols in place to guide staff when to give them.
- Medicines administration records were checked regularly to ensure children received their medicines as prescribed. Any errors were reported and investigated appropriately.

Preventing and controlling infection

- Children and young people's individual infection control risks were assessed. Staff were trained in infection control procedures and support plans detailed sterile protocols for any support which involved equipment.
- Staff had personal protective equipment available to them. Staff infection prevention practice was assessed in competency assessments and regular spot checks by the registered manager.

Learning lessons when things go wrong

- Incidents were reported appropriately. Staff felt confident to report any errors or concerns and that these would be taken seriously. Staff reflected that there was an open, learning approach to any errors. One member of staff told us, "There is a very open approach. I would never have any doubt raising an issue."
- Incidents were reviewed and investigated to identify any learning or actions required to prevent re-occurrence. Incidents were reported to relevant agencies. Learning identified and actions taken were communicated to staff.

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

- Children and young people's needs were assessed to ensure they could be met by the service. Care and support delivered was in line with evidence-based practice and national standards.
- The registered manager kept up to date with the latest research and best practice in paediatric care and supported the staff to do this also. Registered nurses employed by the service had clinical and safeguarding supervision to reflect on their experiences and develop their professional skills.

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

- The service worked with other professionals and organisations to ensure children and young people's needs were met. The registered manager supported staff to keep up to date with changes in best practice, policies and procedures and in people's needs.
- Where children and young people's care had transferred from another provider, the service worked to ensure there was minimal disruption. One member of staff told us, "It has been managed brilliantly and has been quite challenging professionally for the package to change over."

Staff support: induction, training, skills and experience

- Training and inductions for new staff were particularly thorough and reflected the complex needs of the children and young people the service was supporting. The registered manager utilised a competency framework designed by a hospital trust to support staff to develop their skills, confidence and competence in required skills.
- Staff fed back very positively about the training in place and the support to gain skills and confidence. One member of staff told us, "I have never known a boss to do a night shift with you to do all the training and support you to gain the confidence you need."
- Staff had time to get to know children, young people and their families prior to working with them. Staff have regular supervision, annual appraisals and spot checks of their skills to provide support and constructive feedback, which helped maintain high standards of care.

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

- Staff understood how to support children and young people with their nutrition and hydration, including when they had a percutaneous endoscopic gastrostomy (PEG) – a tube into the stomach which allows them to get food, liquids and medicines.
- Children and young people had detailed support plans around their nutrition which were appropriate to their needs and their age.

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.

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.

- At the time of the inspection no one receiving support was subject to the MCA due to their age. Staff understood how to promote choice and involve people and their parents or guardians appropriately in decisions about their care.

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

- Staff were kind and caring in their approach. Staff were recruited based on their approach and this was reflected in the values of the service. The co-ordinator responsible for recruitment told us, "Anyone can apply to be a [care worker], but it's not in everyone. You have to really care."
- Parents told us staff were kind and supportive. One parent told us, "They are very helpful, the nurses are lovely." Another parent told us, "[Child's name] and my [other child] both love [registered manager] and our carer."

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

- Staff were respectful of the role of parents and families in the life and care of children and young people and ensured care and support plans reflected this.
- Staff understood how to give children and young people choices wherever possible in an age appropriate way related to their care and support. One staff member told us, "Even at [their age, they] know their mind. For example, when [one child] signs for "dressed" we go and pick the outfit together, things like that."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote children and young people's privacy, were respectful of family's boundaries and that they were working in a family home. Children and young people were treated with dignity and staff respected them as individuals.
- The service worked to promote independence and gaining life skills in the children and young people they worked with, such as learning to read or learning Makaton. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties.
- The registered manager told us "We are on the life journey as well as building on the clinical side." A member of staff also reflected the approach of the service to promote independence. They said, "We are there to keep them well but also to support their development and play, that is reflected in the values of the company and in [the registered manager's] approach. The children thrive on minimal intervention and disruption."

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 good. This meant people's needs were met through good organisation and delivery.

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

- Parents told us that the care provided met the needs of their children. One parent told us, "Overall we are extremely happy with Unity, their communication, training of carers and overall service. They have had a very positive impact on all of our lives."
- Support plans reflected children and young people's needs and were highly detailed to reflect their preferences and their family's choices. Any changes were communicated rapidly to staff involved. One staff member told us this was one of the strengths of the service, "There is really good communication. We all get the same information at the same time and it is all relevant to us."
- Staff told us that care plans provided the information they needed to provide personalised care. One member of staff said, "[Registered manager] is amazing with his care planning. We have a weekly pack which has everything you need. They are so detailed but easy to follow."

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 understood how to meet children and young people's communication needs. There were detailed plans in place informing staff how best to communicate in an age appropriate way and which met children and young people's needs.

Supporting people to develop and maintain relationships to avoid social isolation

- At the time of the inspection, the service primarily provided overnight support and support into nurseries or schools. Where appropriate, the service supported any activities the child or young person wished to take part in.
- Children and young people's interests were explored, such as their favourite toys or books and staff engaged them in activities which were appropriate for their age and abilities.
- Staff told us they were proud to enable families to spend more quality time together as they were more well-rested. One member of staff told us, "It's amazing when you arrive and the family tell you all the wonderful things they have been doing that they wouldn't have the energy or time for if we weren't there."

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy and procedure. Parents were informed how to make a complaint should they wish to. They told us the registered manager was approachable if they had any issues

and that any concerns or issues they had raised had been responded to and addressed appropriately.

- Staff used people's communication methods, such as non-verbal signs, Makaton or verbal communication to review whether children and young people liked staff and how they responded to the support provided.

End of life care and support

- There were no children or young people receiving end of life care at the time of the inspection. The registered manager was skilled in undertaking sensitive discussions with families about their wishes and these were documented in end of life care plans, where appropriate.
- The registered manager used a template for children and young people to explore their and their families wishes around the end of their life. This included; their spiritual preferences, circumstances they would wish for treatment, or to be supported at home, where they would wish to be in their last days. End of life plans also considered wishes after death, such as involvement in scientific studies or organ donation.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive, empowered and open culture amongst staff. Staff told us they felt valued and that their skills and experience were respected. One member of staff told us, "You get to practice within your scope of knowledge and skill. You can use common sense and be practical. We have a clear care plan, but you can use your professional judgement looking at the child as a whole."
- Staff were proud to work for Unity Care Solutions and told us they enjoyed their work. One member of staff said, "I absolutely love it!" Another member of staff told us, "I love the care, compassion and commitment we have as a whole team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour to be open and honest should something go wrong. Staff and parents told us the approach of the registered manager was open and transparent.

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

- There was a clear structure and understanding amongst staff of their roles and responsibilities. The registered manager and care co-ordinator had robust systems in place to ensure records, including recruitment and personnel files, support plans and medicines records were up to date and completed.
- Audits took place to identify any areas for improvement and actions were taken in response to any issues found. The registered manager undertook regular assessments of staff competency and spot checks of their performance and supported them to develop skills if they needed support.

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

- The registered manager understood that parents were often the experts in their child's care having provided care and treatment for them over their lifetime and having had training from professionals in clinical techniques to manage safely at home. Staff empowered parents to be a central part of the care team for their child and worked with the whole family to ensure the care and support met their needs. Support plans were written to describe the roles of staff and family members in providing care.
- Staff understood how children and young people expressed their views and preferences and how to work

with them in a way which suited them. The registered manager was looking at ways of more formally gaining feedback from children and young people in an age appropriate way.

Continuous learning and improving care

- The registered manager had a clear plan of continuous improvement and valued parents' and staff feedback to guide improvements. For example, staff had fed back that it was sometimes difficult to find and complete all of the necessary task checklists on support calls. The registered manager implemented a "weekly pack" which contained all the required information and paperwork for a child or young person.

Working in partnership with others

- The service had strong links with professional network around complex paediatric care, including local and national specialist hospitals, community nursing teams, social services and other care providers. The service utilised links to share knowledge, best practice and tools to use.