Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited – Brixton Branch

Inspection report

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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

This announced inspection took place on 13 and 21 April 2016.

Unique Personnel (UK) Limited – Brixton Branch is a domiciliary care agency providing personal care and support to people in their own homes. At the time of this inspection the service was providing support to 126 people. The service had a registered manager. 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.

The service was safe because people were supported by staff who were trained and knowledgeable in safeguarding adults procedures and knew what to do if they suspected abuse. People were protected from avoidable harm because their risks were assessed and plans to reduce them were in place. The provider operated a safe recruitment process which ensured that staff were suitable to work with people who may be vulnerable. People were supported to safely take their medicines.
People were supported by trained, appraised and supervised staff. Support was provided in line with mental capacity legislation and people's consent was sought by staff before care and support was delivered. People were supported to eat and drink enough and risk assessments ensured that they did so safely. Staff supported people to access healthcare resources in a timely manner.

People receiving support from Unique Personnel told us that the staff were caring. People's independence was promoted and they were treated with respect and dignity. People's personal information was kept private and safe.

People's needs were assessed before they received care and support. The service being received was subject to regular review. People's care plans provided staff with clear guidance as to how care should be delivered and what people's preferences for support were. The provider obtained feedback from people and acted appropriately in response to complaints.

Staff expressed confidence in the management team and felt able to contribute ideas about improving the service. The provider had quality assurance processes in place to enable them to measure the impact of service delivery on people. The service worked in partnership with healthcare, commissioning and social work professionals.

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. People were safe because staff had safeguarding knowledge and knew the signs of abuse to be aware of.

The risks to people were identified and plans were in place to manage them.

Staff were recruited in a safe way that involved multiple checks.

People were prompted to take their medicines and these were recorded.

Staff had the skills to safely support people to use their mobility equipment at home.

Is the service effective?

Good

The service was effective. Staff received training and were supervised and appraised following a period of induction.

Staff understood the principles of the Mental Capacity Act 2005 and the need for people's consent for care to be delivered.

People's nutritional needs were assessed and supported.

People were supported to access healthcare services whenever they were required.

Is the service caring?

Good

The service was caring. People told us the staff were caring.

People were supported to maintain their independence with their mobility and daily living.

People were treated with respect and dignity by staff.

The confidentiality of people's personal information was maintained.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans written to meet their needs.

People's care and support was personalised and subject to regular review.

The views of people were sought to ascertain how they perceived the care and support being delivered.

The service operated an effective complaints procedure which people and their relatives knew how to use.

Is the service well-led?

Good

The service was well-led. Staff felt supported and able to contribute their ideas.

The management structure was clear and staff understood what their responsibilities were.

The registered manager audited the quality of the service and used feedback form people, relatives and staff to drive improvements.

The provider worked closely with local authorities and health and social care professionals.

Unique Personnel (UK) Limited – Brixton Branch

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 announced inspection took place on 13 and 21 April 2016 and was undertaken by one inspector. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure that staff were available to meet with us. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Unique Personnel (UK) Limited – Brixton Branch including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with six staff, one manager, one deputy manager and one care coordinator. The registered manager was on leave during the time of our inspection. We reviewed documents relating to people's care and support. We read 13 people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We read 14 staff files which included pre-employment checks, training records and supervision notes.
We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we spoke with six people and three relatives. We also contacted nine health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe with Unique staff in their homes. One person told us, "They are nice [staff], no trouble at all." Another person said, "I don't feel a need to worry. Nothing has gone missing and no one is not nice."

People were safe because staff had knowledge acquired from safeguarding training. Staff understood their role and responsibilities in reporting any suspicions of abuse. Staff we spoke with knew a range of signs that might indicate abuse and told us what actions they would take to manage an allegation of abuse. For example, one member of staff told us, "I would to tell the office and would make myself available to the police and social services to give evidence." Another member of staff said, "I would accurately record it and immediately report it."

People were protected from the risk of neglect because the provider monitored and acted upon missed and late calls. The provider had introduced an electronic monitoring system for some people. The system recorded the arrival and departure of staff from people's homes. This meant the provider was alerted quickly if people were not receiving support from staff at agreed times and could take action by deploying alternative staff.

People's risks were assessed prior to receiving a service and when their needs changed. For example, people who were at risk of falling had aids provided to support them. Care records contained guidance for staff on how to support people to use the equipment and to manage associated risks. A member of staff told us, "We assess risks in the home environment. We ensure the home is clutter free to reduce trip hazards before we support people." This meant people's risks were assessed and managed to keep them safe.

People received care for durations assessed and agreed with local authorities. Care records detailed the days and times when care and support was to be delivered. People told us staff supported them as planned and staff they were familiar with delivered their care and support. We found that the staff rota showed that the numbers of staff available to care for people was appropriate. This meant there were sufficient staff to support people safely.

People were protected by the provider's safe recruitment practices. Prospective staff submitted application forms which contained their employment histories and included references to be taken up after passing selection. Applicants were interviewed by the registered manager who verified their work experience and tested their knowledge about care and support. Successful candidates submitted proof of identity, address and eligibility to work in the United Kingdom. They were subject to a check of criminal records and lists barring them from working with vulnerable adults. This meant people were supported by staff who the service assessed to be safe and trustworthy.

People told us staff prompted them to receive their medicines safely. Medicines administration record (MAR) charts were completed appropriately. MAR charts showed which medicines, doses and times people received them and contained the initials of staff who had prompted or supervised people taking their

medicines. Audits of MAR charts were undertaken by office based staff to ensure people received their medicines in line with the prescriber's instructions. Staff told us they understood what to do if there was a medicines error. One member of staff told us, "If there was a medicines error I would contact a care-coordinator straight away.

People were safe because staff were trained to use the equipment in their homes. Staff received guidance from healthcare professionals on the safe use of equipment. The correct techniques to be used when supporting people were detailed in people's care records. For example, we read guidance in care records on how to support people with their personal care by using perching stools and bath chairs.

Staff took measures to protect people from the risk of infection. Staff received training in infection prevention and control and wore personal protective equipment when supporting people with their personal care. One member of staff told us, "I collect my aprons, gloves and shoe coverings every Monday. There are also spare supplies in people's homes in case you have to cover for a member of the team who can't make the visit." This meant people were protected against the risk of healthcare associated infections.

Good

Is the service effective?

Our findings

People and their relatives told us they were supported by staff who were competent and capable of meeting their needs effectively. One person told us, "The carers I have know how to do their jobs properly for sure." A relative said, "There is a certain standard that one expects from carers and I believe [person's name] receives that standard of care consistently."

People were supported by staff who had been inducted into the service and understood people's care and support needs. New staff were taken through an induction programme which involved being paired with an experienced colleague who they shadowed for a week as care was delivered to people. Staff told us they felt confident when they began working independently with people because they were familiar with the person and their care packages.

The provider had systems in place to ensure staff remained up to date with training. For example staff received training on medicines, mental capacity, infection control and safeguarding. A manager told us, "Most of our training is delivered by the local authority. This ensures our knowledge is up to date." A member of staff said, "We have a lot of moving and handling training at the office where there is a training room with hoists in." This meant people were supported by trained staff who carried out their duties effectively.

People received care and support delivered by staff who were supervised and supported. Staff confirmed they had regular one to one meetings with their line managers. Supervision meetings were used to discuss people's needs and the support required to meet them effectively. Minutes of supervisions were retained and reviewed by both parties to evaluate performance. An appraisal system ran alongside supervision which focused on personal development and staff training needs. Staff were observed delivering support to people by the field supervisor and spot checks were undertaken by care coordinators and managers.

People's rights were upheld in line with legislation. Managers told us they would contact duty social workers if the service were concerned that a person may lack capacity in relation to any aspect of the care and support they received. We saw that the service had policy and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. These legal safeguards ensure people who lack capacity are protected and that decisions that affect them are the least restrictive and made in their best interests. The service ensured that people gave consent to the care and support they received and this was recorded in their care records.

People's communication needs were assessed and their needs and preferences were recorded in their care records. Guidance in care records explained how people expressed themselves and how their comprehension could be effectively supported. A member of staff told us, "Many people find it easier to make choices when you use pictures or show them actual things like the bottle of juice and a coffee jar. Otherwise people might say yes to one thing and mean the other. Can you imagine how frustrated you would be if someone gave you toast when you wanted porridge?" This meant that people were supported to use methods of communication assessed to promote their ability to make informed choices.

People's nutritional needs were assessed and any dietary or eating support needs were recorded in care records. Where there had been concerns about the risk of choking we read that assessments of people's swallow safety had been carried out by speech and language therapists. The subsequent guidelines they produced for supporting people to eat and drink safely were recorded in care records. A member of staff said, "Some people have soft food diets which are fork-mashable and you added gravy while others can't have a mixture of textures. It sounds complicated but I'm dealing with one person at a time and doing what it says in their care plan." The amount people ate was recorded by staff. A member of staff told us, "We record in the log book if someone is not eating because it could be an appetite thing for that meal but there maybe an underlying health issue." Log books were returned to the office each week and reviewed by care coordinators. This meant that people's risks of malnutrition and dehydration were the subject of continuous monitoring.

People were supported to access local healthcare resources. The outcome of care appointments were recorded in care records. We read reports written by healthcare professionals providing specific advice to staff about how to meet people's needs. For example, an occupational therapist wrote guidance for staff on supporting a person to transfer safely using hoists. In another example, a person's records contained instructions for staff on the exercises to support a person with to reduce their joint stiffness.

Good

Is the service caring?

Our findings

People told us that the staff who supported them were kind, patient and caring. Several people noted the continuity and consistency of staff and were positive about this. One person told us, "I would describe [the staff] as nice people. They are caring." Another person said, "I have had the same girl coming to me forever. She is very patient and pleasant." A health and social care professional told us, "To date we have always been happy with the carers. The carers are said to be willing to learn and able to work with patience based on the needs of [people]." A member of staff told us, "If you don't care about people, enjoy talking and hearing about their lives then this isn't the job for you. People love to talk to me about their lives and a families and I love it too."

People's care was planned to meet their assessed needs and to maintain their independence. Care records showed staff supported people to make choices and decisions about the care they received and noted the things people were able to do for themselves and what they required assistance with. For example, one person could wash most of their body independently but required assistance to get into their bath and to wash the areas they could not reach. In another example, a person was able to eat independently after staff had cut their food for them. In both cases staff had clear guidance on the preferences for support that people had stated.

People we spoke with told us that staff were respectful towards them and their home and felt they were treated with dignity. One person told us, "We get on really well but she [member of staff] is never over familiar and doesn't treat my home like her home." A member of staff told us, "People like their dignity to be respected in different ways when they are receiving their personal care, like some people want to be covered in a towel and other people with the dressing gowns. Everyone wants their modesty preserved"

People's privacy was promoted in relation to the documentation used to support them. Staff we spoke with were aware of the provider's confidentiality policy and the need to know basis upon which information could be shared. People's records were kept discreetly in people's homes so that visitors would not see the private information. People's preferred names were recorded in their care records to ensure that staff addressed them as they wished.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's needs were assessed before care was delivered to ensure the service had sufficient numbers of skilled staff to support people safely and effectively. People received their care and support through planned hours commissioned by local authorities. The hours of support people received varied. For example, we read the duration of visits to people ranged from 30 minutes to one hour and the number of visits to people ranged from one a week to four each day.

People's assessed needs were recorded and their preferences for how they wanted to receive support clearly stated. Care records detailed how people's support should be delivered. They contained clear guidance for staff as to people's preferences and the techniques to be employed. For example, one person's care records detailed how to prepare a hoist, how to hoist correctly, the correct positioning of a person when in the hoist and the technique for sling removal. This meant that people were supported in line with best practice.

People were supported to have a reassessment when their needs changed and these were reflected in their care records. Care records were regularly reviewed to ensure they were up to date and that relevant information was included. For example, when the relatives of one person emigrated the persons hours of support were adjusted to meet the gap in care delivery that the departure of relatives could have created. This was recorded in their records.

The provider responded promptly to requests for rapid support. A health and social care professional told us, "I found Unique quick to respond to providing carers for my service users. This is a great asset." We read in care records that a person discharged from hospital without having been in receipt of any social care prior to admission. The person was supported with an initial assessment of their personal care needs and a risk assessment of their environment. In conjunction with the person and their relatives healthcare professionals designed moving and handling guidelines for staff whilst social workers identified the times and durations for staff visits to deliver care and support. This meant people received timely assessments leading to the delivery of safe and individualised personal care.

People and their relatives were asked for their views about their experience of the service. The provider undertook surveys of people's views in each of the local authority areas in which they delivered services. We read complimentary feedback. For example, one person wrote, "Carer is good and keeps to time." One person's relative wrote, "She is good with [person's name] and makes her happy. Whilst another relative's feedback included, "Cares for my [relative] like one of the family would".

People and their relatives knew how to complain. We read feedback in which a person complained that a member of staff was regularly late. We saw the provider dealt with this feedback as a complaint and took appropriate actions as a result. This meant the provider acted on feedback from people to improve the service. We read the providers complaints records. We reviewed 12 complaints and found they had been investigated and the complainant sent a written response. When complaints were upheld the provider had

taken action to prevent a recurrence. In some cases this had resulted in the service taking action to protect people.

Good

Is the service well-led?

Our findings

Staff expressed support and confidence in the management of the organisation. One member of staff told us, "This is a good organisation to work for. If I have a problem the managers are always good." Another member of staff said, "The managers are trying to improve and improve. We had problems in the past but they are really pushing things in the right direction now."

Staff told us they were able to share their views about improving the service at regular team meetings. Managers shared information with staff at team meetings. One member of staff told us, "Sometimes at team meetings we get handouts to read. This week we got given information to read up on about acquired brain injuries." This meant that managers used the team meetings to share knowledge and promote good practice.

Staff told us the management team and care coordinators were approachable. Staff said they felt able to share their views with managers in and outside of supervision meetings. One member of staff told us, "You can go to them no problem. You can go in [to the office] or talk on the phone. Always easy to speak [to someone]."

The management arrangements were understood by the staff. The registered manager was supported by a manager and deputy manager. The manager was supported by a senior team which included care coordinators based in the office and a field supervisor who offered support and supervision to staff in people's homes. Care staff understood the roles and responsibilities of office based staff as well as their own and were able to explain to us the organisation's visions and values. The provider had a translated version of its visions and values within the staff handbook for Somali staff. A manager told us, "We want our values to be absolutely clear to all of our staff so we had them translated for staff to understand."

The registered manager coordinated regular audits of quality. Phone calls were made to people by office staff to obtain their views. The office based managers, care coordinators and field supervisors carried out spot checks. These were undertaken with the agreement of people and without the prior knowledge of staff. One senior member of staff told us, "Spot checks enable us to see staff arriving punctually, engaging with people professionally and meeting their needs as their care plan states."

Care records entitled 'daily logs' were completed by staff in people's homes each day and forwarded to the office each week. Care coordinators reviewed this information for changes in people's needs and risks. For example, we read that a GP was contacted in response to changes in a person's health condition.

The registered manager used feedback from people and their families to share good practice within the team and address poor practice with individual staff. The service kept a record of accidents and incidents and the action taken following them. This promoted a learning culture and meant a recurrence of adverse events were less likely.

The provider worked in partnership with a number of organisations. Links were maintained with healthcare

teams in the on-going delivery of care and support and the provider liaised with social workers and commissioners when changes in people's needs necessitated a change in people's care packages. The registered manager notified CQC about incidents and important events as they are legally required to