Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited – Newham Branch

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place over two days on the 27 and 28 August 2014 and was announced. This was the first inspection of this service since it became registered at its current location in July 2015. The service was previously inspected at its previous location in February 2014. At that time one breach of legal requirements was found. That was because the service did not have accurate and up to date records relating to people's care needs. We found this requirement had been met during this inspection.

The service is registered with the Care Quality Commission to provide support with personal care to adults and children living in their own homes. They support people with a variety of needs, including people living with dementia, people with physical disabilities and people with learning disabilities and on the autistic spectrum. At the time of our inspection the service provided support with personal care to 186 people.

The service had a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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.

Staff did not receive appropriate training and support, in particular in relation to induction training and moving and handling of people. You can see what action we have asked the provider to take at the end of this report.

People and their relatives told us they felt safe using the service. Appropriate safeguarding procedures were in place. Risk assessments were in place and staff knew how to support people whose behaviour challenged the service. There were enough staff to meet people's needs and robust staff recruitment procedures were in place.

People were able to make choices and consent to their care. Staff understood that people had the right to make decisions for themselves and to refuse care. People were able to make choices about what they ate where the service provided support with food preparation. The service supported people to access other health and social care agencies if required.

People and their relatives told us staff were caring and that they were treated with dignity and respect. Staff had a good understanding of how to promote people's privacy and independence.

Care plans were in place which set out how to meet people's individual needs. These were subject to annual review. The service had a complaints procedure in place and people were aware of how to make a complaint.

Staff told us they found the management at the service to be helpful and supportive. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

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. Safeguarding and whistleblowing procedures were in place and staff had a good understanding of their responsibilities with regard to safeguarding.

Risk assessments were in place which included information about how to manage and reduce risks.

There was enough staff employed to meet people's needs. The service had robust staff recruitment procedures in place which included carrying out various checks on prospective staff.

The registered manager told us the service did not support people with medicines but there was a medicines policy in place should it be required in the future.

Is the service effective?

Requires improvement 

The service was not always effective. The service did not monitor that new staff had successfully completed the Skills for Care Common Induction Standards satisfactorily and staff received infrequent training about moving and handling people.

People were supported to make choices and were able to consent to their care.

People were able to choose what they ate and the service supported people to access health and social care professionals as required.

Is the service caring?

Good 

The service was caring. People told us that staff were caring and respectful towards them. Staff worked regularly with the same people so they were able to build up good relations with them.

Staff had a good understanding of how to promote people's dignity through privacy, confidentiality and developing people's independence.

Is the service responsive?

Good 

The service was responsive. Care plans were in place which set out how to meet people's individual needs. People were involved in developing their care plans and plans were subject to an annual review.

The service had a complaints procedure in place and people were aware of how to make a complaint. Records showed complaints were dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

There was a registered manager in place and staff told us they found the management of the service to be helpful and supportive.

Unique Personnel (UK) Limited – Newham 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 inspection took place over two days on the 27 and 28 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and the providers past inspection history. We looked at notifications that the provider had sent us. We contacted the relevant local authority that had responsibility for commissioning with this service.

The first day of the inspection was spent at the service's office. The second day was spent visiting people in their own homes and carrying out telephone interviews with people. We spoke with 12 people that used the service and 14 relatives. We spoke with nine staff, which included the registered manager, a care coordinator and seven care assistants. We looked at six sets of care records including care plans and risk assessments. Six sets of staff recruitment, training and supervision records, receipts and records of monies spent on behalf of people, service user surveys, staff meeting minutes and various policies and procedures including complaints and safeguarding.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. A relative told us, "I never feel worried when they're here." Another relative said, "When they arrive I feel [relative] is safe, I feel confident that I can go out and leave them." Another relative told us, "My [relative] feels safe because she is able to communicate with her carer as she speaks her language."

The service had procedures in place about safeguarding adults and children. These made clear the services responsibility for reporting any safeguarding allegations to the local authority and the Care Quality Commission. There was also a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate.

Records showed that the service had responded appropriately to safeguarding allegations made. For example, allegations had been referred to the local authority and staff had been suspended from work where they were suspected of committing an act of abuse. Staff had a good understanding of safeguarding issues. They knew the different types of abuse and were aware of their responsibility for reporting any safeguarding allegations. Staff received training about safeguarding as part of their induction. Also a discussion on safeguarding was a standing item during supervision meetings.

Where the service spent money on behalf of people, records and receipts were kept of these transactions. Staff were expected to bring these records to the office where they were periodically checked by senior staff. This helped to reduce the risk of financial abuse occurring. We saw records of this that had been checked. The service had a policy in place which forbade staff from accepting gifts from people, which reduced the likelihood of people being exploited by staff.

Risk assessments were in place. These included information about how to manage and reduce risks people faced. For example, the risk assessment for one person stated they were at risk of developing pressure ulcers and the assessment included information about staff re-positioning the person to reduce the risk of pressure ulcers developing. Other risk assessments we saw covered moving and handling and risks associated with the physical environment of people's homes.

The registered manager told us the service did not use any form of physical restraint when working with people. Staff that worked with people whose behaviour challenged the service were able to tell us how they supported people if they became agitated or distressed. They told us that depending on the person they might try diverting them by trying to talk about things of interest to them or on other occasions it was more appropriate to give the person time and space to calm down.

The level of staff support provided was determined by the commissioning local authority together with the people that used the service. Staff told us they had enough time to get from one person to another so they were rarely late. Staff had to electronically sign in at the start and end of each visit so the service and local authority was able to monitor that people were supported for the full amount of time that was assessed as required to meet their needs. Staff told us that where a person needed two staff to support them two staff were always available. This helped to promote the person's and the staff's safety and wellbeing. The registered manager told us they matched staff with people who lived in the same area so it was easier for staff to arrive on time for appointments.

The service had robust staff recruitment processes in place. Staff told us and records confirmed that the service carried out various checks on staff before they were employed to work with people. These checks included employment references, proof of identity, right to work in the UK and criminal records checked. One staff member told us, "They didn't give me a job until my references came back." This helped ensure that staff employed were suitable to work with people.

The registered manager told us the service did not provide support to people with their medicines. The service did have a medicines policy in place in the event that support with this was to be provided in the future.

Requires improvement

Is the service effective?

Our findings

Staff told us and records confirmed that staff undertook a comprehensive programme of induction training on commencing work at the service. This included classroom based training which covered safeguarding people, person centred care, dementia care, moving and handling and managing aggression. Staff also undertook a week of shadowing experienced members of staff. This involved observing them provide care to people to learn what support needs people had and how to deliver that support.

The registered manager told us that new care staff were expected to complete the Skills for Care Care Certificate or the Common Induction Standards. These are training courses for staff who are new to working in social care, the Care Certificate replaced the Common Induction Standards on the 1 April 2015. The Common Induction Standards involves staff completing workbooks to demonstrate competence in key areas. However, the registered manager told us that senior staff did not check the completed workbooks by staff so the service was not able to verify staff had successfully completed the Common Induction Standards or gained the necessary knowledge and skills.

After receiving induction training staff did not have refresher training until three years later. The service provided a lot of support to people that involved moving and handling. A relative told us, "I feel the new ones [staff] need more training in using the hoist some don't know." We found that only receiving training in this area once every three years potentially puts people at risk. The local authority also advised that the service should implement annual refresher training when they carried out a monitoring visit of the service in January 2015. We discussed this with the registered manager who told us they would introduce annual refresher training for moving and handling from September 2015.

The lack of monitoring of staff's completion of the Care Certificate and three year gaps between moving and handling training potentially places people at risk. This is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed they had one to one supervision meetings with senor staff. One staff member described these meetings as "helpful." Records showed supervisions included discussions about performance issues and good practice with regard to working with individuals.

People and relatives told us they were able to make choices. A relative said, "They involve [relative] in deciding on what to wear it makes [relative] feel more independent." Another relative said "My [relative] chooses her clothes and how to have her hair done." Another relative said of the care staff, "I hear them [staff] talking about how she [person that used the service] likes things done and I hear them giving her choices."

The registered manager told us the service did not carry out mental capacity assessments and that this was the responsibility of the commissioning local authority. They told us they did participate in multi-agency best interest decision meetings as appropriate.

Staff told us people were able to consent to their care and make choices. One staff member told us, "It's what they want that we do. You have to ask. If they don't want a wash one day that's their choice." Staff said they talked with people and asked them what they wanted support with. They used objects of reference and body language to help people make choices who lacked communication skills. For example, a cup was used by a person to indicate they wanted a drink. Another staff told us how they worked with a person that was not able to communicate verbally but used body language to reject things they did not want, such as a particular set of clothes to wear. This enabled staff to offer the person other choices that were more favourable to them.

People told us they were able to choose their own food. One person said, "I go shopping with my carer and I choose my food for the week and then we both decide which days I have them." Care plans included information about people's food preferences, including dietary requirements linked to a person's culture. Staff told us they supported people to make choices about what they ate, For example, one staff member said, "I can ask them 'what do you want for breakfast'."

The service provided support to people with percutaneous endoscopic gastrostomy (PEG) feeding. This is where people receive food directly into their stomach via a tube. Staff had received training on how to provide support with this. We found that the care plan for one person that

Requires improvement

Is the service effective?

received support with PEG feeding made no references to this. The registered manager contacted us after the inspection to inform us that the relevant care plan had been reviewed so that it contained relevant information about support with PEG feeding.

Staff told us they would seek medical assistance if required. For example, they told us they would call for an ambulance if a person had a fall or contact their GP if they were unwell. One staff member told us about concerns they had about a person's hygiene because they were regularly refusing to have any personal care. The care staff told us they reported this to the senior staff and records showed this was referred to the local authority that commissioned the person's care.

The service worked with other agencies to promote people's welfare. For example, a relative was concerned that a person was not receiving their insulin injections. The service did not provide support with injections but worked with the local authority and the district nursing service to ensure this support was provided. The service had concerns that another person was not eating sufficient amounts. They worked with the dietician service that provided support on how to support the person better with their nutritional needs and this was incorporated into the person's care plan. A relative told us, "The carers are good at letting me know if mum is not eating."

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and that they were treated with dignity and respect. One person told us, "Staff are very, very good. They are always there to help you." Another person said, "They are kind and respectful.' Another person said, "The care is good. They're nice to me. They're so good. They do whatever you ask them to do. They'll always help you out." Another person told us, "They are all kind and caring they show compassion." A relative said, "[Relatives] carer is wonderful she goes above and beyond by doing anything we ask. She makes him laugh every day and gives him lots of encouragement, we couldn't wish for better care." Another relative told us, "They treat my [relative] like a human being. They're always respectful and make sure he maintains his dignity."

The registered manager told us that people were offered a choice as to the gender of their carer and that female staff always worked with females that used the service. People confirmed they were able to choose the gender of their care staff. However, people's preference for the gender of their carer was not recorded as part of their assessment or on their care plans. The registered manager told us they would amend the form used to carry out assessments so that the information would be included.

Care plans included information about people's likes and preferences and what they preferred to be called. This was useful information for staff that worked with them as it helped them to build up a rapport with people. Staff were able to address the person by their preferred name and were able to engage the person in discussions on topics of interest to them.

Care plans included information about how to support people in a way that promoted their independence. For example, one care plan stated, "Encourage [person that used the service] to do as much for herself, like washing her face, hair and upper part of her body. Staff to offer to wash the parts she cannot reach."

The registered manager told us they sought to match staff with people that used the service where there was a particular need. For example, they told us they matched staff with people where they spoke a shared language. Staff confirmed that they worked with people who they had a shared language with. One staff member said they had to work with one person where there was not a shared language but that the person's family where able to interpret on their behalf.

Staff told us they routinely worked with the same people. This enabled people to build up good relations with staff and to get to know and trust their care staff. The registered manager told us that office staff had details of which staff had worked with which people. This meant if a care staff had to be changed at short notice there was a good chance the service was able to provide a replacement care staff that had worked with a person before.

Staff told us how they promoted people's dignity. For example, by making sure doors and curtains were closed when supporting a person with personal care. One staff member said about providing personal care, "You keep it private, close the doors and everything." Another staff member told us that if someone visited a person's home when they were there they always made sure the person did not have their dignity compromised before they let the visitor in. For example, making sure they were not undressed. Staff said the resected people's confidentiality by respecting what people told them as confidential. One staff member said, "Confidentiality is very important, you keep their secrets secret."

Good

Is the service responsive?

Our findings

People told us the service had carried out an assessment of their needs when they first started using the service. People said they met with senior staff to talk about their care but some people were unsure if they had a formal review of their care plan. Most people told us staff were reliable and punctual. One person said, "Always on time but if not they let me know." Three of the people we spoke with told us staff were not always on time. One person said, "They are supposed to come at 9 but sometimes it is 10."

At our last inspection of this service in February 2014 we found that care plans and risk assessments were not regularly updated and reviewed when people's needs changed. During this inspection we found these issues had been addressed.

The registered manager told us that after receiving an initial referral a senior member of staff met with the person and their relatives where appropriate to carry out an assessment of their needs. This was to determine what the person needed and wanted support with and whether or not the service was able to provide the required support. The registered manager said that when they receive a referral directly from the local authority they will have usually have carried out their own assessments and the service uses these in planning people's care. Where there was no assessment carried out by the local authority the service developed care plans based upon the initial assessment they carried out.

The registered manager told us and records confirmed that care plans were reviewed annually. The review involved meeting with the person in their home to discuss their on-going care needs and if they wanted any changes made. This meant that care plans were able to reflect people's needs as they changed over time. Care plans had been signed by people or their relatives where appropriate. This indicated the person was involved in developing their care plan and that they were happy with its contents.

Care plans set out the areas people needed support with and how the support was to be provided. For example, care plans covered personal care, the moving and transferring of people with limited mobility and support with food preparation. Care plans also included information about how to support people with their communication need in a personalised manner. For example, one care plan for a person with hearing difficulties stated, "Staff to speak loudly and to use short sentences. Staff to ask questions of [person that used the service] to make sure she has understood properly."

Staff had a good understanding of people's individual needs and how to support them in a personalised manner. Staff told us they were expected to read people's care plans and one staff member told us they talked to other staff to learn how to support individuals. Staff said they provided care that was non-judgemental in that they respected who the person was and their beliefs, even if they were different to the staff's personal beliefs.

People and relatives told us they would feel comfortable making complaints and knew who to contact to go about this. No-one we spoke with had had to make a complaint. One person said,

"I've not had to complain but I've got their number if I needed to."

The provider had a complaints procedure in place. This included timescales for responding to complaints. However, it gave incorrect details of agencies people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the complaints procedure accordingly. The registered manager told us people were provided with a copy of the complaints procedure.

Records showed the service had received one complaint since December 2014. This was investigated and resolved to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The service had a registered manager in place that was supported by three care coordinators in managing the care provided to people. Staff spoke positively about the registered manager and about the working atmosphere and culture of the service. One staff member said, "Not any problems about anything. Every staff is good and they support." Another staff member said, "Any problems you have you are free to talk to any of them [senior staff]." The same staff member told us, "Any concerns I have about a client I come over [to the office] and talk to them [senior staff]." Another staff member said, "Anything you want you can ask for help with." Another staff member said, "It's a good company, I like it."

Regular meetings were held of the senior and administrative staff to help with the running of the service. The records of the most recent meeting showed there were discussions about payroll and invoicing issues and the telephone monitoring interviews. Care staff took part in group supervisions with senor staff where they had the opportunity to discuss issues of relevance.

The service had a 24-hour on-call telephone service for staff. This meant senior staff were always available to provide support. One staff member said, "If you have an emergency there is office support anytime."

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service. The service carried out unannounced spot checks at people's homes when support was due to be provided. One staff member told us, "Every month my boss comes and checks me and I don't know they are coming." We discussed spot checks with one of the senior staff responsible for carrying them out. They told us they used them to check staff punctuality, if staff stayed for the full time allocated, how they interacted with the person and their understanding of their support needs. They said they addressed any issues of concern with the relevant staff member to help them to improve their practice. They also told us they used the opportunity to talk with the person to see if they had any issues they wished to discuss. People confirmed these visits took place. One person told us, "Yes about a month ago I had a visit."

The registered manager told us and records confirmed that telephone monitoring interviews were carried out with people quarterly. These gave people the opportunity to discuss any issues of relevance to them and provide feedback on how well the service was meeting their needs. In addition to the telephone interviews the service also carried out an annual written survey where people and their relatives were invited to complete questionnaires about the support they received. The most recent survey was carried out in August 2015 and questionnaires were still being returned at the time of our inspection. We viewed some of the completed questionnaires which mostly contained positive feedback. Comments included, "The carer is completely trustworthy and I have no complaints." Another person wrote, "I am happy with the care I get from my carer." There were however some negative comments. For example, one person wrote, "Your service is very poor, carers arrive late."

The last survey to be completed was carried out in the summer of 2014. However, the results of this were not analysed and no action plan was devised or implemented to respond to issues raised. The registered manager told us this should have been done and gave assurances the results from this year's survey would be analysed and acted upon.

The local authority carried out a monitoring visit of the service in January 2015 and produced an action plan of issues the service needed to address. Most of those we checked we found had been addressed. For example, the use of protective clothing by care staff and servicing the hoist used for training purposes. However, as previously noted in this report the service had not introduced annual training about moving and handling.

The service carried out various audits. For example, the registered manager told us that care plans were audited to make sure they were up to date and records of financial transactions involving people's monies were checked. Staff told us and records confirmed that team meetings were held. Staff said they provided the opportunity to discuss practice issues and share ideas about how to best support people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider must ensure service users are protected against the risks of having staff working with service users that are not adequately trained to carry out the duties they are employed to fulfil, in particular in relation to staff induction training and moving and handling training. Regulation 18 (1) (2) (a)