

Mr Glyn Kershaw

# Unique Care Services

## 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?

**Good** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We carried out an announced inspection of Unique Care on the 17 and 24 of October 2016.

Unique Care is registered to provide personal care for older people and younger adults. They currently provide support to 38 people within their own homes in Ellesmere Port, Neston and surrounding areas.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection to Unique Care was on 26 September 2014. The registered provider was compliant with the regulations we used at that time.

We found a breach related to the management of the service. These included the registered provider not fully co-operating with a Local Authority in respect of direct payments, not completing and returning information we needed to assess the quality of the service when asked and issues relating to the registration of the location. While policies and procedures had been reviewed, these were found to contain inaccurate information. Audits were in place yet on occasions these had not been fully actioned as issues arose. You can see what action we told the provider to take at the back of the full version of this report.

People told us they felt safe with the staff team. Staff demonstrated a good understanding of safeguarding and had received training. They were aware of the whistleblowing procedure and had been given a personal copy of this. However the safeguarding policy was out of date.

Recruitment demonstrated that checks had been completed prior to a member of staff coming to work for the service although the processes were not always robust. Systems were in place to ensure the safe management of medication.

People told us that they considered staff to be knowledgeable and training records demonstrated that staff had received training relating to the needs of the people who used the service.

Staff were supervised in their role and received an annual appraisal. Further support was provided through the provision of spot-checks made by the registered provider. The registered provider demonstrated that they took the capacity of people into account during in assessments and care planning. The nutritional needs of people were taken into account although a record keeping issue was noted on charts intended to monitor fluid intake.

People told us that they felt that their privacy and dignity had been maintained and that they were enabled

to remain independent in those tasks that they could manage themselves.

The registered provider had a system of assessment which covered all the main health and social needs of people. This translated into a plan of care which was personalised in nature and was reviewed regularly. People were aware of their plan of care and had confirmed their agreement with its contents.

A complaints procedure was available. People knew how to make a complaint but had tended to do this informally rather than use the registered provider's complaints procedure. Any complaints received were recorded although no complaints had been made since our last visit to the service.

During our visit we found that the registered provider did not always apply good governance to the running of the service. This included co-operation with the Local Authority in respect of financial audits which had not been fully complied with. The registration of the service needed to be updated yet this had not been completed by the registered provider and remained outstanding. The registered provider had not provided us with the information we asked for prior to our visit. This included the return of a Provider Information Return (PIR) which was not returned when we asked and had still not been returned despite requests to the registered provider during and after our visit. Policies and procedures were in place but were not always accurate. Audits took place but were not always robust.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People told us they felt safe.

Staff demonstrated a good understanding of how vulnerable adults should be protected.

Medication management and administration was safely managed.

Recruitment checks were in place although were not always robust

### Is the service effective?

**Good** ●

The service was effective.

People told us that they felt that the staff who directly supported them were aware of their needs.

Staff had received training in topics which were related to the needs of people.

Staff received support through supervision, appraisal and spot checks to monitor their practice.

Staff had received training in the Mental Capacity Act and the capacity of people was taken into account.

### Is the service caring?

**Good** ●

The service was caring.

People felt that the staff team cared about them.

People told us that the staff team promoted their privacy and dignity while providing them with support.

Information was given to people outlining the main aims of the service.

Where people were independent in daily living tasks, this was encouraged by the staff team.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us that they were aware of their care plan and there was evidence that they had agreed to its contents.

Assessments covered all the needs of people.

Care plans were person centred and were reviewed regularly.

People knew how to make a complaint.

### **Is the service well-led?**

**Inadequate** ●

The service was not well led.

People who used the service had mixed experiences on the way the service was managed.

Audits were in place but were not always effective.

The registered provider was not always effective in co-operating with other agencies.

# Unique Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 and 24 of October 2016 and was announced. 48 hours' notice was given because the service is small and the registered manager is often out supporting staff or providing care. We needed to be sure that someone would be in to assist with the inspection process.

The inspection was carried out by an Adult Social Care Inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR as requested and we took this into account when we made judgements in this report. We asked the registered manager to send us the Provider Information Return (PIR) after our visit. No response was received in relation to this request.

We contacted local authority commissioning group about information they held in respect of the registered provider. The registered provider does not currently have a contract with the Local Authority. We spoke with the finance team of the Local Authority in respect of direct payment auditing. Direct payment is a scheme that gives people money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them. They told us that the registered provider had not fully co-operated with this auditing process.

We reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as five staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke to five people who used the service. Discussions were held over the telephone or in one case, information was emailed to us. We spoke to five members of staff as well as the registered manager.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff team "I feel safe with the staff" and "I have no concerns about the staff team". People had mixed experiences about the degree to which the staff team maintained hygiene and prevented infection. People told us "Yes they wash their hands, use gloves and have hand sanitisers available." Another person told us that staff did not always wash their hands and had attended to intimate personal care tasks without using disposable gloves.

Infection control policies were in place and these were up to date. People told us that in the main staff used personal protective equipment such as disposable gloves and aprons although there had been the odd occasion where staff had been witnessed by people who used the service not using these. Spot-checks completed by the registered provider did indicate that personal protective equipment was being used.

Recruitment files showed evidence that Disclosure and Barring Service checks had been completed. Known as a DBS check, these are used to determine whether people had been convicted of offences which could affect their suitability to support vulnerable adults and children. One check noted that offences had been committed in the past by a member of staff. The registered provider had completed a risk assessment to determine this person's suitability for the role as required.. While references were in place, one personnel file contained a reference that had been provided by a member of the office staff in Unique's name. As a result of this, it could not be guaranteed that this was a robust reference. This meant that overall that the registered provider's recruitment processes were not completely robust

Staff had received safeguarding training and this was confirmed through training records. The registered provider returned details of low level concerns to the Local Authority each month. Low level concerns are those issues that can be addressed quickly before people come to more significant harm. Policies and procedures were available to indicate the types of potential abuse and how these could be reported although the Local Authority procedure retained by the agency was not up to date. Staff demonstrated a good understanding of the types of abuse that could occur. Staff were knowledgeable about the process for reporting any concerns they had. A whistleblowing procedure was in place and this made reference to the Local Authority and the Care Quality Commission as external agencies to raise concerns. Staff were aware of these agencies roles in reporting concerns. Our records indicated that no major safeguarding concerns had been raised by the service.

Risk assessments were available. These indicated that possible risks to staff and people who used the service within the environment. These were up to date. Assessments were in place in respect of risks faced by people during the support they received. The assessment process included devising risk assessments in relation to their susceptibility to falls and what risks were present in assisting people with their mobility.

Plans were in place in case of emergencies within people's own home. This outlined the action to be taken if staff and people needed to be evacuated. This procedure was up to date. There were arrangements in place in the event of a disruption to the main office's business or in the event of a breakdown in IT systems.

Staff rotas were in place. Rotas were distributed to the staff team each week highlighting their work for the



week. Rotas indicated those calls which required two members of staff depending on the needs of people. For example if a person needed two people to assist with moving. Assessments of people indicated the number of staff that would be required for each proposed visit. People told us that calls were not missed but at times carers tended to be late. They told us that the care staff would inform them of this. I

Staff had received medication training and had had their competency assessed through spot-checks of their practice which occurred regularly. These were confirmed by the staff team. A medication policy was in place and this was up to date. Care plans outlined the degree of involvement that staff had in the administration of medicines. All the people we spoke with did not require staff to deal with medicine administration. Other care plans indicated that the level of support tended to relate to reminding people to take medicines. Medication records were available and were audited by the office staff. Where changes in medications had occurred, these were recorded.

Accidents were recorded. There had only been one accident since we last visited the service. As a result, there was not enough evidence for the registered provider to carry out an analysis of trends or patterns in accidents. The registered manager stated that they would look for trends if more accidents were reported.

# Is the service effective?

## Our findings

People told us that "The staff know what they are doing" and "They have told me that they have received training although this seems to involve watching DVDS". They also told us "Staff do seem to have the knowledge about how best to support me". People told us that the staff who supported them would provide information to them but contact with the office had been more problematic and inconsistent.

A training matrix was available. Certificates of attendance were in place and outlined that staff had received training in health and safety topics as well as safeguarding and medicines management. Staff told us that they had received training in a variety of topics and that this had been provided regularly. They considered that training had enabled them to carry out their role more effectively.

A structured induction process was in place. This was linked to the Care Certificate scheme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. This covered areas such as person centred care, equality and diversity, safeguarding and nutrition. Part of staff induction included shadowing new staff for until judged as competent.

Staff told us that they received regular supervision and this was confirmed through records. These sessions had been undertaken regularly and had included the opportunity for staff to discuss their performance and any training needs. They told us that it had given them the opportunity to speak openly about their experiences of working for the service. For staff who had been employed by the registered provider for a longer period of time, annual appraisals had been completed. These had provided the registered provider the opportunity to comment on the standard of staff's work as well as enable staff to identify future learning and development needs. As part of the supervision process, the registered provider carried out spot-checks to enable staff practice to be supervised.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005. The management team understood the process. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Training records suggested that staff had received mental capacity training and they were able to display a working knowledge of what the act meant for people who used the service. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. While no individuals were subject to a Lasting Power of Attorney, the registered manager stated that these would be taken into consideration when they were present.

Consent to provide support was evidenced through people agreeing to the content of their care plans. A consent policy was in place. Staff told us that they always sought to gain consent from people verbally before attending to personal care tasks. People told us that the staff always sought to gain consent from them prior to undertaking tasks.

No one we spoke with relied on staff to prepare meals yet some information in care plans suggested that

some support was given to others in respect of meals. Consideration was outlined in care plans about any dietary needs people had and their likes or dislikes in respect of food. Some people were supported with shopping so that people had control over their preferred meals. Training records indicated that staff were up to date with food hygiene training. Other staff had received training in the promotion the nutrition of people. For one person, fluid records were maintained by staff to ensure that the person had sufficient drinks each day. While these were completed on a regular basis, the lack of totals of fluid intake and output made added no value to the process and was considered in this report as a deficiency in the record keeping process.

Staff told us that the office team communicated with them effectively and that they received all the information they needed. The communication needs of people as well as any sensory impairment were recorded within assessment information and care plans. Steps were then taken to ensure that staff were able to interact with people taking these impairments into account. People told us that their experiences of communication from the staff team had been positive and that they always were informed of any issues. Their experiences of communication from the office had been inconsistent with some difficulties experienced at weekends through the on call system.

## Is the service caring?

### Our findings

People who used the service told us "They [staff] are alright" and "They [staff] treat me well". People felt that the care staff had developed good relationships with them and felt that they were supported by caring staff who took their dignity into account. People felt respected by the staff team and were involved in their care. They told us that staff "Always kept an eye on their health" and reported any changes to the registered manager.

Staff told us about how they supported people. They told us that they sought to promote people's dignity by offering choice to people about how they wished to be supported. They told us that their approach was to assist people to make decisions about the way they were supported. This was done verbally and related to their daily routines.

The health needs of people were taken into account by the service. Assessment information highlighted the key health needs of people as well as contact details for their GP and other professionals involved in their support such as district nurses. Care plans highlighted health needs and how these should be taken into consideration by staff when offering support. Daily records suggested that health needs met during support were acknowledged by the staff team. Care plans were personalised and included the best approach to support people and took their needs into account when communicating with them.

The agency sought to involve people in their support. Care plans had been signed to confirm that people had contributed and agreed with how they were to be supported. In addition to this, the independence of people in preparing meals and managing their own medication was included. When people were able to prepare their own meals, the care plan was clear that this was to be encouraged. Where people were able to manage their own medication, again this was clearly outlined in care plans. Information was also available outlining the preferred terms of address people wish to be called as well as reference to any religious preferences they may have.

Information was given to people either verbally or through documentation. People were provided with a statement of purpose which outlined the key aims of the agency. People told us that their respective care staff team would contact them and always provided them with information. The assessment process used by the service offered people to comment on how best they wished to be supported. The service user's guide included information about the service and the care and support services provided, confidentiality, standards to expect and quality of service.

No one we spoke with specifically had external advocates to support them yet information was in place on care plans indicating people's capacity to consent to care provided. Each person had significant others such as relatives who would assist them with communicating their needs and details of people's relatives and friends were included in care plans.

## Is the service responsive?

### Our findings

People told us "I have got a care plan" and "Yes I have seen my care plan". They said that they knew who to make a complaint to but had not had to raise any formal complaints. One person told us that they had raised their concerns with the staff team on an informal basis and that this had been addressed to their satisfaction. People told us that the staff team provided choice on how they wanted to be supported.

Assessment information was in place for all care plans. Assessments included details of people's main health and social needs and how the agency could support people. During our visit, the registered manager had assessed a prospective service user. Assessment information included written consent from the individual for support to be provided and an authorisation for the service to provide support with medication. The assessment included the opportunity for the service to identify the main environmental risks that could arise as well as risks in relation to the susceptibility people had to falls. Details were included on the physical and mental health of people as well as their communication needs. Details were noted about the main equipment that could be used as part of their support package. All these details were then transferred to a plan of care. The registered manager told us that short notice packages had been referred to the agency and that in those instances, support would not commence until all key information had been received.

Care plans sampled included a mix of people who had come to be supported by the service during 2016 as well as those people who had received support for longer. People had signed to confirm their agreement with care plans. All care plans were supported by daily log records outlining progress for each person. All care plans made reference to health needs that people had, such as allergies and a detailed account of how each person could be supported during each visit and different times of the day. Care plans included account of the social needs of people. In some instances, the main support provided related to supporting people in social activities. Where people were involved in daily activities such as attendance at day services, care plans reflected the need to ensure that support was on time so that routines elsewhere were not disrupted.

All care plans we looked at had been reviewed with the involvement of the person and their families/friends. Where changes to plans were needed for example with health needs, there was evidence that these had been identified and changes made to reflect these. All care plans gave a personalised and individual account of the main needs of people.

People considered that they were given choice about their support. Staff told us that they encouraged people verbally to make choices for themselves when they supported people. The agency's statement of purpose outlined a commitment to people who used the service that choice would be offered at all times.

The registered provider had a complaints procedure. This made reference to how any complaints would be investigated. The procedure made reference to a person no longer employed by the registered provider despite this procedure being reviewed in August 2016 therefore this was not up to date. Additional information was in place in relation to the Care Quality Commission. Our records indicated that no

complaints had been received by us since our last visit. As a result, no analysis of patterns of complaints could be made by the registered provider.

## Is the service well-led?

### Our findings

People told us that they had had mixed experiences of the running of the service. They told us "The service seems to be a bit hit and miss", "New carers have sometimes visited with little or no information about my needs, health or how to access my home", "I have tried to get in touch with them at the weekend but sometimes I can't, when I do get through, the person has little information about my needs" and "They [the on call team] can be erratic but the carers that come do try their best". We discussed these comments with the registered manager who agreed to look into this.

During our visit we found that the registered provider did not always apply good governance to the running of the service.

We spoke with the team in a Local Authority who were responsible for auditing the finances of people who used Direct Payments to fund their care. Direct payment is a scheme that gives users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them. Information suggested that an audit visit had been attempted on several occasions during the early part of 2016 yet these had not taken place for a variety of reasons. At the time we had given clarification of who the registered manager was to the Local Authority as correspondence had been made with a person who was not the registered manager. At the time of this report, this auditing process remained incomplete and the registered provider had not demonstrated co-operation in this matter.

Prior to our visit, we checked our records in respect of the registration of the service. The original registration certificate had been issued in December 2014. This was on display in the office. This indicated that the location address was the address of the registered provider and that the personal care activities were being carried out elsewhere. This was not accurate. Our records indicated that the registered manager had sought to change the certificate of registration but following continued errors in the application process by the registered manager had left the issue unaddressed since July 2016. We had discussions with the registered manager during the visit about this issue and a further application was made shortly after our visit. This still contained errors in the application form which needed addressing.

We had asked the registered provider for a provider information return (known as a PIR) earlier in 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had not been returned by the due date. We received an email from a staff member of the service stating that they had difficulty in sending the PIR back to us. Advice was given at the time but no PIR was returned. The registered manager said that this had been completed and we asked this to be sent to us twice. This had still not been received at the time of this report.

Policies and procedures were in place. These included policies in relation to supervision, medication, lone working and confidentiality. All policies had been reviewed by the registered manager in August 2016. We noted that some policies and procedures contained information that was inaccurate. A policy was available on making decisions and consent. This contained reference to legislation that no longer applied to registered services such as Unique Care. The complaints procedure made reference to a person who was no longer in the employ of the service and was not employed by the service at the time of review in August

2016. In addition to this, the Local Authority safeguarding procedure had been obtained by the registered provider but this related to one issued in 2011. There was no evidence that a new one had been obtained enabling the service to keep up with current practice. A Confidentiality policy was in place but this made reference to a member of staff who was not the registered manager of the service. This meant that inaccurate information had been given to people who used the service.

The registered provider carried out audits in relation to various aspects of the service. These included audits of daily log records completed by the staff team. There was evidence that these had been checked for accuracy and presentation of records. Other audits included medication records and the frequency of people being assisted to be turned in their beds. Fluid charts indicated the amount of fluid taken as well as the amount of "output" yet there were no totals recorded indicating whether people had receive adequate hydration in the day. These had been returned to the office for auditing yet there was no evidence that the lack of totals or what this meant for people had been identified and actioned. This meant that the auditing of these records did not promote the wellbeing of people who used the service.

Questionnaires had been sent out to people. This had last been undertaken in 2015. Comments were in general positive and included comments such as "They [staff] are excellent". Other comments included "I would like to be informed when carers are changed" and "I don't know how to make a complaint". There was no evidence that these comments had been actioned or that the results of the questionnaires had been fed back to the people who used the service. This was acknowledged by the registered manager. This mean that the comments people had made in respect of the support they received had not fully taken into account or actioned.

This was a breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not always co-operate with other agencies, respond to issues relating to their registration, maintain accurate and up to date records and apply good governance in the running of the service</p>