Care Quality Commission

Unity Care Solutions Limited

Unity Care Solutions

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

Unity Care Solutions is a nursing and domiciliary care agency based in Eastbourne. The office is close to the town centre and has parking spaces to the rear of the building and on local roads. It provides personal care and nursing care to adults and children living in their own homes covering Eastbourne town and the surrounding areas. People receiving this care had varied care and support needs. This included help with personal hygiene, the administration of medicines and support in the preparation of food. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, sometimes with the support of two staff and equipment. One person had nursing needs that required 24 hour nursing care and others had complex care needs that required staff to undertake additional training including care of breathing equipment.

This inspection was announced with the provider given 48 hours' notice. The inspection took place on the 6 April 2017. At the time of this inspection the agency was providing a service to 16 people. The agency had a registered manager who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's care was personalised to reflect their wishes and what was important to them. People were supported by staff who knew them well and understood their needs and preferences. People knew when their visits were to take place and what staff member was providing the care. People were introduced to staff before they provided them with care and they were looked after by a team of regular staff. All feedback from people and their representatives regarding the service and the staff was positive. They told us they felt safe with the staff who were well trained to do their work.

The agency employed enough staff with the right skills to meet people's needs and people's safety was ensured through appropriate recruitment practices. There was an induction programme in place and staff received the training and support they required to meet people's needs. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and understood the importance of people giving their consent. The management team knew the correct procedures to follow when people lacked capacity to make decisions. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training records confirmed staff had received training on safeguarding adults and children at risk.

People were looked after by staff who were caring and kind and took account of people's privacy and dignity. People said they were happy with the care and support staff provided to them and that it met their individual needs. The needs and choices of people had been clearly documented in their care plans. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and support they required.

People were regularly asked for their feedback about the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service. The staff told us they felt supported and listened to by the registered manager and the office staff. The agency had clear aims and objectives and worked to improve the quality of the service. They used feedback from internal and external resources and responded positively to any feedback received.

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 and their relatives told us that they felt safe with the staff that cared and supported them.

There were enough staff who had been safely recruited to meet the needs of people who used the service.

There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were raised.

Risk assessments were completed to ensure people and staff were safe when providing care and support. There were systems in place to manage people's medicine safely.

Is the service effective?

Good

The service was effective.

There was an induction programme in place and staff received the training and support they required to meet people's needs.

Staff had an understanding of consent and ensured people were provided with choice. Staff were trained on the MCA and understood its principles.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Staff knew people well and referred to an appropriate healthcare professional when required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect promoting their dignity and worked in a professional manner and maintaining people's confidentiality.

People were happy with the care and support they received. They felt their individual needs were met and were understood by staff.

People said they were listened to and their views and preferences were taken into account.

Is the service responsive?

Good

The service was responsive.

People told us they were involved in planning the care and support provided and changing needs were responded to.

People's choices were respected and supported.

There was a complaints procedure and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Good

The service was well-led.

Systems for quality monitoring and assurance were well developed.

The management and leadership of the service was approachable and supportive. There was a clear vision and values for the service.

Statutory notifications had been consistently submitted to the Care Quality Commission.

The registered manager and office staff responded positively to feedback and used this to improve the service.

Care Quality Commission

Unity Care Solutions

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 checked 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.

We carried out this inspection on 6 April 2017 and it was announced. The provider was given 48 hour notice. Notice was provided to ensure relevant people were in the office to facilitate the inspection process. The inspection was undertaken by an inspector. The inspection included a visit to the office that was the registered location and telephone contact with people who used the service their representatives and staff working for the agency.

Before our inspection we reviewed the information we held about the agency, which included previous inspection reports, safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law. The provider also completed 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.

Following the inspection visit we spoke with the Local Authority Contracting Team and the commissioners for Continuing Health Care, both are responsible for monitoring the quality and safety of the service provided to people. We also spoke with a nurse assessor for child and adult care in the community. On the day of the office visit we spoke with the office manager, community assessor and nurse case manager. We looked at four staff files, complaint and safeguarding records and quality review checks. We looked at staff scheduling records and systems for staff training and supervision. Five people's care files were reviewed along with a selection of policies and procedures that supported the provision of care. Following the office visit we spoke with four people who were receiving a service or their representatives and three care support workers.

Good

Is the service safe?

Our findings

People and their relatives were very positive about the care and support provided from the agency. They told us staff took the time and had the skills to provide good and safe care. People told us they normally had regular staff and this helped them feel comfortable and safe. One person said, "I can get nervous with new staff but I have regular carers so that helps." People told us they felt safe with the staff and that they would do the right thing. For example one person who had a health condition that required an emergency response told us "They do not leave you till the paramedics arrive and they know you are safe."

The agency had well established systems completed by the office staff to ensure there were enough suitable staff to provide the care and support agreed to within the contract agreements. Professionals contacted confirmed the agency did not agree to cover a package of care unless they had the right staff to do so. They appreciated this honest approach which ensured people's safety. A weekly schedule was sent to people and to staff to ensure both were aware of what visits were to be completed by whom. People told us staff arrived when expected and spent the correct time with them. Staff recorded the time of each visit within the records held at each home and on their time sheets. The schedules confirmed staff were allocated time between each visit to allow for travelling. The office staff knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of severe weather conditions and staff sickness. People told us when staff were changed they were notified by the office.

Each home was assessed to identify any risks to people and staff before a care package was agreed. For example areas within the home that could present a trip hazard like slippery or uneven flooring. Where risks were confirmed the agency worked with people and their families to reduce the risk. The security of people's homes was assessed and key locks were used when necessary to maintain the security of the home. Staff were aware to keep this information secure. Staff were issued with identity badges and these were updated and renewed on a regular basis so people were confident staff were working for the recorded agency.

Individual risk assessments were used to identify and risks associated with people's care needs and provided guidelines for staff to follow to ensure peoples safety. For example this included people at risk from having a seizure. If people's needs changed staff reported these to the office staff who arranged for a further care review and assessment of need. Community health care professionals were involved with these as required and kept up to date with any changes. For example, an occupational therapist was involved in moving and handling assessments to identify what equipment was required to move people safely. When moving equipment was used, two staff were supplied to ensure this was used safely. Staff were trained in the use of any equipment used when providing care and reported any concerns around its condition to the office.

Staff received regular training on safeguarding adults and children and the service had policies and procedures to support staff. These provided guidelines on how to respect people's rights and keep them safe from harm. Staff had a good understanding of the different types of abuse, how to identify and protect people from risks. This included ensuring people were safe in their own homes and were not for example, at risk from other people they had contact with. Staff were familiar with the safeguarding reporting procedures

and were confident any concern would be dealt with quickly and appropriately by the office staff. The office manager and office staff understood and were familiar with the adult and child safeguarding procedures and had used these when reporting any suspicion or allegation of abuse. Relevant contact numbers were available to staff at all times. Records confirmed the appropriate use of these and how staff had worked with external agencies to protect people.

People were protected as far as possible by robust recruitment practice. Allocated staff were responsible for staff recruitment and followed the organisations recruitment policy. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. These checks took place before staff commenced work and were updated every two years. There were systems in place that ensured staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirmed their right to practice as a registered nurse. Where staff were required to drive as part of their employment annual checks to ensure staff had appropriate car insurance, and driving licence was in place. Staff files contained information on staff employment including terms and conditions of employment.

People were supported with medicines and the application of creams safely. People told us staff provided appropriate support. Staff received medication training and their competency on medicine handling was assessed. Staff were aware of the procedures to follow to administer medicines safely. Care plans included information on what medicines were prescribed and when these were to be given. For example, some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place and gave clear guidelines for staff to follow.

Staff told us if they had any concerns about the medicines to be given they telephoned the office staff for clarification. Staff completed Medicine Administration Records (MAR) charts once the medicine had been given. These are returned to the office once completed at the end of each month and audited to ensure medicines were given safely.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the care and support provided and were confident that the staff were suitably trained and competent to undertake their work. They were confident that staff knew them well and took account of their choices and preferences. People told us it was important to them that they were sent regular staff who they knew, and who knew them. One person said "I have regular carers so I am happy with everything. They know me well and how to look after me." A relative said "The staff know me and my wife well and I trust them." Another relative told us "The staff know him inside out." When staff were changed they met with people prior to picking up any care visits. This was known as a 'meet and greet' and was said to be 'useful' by people and staff and ensured people did not have strangers coming to provide care and support.

Staff received the training and support they required to meet the needs of people they supported. Any new staff recruited had worked previously in the care sector and had demonstrated a good understanding of their role within the recruitment process. New staff completed an induction programme of three days, some shadowing shifts and all completed identified essential training before they were scheduled to complete any visits. The essential training was completed on a rolling programme by all staff and included, medicines, safeguarding adults and children, the mental capacity act and DoLS, health and safety, fire safety and basic life support. A new staff member told us, "I was given a thorough induction that included getting to know the clients."

Training was on-going and we saw staff received updates when they were required in line with the provider's policy. There was a system in place to check what training staff had completed and when this needed to be updated. Additional training was provided to staff to meet specific care needs. This would include when caring for a person with essential breathing equipment or artificial feeding directly into the stomach. For example, a group of staff had attended training at a hospital for direct training from a specialist respiratory nurse. For staff working with children enhanced training was undertaken via an external training company tailored to the individual child. The level and type of training was agreed with the commissioners of the care to develop the specific skills and competencies required. Staff were not assigned to complete these care tasks until assessed as competent by the nurse case manager.

Staff skills and competencies were checked by senior staff. A supervision programme was in place which included one to one supervision and spot checks. Spot checks are when a member of the management team observes a staff member providing care during an unannounced observation. During spot checks staff competencies were observed in relation to the care provided. This included moving and handling, medicine management and correct use of infection control procedures such as using gloves and aprons appropriately. During one to one supervision staff discussed people they supported and any training they needed to complete.

Staff told us they received appropriate training and were well supported to complete their roles. There were opportunities for staff to complete further training of interest and accredited training such as a diploma in health care. Two staff told us they had discussed starting accredited training within their last supervision.

The registered nurses also had opportunities for skill and competency development. This included updates on nursing procedures for example the changing and care of a tracheotomy and urinary catheter. Staff were supported by the nurse case manager in meeting the requirements of their continued registration with the nursing and midwifery council (NMC). These requirements ensure registered nurses meet a certain standard in order to continue to practice.

Staff had an understanding of the (MCA) and how this may relate to people they supported. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. All staff had received training on the MCA and relevant policies and procedures were available for staff to refer to. The management team were aware of ensuring people had been included in the decisions about their care. Where people lacked capacity to consent to all aspects of care the management team ensured appropriate professionals and representatives were involved in capacity assessments and decisions made in people's best interest.

Where required, staff supported people to eat and drink and maintain a healthy diet. Initial assessments took account of people's nutrition and hydrations needs and reflected these within the individual care plan. Any associated risks were assessed and documented. Support provided included preparation of meals, leaving snacks and drinks for people. All staff were trained in food hygiene that ensured staff handled food safely. Staff who supported people with artificial feeding completed additional training and were assessed to ensure they had the appropriate skills to deal with the specific care need and associated equipment.

Good

Is the service caring?

Our findings

All feedback from people and their relatives was complimentary about the staff providing the service and the way that they delivered the care and support required and agreed. They were complimentary about the approach of the care and office staff and told us they were kind, friendly, helpful and professional. One person said "Staff are so very caring." People and relatives told us staff were respectful and treated people with dignity, always putting people at the centre of the care and work they provided. For example, staff always ensured that one person they supported was positioned so they could see a staff member at all times. This was important to them and a relative explained "They were comforted when they opened their eyes knowing they were not alone at any time."

Staff treated people as individuals, promoted their independence as much as possible and took the time to support people to accomplish and undertake important personal achievements. One person said staff were "Kind and thoughtful" and told us "I love cooking but have not been able to do any cooking recently. Staff supported me to make my husband's favourite pudding which was great and he enjoyed it." Another relative told us "Staff have taken the time to know and understand his needs, they know how to engage and play with him."

Professionals contacted were also complimentary about the trusting relationships developed between staff and people. They told us this was a vital component of ensuring good caring support. Staff understood the importance of creating good professional working relationships with people their relatives and parents and in this way worked in partnership. For example one relative told us "We, as a team, the staff and I. If I did not trust them they would not be here."

Staff maintained people's privacy and dignity. Staff were able to describe how they protected people's dignity and were mindful that they were in people's own homes as a guest. Staff received training on equality and diversity which supported an individual approach to care that took account of individual choice. For example, one person with minimal communication was always asked what they wanted to have on the television despite staff knowing their normal preferences. Staff were surprised when they indicated they wanted a different channel but were able to respond to this change ensuring this person was in control of their own decisions whenever possible.

Staff demonstrated a caring approach and took an interest in the people they supported. One staff said "All the training is based around doing the very best for the client. I like this approach and follow this when working with people." Staff spoken with talked about people in a respectful way and knew information about people that was important to them how their care and support was provided and what made them happy. For example, one person told us one staff member had supported them with a hobby in order to help them use their hands.

Staff worked well together and demonstrated a dedicated team approach. Staff communicated regularly with each other through telephone and face to face conversations and recorded important information within care records. The management team were available to support staff professionally and they also took

time that ensured staff felt supported. For example one staff member told us she was seeing a senior manager for support regarding changing their working arrangements to suit their personal circumstances. They saw this as a positive meeting.

Confidential information was handled appropriately by staff. Systems were in place to ensure confidential information was not shared within e mails and text messages. The service had a policy and procedure on confidentiality and a staff signed a confidentiality agreement. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality. People told us staff maintained their confidentiality one person said "Staff never gossip and never talk about other clients in front of me."

Good

Is the service responsive?

Our findings

People and or their representatives were involved and consulted on what care they needed and in what way they wanted it provided. People were assessed before any care and support package was agreed. These assessments were completed by either the nurse care managers or the community assessor. They took account of people's choices and preferences with people's likes and dislikes recorded along with what was important to them. For example, one person had a close relationship with a pet and how this was supported was recorded within the care documentation. Adults and children with complex care needs were assessed by one of the registered nurses to ensure all care needs were taken into account and nursing needs were identified and responded to appropriately. This initial assessment process ensured the agency could provide an appropriate responsive service for the individual concerned before any package of care was agreed. Health professionals spoken with confirmed the assessment process was thorough and was used appropriately to identify if suitable care and support could be provided.

Individual care plans were developed following assessment and when possible were signed by people or their representative to demonstrate agreement and consent. The care plans were detailed and gave clear guidelines for staff to follow to support individuals in all areas of care. For example, one plan told staff to drive slowly avoiding any bumps to ensure comfort of person supported. It also reflected the more complex care needs relating to for example pressure area care. Care and support plans were reviewed regularly with the registered nurses overseeing any clinical needs. Any review and change in people's needs was clearly documented and reflected the flexibility of the agency and willingness to respond to individual needs. For example, when one person's relative and main carer returned to work a re-assessment was completed. This adjusted the staffing arrangements and ensured clear guidelines were put in place to enable this change in circumstance and care needs could be met.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs which enabled them to provide a personalised service. For example staff recognised and understood people's non-verbal communication that included gestures and vocal noises for some people. Staff had time to read people's care documentation and were made aware of people's needs before they carried out a visit on their own. Daily records were maintained within the home. These provided chronological information on the care and support provided and recorded information important for communication between people their relatives and staff. The daily records were returned to the office each month. This ensured they reflected the current care needs.

People and relatives told us communication with care staff and the office staff was very good and they were able to speak to the office staff at any time for clarification and advice. Staff also said they contacted the office whenever they needed any information or advice. One staff member said "This morning I had to ring the office for some advice on medicines" Staff said the office staff were always available and always helpful. The management on call arrangement ensured suitable staff were accessible on a 24 hour basis.

A full complaints procedure was in place, this provided information to people and staff on how to make a complaint, and how the management team would respond. A copy of this was given to each person or their

representative when a package of care was commenced. The procedure encouraged people to raise any concern or complaint they had. People and their representatives told us they were able and would feel comfortable in raising any concern if they needed to. One relative told us "If I have a concern I speak directly to the registered manager and they are dealt with. I have good relationships with all the staff and they listen to what I have to say." Records confirmed complaints were taken seriously, responded to and used to improve the service for people using it. For example, one person was unhappy with the arrangements for staff supervision within their home. The arrangements were changed for this person. When people had expressed dissatisfaction with a staff member the agency responded to this view immediately and changed the staff supplied. This recognised that some staff were not suitable on a personal level and only people and their representatives would be able to express and understand this relationship.

Good

Is the service well-led?

Our findings

People and their representatives told us the agency was well-led and well managed. They felt they were listened to, treated as an individual and had their care needs assessed and responded to appropriately. Comments included "The care provided is excellent," and "I am very happy with the service provided, it is exactly what is needed." People were satisfied they could contact the office staff at any time and discuss anything they wanted to. One person said "I telephone whenever I want and they are always so helpful." Another person said "This agency is so much better in comparison to others that I have had." Professionals spoken with were confident that the agency was well managed and had systems in place to review the care provided and ensured an appropriate provision was in place. They told us the staff were a pleasure to work with and communication between them was effective, open and honest.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. There was a clear management structure in place with identified roles and designated responsibilities. Staff understood the structure and who they reported to. The registered manager attended the office two to three times a week and was supported by a staff team working from the office base. This included a general manager who had been allocated the day to day management of the agency, a care co-ordinator, a community assessor and two part time nurse case managers. The nurse case managers ensured there was a clinical overview for those adults and children with more complex care needs. All staff had clear job descriptions and terms and conditions of employment. This ensured staff understood what was expected of them in their designated roles. When needed the management team followed disciplinary procedures and were supported by an independent human resources advisor. This ensured staff performance was managed appropriately and staff employed maintained the standards expected by the agency. Staff were familiar with the Whistle blowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice and safeguarding concerns.

The agency had a clear set of aims and objectives which were clearly recorded within the documentation shared with people and staff. These aims included a commitment to deliver personal care and/or clinical nursing in people's own home that embraces the fundamental principles of good care. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of respecting people's privacy and dignity. There was a positive culture at the agency. Regular staff meetings were held and these included updates on organisational matters. Staff said that they felt there was an open and inclusive management style in place and they felt well supported. A staff supervision and appraisal system was established and provided ongoing review on staff practice and development.

The registered manager and the management team demonstrated a desire to implement and maintain a high quality service. To this end they maintained constructive relationships with the commissioners and links with professional bodies that provided up to date information on changing legislation and best practice guidelines. This included subscribing to training organisations to support the skills and

competence of the whole team. The management team responded to feedback and internal investigations positively and used this information to improve the service. There was a reporting system for accidents, complaints and incidents which were reviewed and investigated, learning points were identified and implemented. For example, one incident was highlighted to the commissioners and an internal review was completed. This included a team meeting attended by all staff involved along with a nurse case manager and a designated representative for the person concerned. This was seen as a very positive meeting and allowed for group learning and improved safety checks maintained by all staff.

The agency used a number of quality monitoring systems to monitor and improve the service provided. This included auditing and gaining feedback from people who used the service. People and their representatives were able to comment on the care provided through the completion of quality assurance questionnaires. The results of which were collated and discussed at management meetings and used to identify any areas for improvement. Feedback was also obtained through regular telephone contact with people, during the review process and 'spot checks' on staff. People felt they were able to share their views on the service and the care they received. A bi-annual audit based on CQC compliance was completed by an independent consultant with the findings developed into an action plan. Audits used were effective, for example a medicine audit identified staff record keeping was not accurate. This was addressed with the individual staff concerned.

The registered manager and office staff understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008