

Unisus Group Limited

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Inspection report

2 Buddle Street
Wallsend
NE28 6EH

Date of inspection visit:
03 October 2019
04 October 2019
07 October 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

The service is a domiciliary care agency which provides personal care to people living in their own homes throughout North Tyneside. At the time of this inspection there were 18 people using the service.

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

People felt safe receiving support from staff, who knew them well. People's care needs were assessed, and risk reduction measures were in place.

People were well cared for by trained staff who provided a reliable, high-quality and person-centred service. Staff were kind and respectful towards people and their families and people's privacy and dignity were upheld. People's independence was encouraged, and they were involved in decision making.

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.

There was a good working relationship between staff, relatives and external professionals to ensure people got any extra support they needed to achieve their goals. The service was adapted as required to meet people's varying needs and wishes.

There had been no complaints made about the service. Minor incidents were recorded and acted upon to prevent a repeat occurrence. People were pleased with the service they received.

The registered manager had implemented best practice into the service, however some aspects of the service needed further development. This included compliance with the Accessible Information Standard.

We have made a recommendation about the Accessible Information Standard.

The registered manager monitored the quality and safety of the service through checks of the records. However, a comprehensive audit system was not in place.

We have made a recommendation about the quality assurance process.

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

Rating at last inspection

This service was registered with us on 5 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Unisus Group 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 conducted by one 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 provider short notice of the inspection. This was because the service is small, and we had to make sure we could access the records in their office.

Inspection activity started on 3 October 2019 and ended on 7 October 2019. We visited the office location on 3 and 4 October 2019 to see the office staff team; and to review care records, policies and procedures. On 7 October 2019, we conducted telephone calls to people and their relatives who had agreed to provide us with feedback.

What we did before the inspection

We reviewed the information we had about Unisus Group Limited since their registration. We used this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

During the inspection

At the site visit, we spoke with the registered manager, the care coordinator and the administrative officer. One of the directors attended part of the inspection. We reviewed three people's care records. We looked at information kept regarding the management of the service. This included three staff records and records related to the quality and safety of the service.

We spoke with 11 people who received personal care and support, five relatives and two social workers.

We emailed all staff for their individual feedback and to ask questions about their skills and knowledge. We received six responses.

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

- The service people received was safe. One person said, "I definitely feel safe and comfortable with them." A social worker told us the staff were "a vital part of the safeguarding process" involving a person who was vulnerable to financial abuse.
- A safeguarding policy was in place and procedures were followed which helped protect people from harm. Staff were trained and acted quickly to safeguard people at risk.
- There was a good system in place to report, record and monitor matters of a safeguarding nature to reduce any potential risks to people's health and well-being.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to ensure people were as safe as possible. This included personal, social and environmental risks. Guidance on risk reduction measures was in place to help staff keep people safe from harm.
- Some risks which were specific to individuals and associated with health conditions were not always fully recorded, such as Dementia and Stroke. We found there had been no impact on people due to this shortfall because the staff knew people well. The registered manager told us they would make those records more comprehensive.
- Incidents were recorded to monitor the service and to keep people's risk assessments up to date. This helped to reduce the likelihood of further incidents.
- Lessons learned were shared with staff to continually improve the service.

Using medicines safely

- Medicines were well managed. Staff were trained and followed a good system to safely administer medicines and record the medicine support given.
- Medicine administration records (MARs) were well maintained and up to date. We discussed some best practice guidance which had not been fully implemented. The registered manager told us they would address this.
- The registered manager checked the medicine records to ensure people received their medicines as advised.

Preventing and controlling infection

- Staff took precautionary action to protect people from the risks of infection and cross contamination. They used personal protective equipment such as disposable gloves and aprons when carrying out personal care tasks.

Staffing and recruitment

- There was enough staff to safely deliver the service and meet people's needs. People told us they received a consistent service. One person said, "I have got the same carers each time and not loads of different ones coming through the house." A care worker said, "There is enough staff to look after the customers we care for, there is enough time in calls to not feel rushed."
- An ongoing recruitment campaign was in place to help grow the service and reduce the current staff working hours.
- The staff recruitment process was safe. Pre-employment checks were carried out. Aspects of the recruitment process required strengthening. The registered manager told us they would improve this in the future.

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.

Staff support: induction, training, skills and experience

- Staff were well trained, and they supported people effectively. They had the relevant skills and knowledge to deliver high-quality care. A care worker said, "I feel all of the training I have received so far is enough to care for people effectively."
- A nationally recognised induction for care staff was in place. This covered the fundamental standards needed for staff working in health and social care. New staff also completed a probationary period and undertook shadowing shifts. This gave the registered manager assurance of staff suitability and competence. A relative told us, "I would say staff seem very capable and able."
- Staff received ongoing support through regular spot checks and supervision sessions. This enabled the registered manager to be sure of staff's continued competence and highlighted any learning needs or development areas. Annual appraisals were planned to be carried out. A care worker said, "I receive supervisions, spot checks and appraisals regularly."

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they assessed otherwise. This ensured people's legal rights were upheld. Where concerns were raised, staff sought advice and guidance from appropriate external professionals.
- Most people consented themselves to the care they received. They were fully involved in decisions about their care. Where people lacked capacity, best interest decisions had been made in accordance with legislation and people's wishes.
- Some relatives held Lasting Power of Attorney arrangements. The registered manager ensured they had

seen legal documentation. This meant they knew which relatives had the legal right to make decisions on a person's behalf.

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

- People's needs were fully assessed as required. This included physical, mental and social care needs.
- Care plans described people's needs and their choices about how they would like their care to be delivered, such as preferred call times and following their established routines. One person told us, "(Staff member) went over my medical history and asked me if I liked to try and do things myself. They were thoughtful questions and they included my input all the time."
- The support people received reflected their current needs and was in line with nationally recognised standards and the law.

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

- There were good links with health and social care professionals to help improve people's health and well-being. A proactive joint approach to people's care arrangements had led to successful outcomes.
- Staff understood the importance of timely intervention from others when people's needs changed. A social worker told us, "I have observed a huge level of professionalism, patience and understanding from staff. The service provider has gone above and beyond in attempts to maintain the package, building relationships and confidence in my client to the subsequent benefit of the clients care package, his self-esteem and independence."
- People had achieved positive outcomes through support from staff, which enabled them to lead healthier lives. One person told us, "They make sure I take my medication and they go out shopping with me and help me with my meals. By eating at the right times and not eating so much rubbish, my diabetes is getting better. I am getting into a routine of having my breakfast and the same at tea time. On the whole my test results (blood sugar levels) are better now."

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

- Staff monitored people's nutritional and hydration needs, and action was taken as required.
- Staff followed care plans drafted by external professionals where people were at risk of malnutrition or dehydration. This included recording and monitoring food and drinks.

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

- Everyone we spoke with gave good feedback about the staff and their experience of the service. They described the caring values of the staff. One person said, "They treat me like I am a valuable person." Other comments included, "They have time to talk to me" and, "They are so thoughtful."
- People were treated well. Staff knew people well and respected them, their homes and their visitors. A relative said, "They are very helpful, and we would be lost without them."
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Staff upheld people's rights and ensured they were not discriminated against in any way. A care worker told us, "I look after two people from different cultures to myself and I try my best to understand the cultural differences and respect them."

Respecting and promoting people's privacy, dignity and independence

- People received a good service from staff who understood their needs and wishes. Staff ensured people rights to privacy and confidentiality were maintained.
- Staff offered gentle and respectful support which protected people's dignity. One person told us, "They definitely respect my dignity." Another person said, "They are so gentle and caring. They take my needs into consideration."
- Staff encouraged people to regain or maintain their independence. One person told us, "I am pretty independent, (care worker) doesn't do anything unless I ask her to."

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

- Staff assisted people to obtain advice and additional external support when needed. They acted as informal advocates to gather information from care managers or healthcare professionals which benefitted people. Staff helped people to find the information needed to make an informed decision.
- Staff listened to people's views and ensured they were involved in making decisions about their care. A care worker told us, "I involve people by giving them choices for day to day things such as what to wear, what to eat etc. I support those with cognitive difficulties to do this by giving them a more limited choice, so not to overwhelm them."

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

- The assessments, care plans and reviews in place were person-centred. They included people's individual preferences, wishes and choices. One person who was partially sighted told us, "When they first started, I told them that things have to be exactly in the same position or I can't find them. I know exactly where things are."
- The support people received was often reviewed to check it met their needs. Care records were updated when people's needs changed. A social worker told us, "(Unisus) have been observed to be extremely responsive to the needs of adult social care and the client group."
- The service was flexible and could be adapted to react to people's changing needs.
- People had choice and control over how their support was delivered. One person said, "They asked what I wanted and how I like things done. Everything has gone forward as planned."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records reflected people's preferences, interests and hobbies. This helped staff to understand people's social needs and enabled them to engage in meaningful conversation that would stimulate interest. A relative said, "Staff are friendly, and they chat away to (my family member) no bother."
- Several people were supported to access the community. This helped to avoid social isolation and loneliness. People chose activities which interested them and were important to them. One person told us, "Staff help me to go to busy places, I struggle with that because I am autistic, and I like a set routine every day."
- People who were at risk of becoming socially isolated were encouraged by staff to access the community and maintain contact with their family and friends.

Improving care quality in response to complaints or concerns

- There had been no major complaints made about the service. People told us their minor issues were addressed. Lessons learned from minor issues were shared with staff to improve their practice.
- Everyone we spoke with knew how to complain. They were certain the office staff would resolve any issues they had. One person told us, "The office saw to me straight away when I telephoned."
- Leaflets were provided in various formats to enable people to easily convey any complaints.

End of life care and support

- Staff were not currently supporting anyone at the end of their life. Staff training was available to staff, to assist them to deliver sensitive and compassionate care to people with a terminal illness.

- People's resuscitation preferences were recorded, where people had chosen to share these.
- Care records did not fully include people's end of life wishes. This would help staff to care for people if they were not able to express those wishes themselves. The registered manager told us they would develop this further.

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 knew people well and there were no issues raised about communication. However, the care records did not reflect that people's individual communication needs were identified, recorded, flagged and shared with others. This would ensure staff or external professionals provided information in a way which the person (or their relatives) understood. This could be verbally, in writing, with large print, signs or graphics for example.

We recommended the provider seeks further information from a reputable source in relation to the Accessible Information Standard.

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 service was operated by an experienced registered manager. Their values included kindness, empathy and dedication. They were motivated to provide a person-centred service. A relative told us, "I do trust the manager implicitly, they are very efficient, very good. They have helped me as much as they can."
- The registered manager and directors set a positive example and supported staff to deliver person-centred care to people. A care worker told us, "I believe this a great company with management who care."
- Staff demonstrated a solid understanding of how providing high-quality care helped people to experience positive outcomes. A social worker told us, "(Registered manager) has consistently provided a high level of communication and support for my clients and is an asset to any team."
- Everyone we spoke with said this service was well-led. People, relatives and staff told us they would recommend this service to others. One person said, "I would very much recommend them. I would say they are efficient, caring, thoughtful, helpful and just everything that goes with the care of people. I am so pleased we have people like this." A care worker said, "I absolutely love working at Unisus, it is my forever job and would highly recommend it."

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

- Office staff engaged regularly with people and relatives via telephone calls and routine reviews of people's care, to check their satisfaction levels. An annual survey was in the process of being developed to gather formal feedback. One person said, "I haven't had surveys, but the manager has been on the phone to ask how things are going."
- The registered manager was open to feedback and actively encouraged people, relatives and external professionals to share their views of the service.
- Staff meetings took place. They were used to deliver important messages to staff, encourage them to share ideas and best practice. Staff told us they felt valued in their role and the office staff were approachable. A care worker said, "I feel very supported by managers and know that I can discuss any issues with them in confidence."

Continuous learning and improving care

- The office team were open to new ideas, suggestions and learning from this inspection.
- The registered manager gave us multiple examples of continuous improvements to the service. This demonstrated their learning since being appointed in to the role and what action they had taken to improve

the care they provided to people. For example, strengthening the office team by appointing a care coordinator and introducing an electronic care record system.

Working in partnership with others

- There was good partnership working with other professionals to provide a seamless service.
- Relatives were positive about staff working in partnership with them, to ensure their family members were cared for properly. A relative told us, "The management ring us if (family member) is not very well and we have had discussions about increasing the times."

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 obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager conveyed an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something did go wrong.

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

- The registered manager had a good understanding of their role and responsibilities including regulatory requirements. The policies and procedures in place incorporated some best practice guidance which encouraged staff to deliver a high-quality service.
- There was a basic quality assurance system in place. The registered manager reviewed records to check the safety and quality of the service. However, a formal audit process was not in place. The registered manager told us they would implement a more robust system to evidence their audits and provide clearer record keeping.

We recommended the provider seeks further guidance from a reputable source to implement a comprehensive auditing process.