

Homecare Unique Limited

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Inspection report

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29 October 2018
30 October 2018

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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

Homecare Unique Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults that maybe living with dementia, younger adults, people with a physical disability and people that have a learning disability. Not everyone using Homecare Unique Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the agency provided personal care to 17 people.

At our last inspection on 23 November 2016 we rated the service good. At this inspection on 19, 29 and 30 October 2018 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager in place who was also the registered provider. 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.

People received a service that was safe. People felt safe with the staff. Staff understood the importance of keeping people safe and followed the guidance that was in place. There were enough staff to meet people's assessed needs and staff were recruited safely.

Potential risks posed to people and others had been assessed and mitigated. Accidents and incidents involving people were investigated to ensure the appropriate care and support was being given. Referrals were made to health care professionals when people's needs changed.

People were supported to maintain their nutrition and hydration and remain in good health.

Medicines for people were managed safely and administered by staff that were trained. Systems were in place to support people safely and effectively with their medicines.

Staff received the training, support and guidance needed to fulfil their role and meet people's needs. Staff worked alongside external health care professionals to support people that had specialist needs.

New staff completed an induction before starting work for the agency.

People's needs had been assessed prior to receiving a service from the agency. People received a personalised service that placed them at the centre of their care and support needs. Care records were regularly reviewed to ensure they continued to meet people's needs. People's rights were promoted and protected.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

People were supported to express their views and were involved in the development of the service they received. Complaints were investigated and responded to in line with the providers policy.

Systems were in place to monitor and improve the quality of the service that people received.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating with the registered office and on their website.

Further information is in the detailed findings below.

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 agency remains Good.

Is the service effective?

Good ●

The agency remains Good.

Is the service caring?

Good ●

The agency remains Good.

Is the service responsive?

Good ●

The agency remains Good.

Is the service well-led?

Good ●

The agency remains Good.

Homecare Unique Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 19, 29 and 30 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. The inspection team consisted of one inspector. On the 19 October 2018 we visited the registered office. On the 29 October 2018 we visited people in their own homes and the registered office. On the 30 October 2018 we made phone calls to people using the agency.

Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at notifications about important events that had taken place, which the provider is required to tell us by law and the previous inspection report. We used all this information to plan our inspection.

We gained the views of six people and two relatives. We visited two people in their own homes and we telephoned four people to get their views about the agency. All feedback was positive about the quality of care and support that people received. We spoke with three staff, which included two care staff and the registered manager.

We looked at the provider's records. These included three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including three staff files. We also looked at a sample of audits, the electronic recording system, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff at Homecare Unique. Comments included, "I can't fault them. They are very good, I definitely feel safe with them", "The staff do a good job. They arrive on time" and "The staff are wonderful. We know all of our staff and they know how to meet my needs."

People continued to be protected from the potential risk of harm and abuse. Staff received training in safeguarding people and were able to describe the possible signs of abuse. Staff followed the provider's policy and procedure which included safeguarding children within an adult setting. Staff told us they felt confident that any concerns they raised would be taken seriously and acted on.

Potential risks posed to people continued to be mitigated. Risks relating to people had been assessed and guidance was in place for staff to follow. For example, risks relating to the person's personal care needs, mobility and skin integrity. Each person had a detailed premises risk assessment; this included potential risks posed to people and staff. For example, access and lighting to the entrance to the property, food preparation areas and emergency control measures for the event of a fire.

Accidents and incidents involving people were monitored and recorded. Staff would inform the registered office what had occurred, this would then be transferred onto an accident form using the online system.

There continued to be enough staff to meet people's needs and provide people with consistency and continuity of care. People told us they had regular care staff that knew how to meet their needs. Staff were recruited safely following the provider's policy. Recruitment files contained the necessary preemployment checks. People could be assured that processes were in place to ensure staff were of good character and were suitable to work with people.

Medicines continued to be managed safely and people received their medicines as prescribed. Staff had been trained in the administration of medicines and followed detailed guidance within people's care plans. Each person's care plan contained information regarding their medical history and information about the medicines they were currently prescribed. Staff would either prompt the person to take their medicines or administer the medicines to the person. The registered manager had developed a working relationship with a local pharmacy that could supply people's medicines to them within 24 hours'.

People continued to be protected by the prevention and control of infection. Staff received training in infection control and had access to personal protective equipment (PPE) such as, gloves and aprons. People told us staff used PPE and we observed staff collecting additional PPE from the registered office. The management and risk of infection had been assessed for each person's own home. For example, the hand washing facilities, the kitchen and bathroom environment and any incontinence waste disposal.

Lessons were learnt and improvements were made when concerns were identified. For example, a relative had raised concern regarding the level of detail within the daily records. As a result the daily record form had been amended to ensure information regarding the care and support given to people was readily available.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. Comments included, "They have always done everything I need", "The staff know what they are doing, they are all very knowledgeable. The staff are very attentive to my needs" and "We can't ask for much more, they are so good. They do everything I need and more."

Staff told us they had received training relevant to their roles that enabled them to meet people's needs. Since the last inspection the registered manager had trained to become an accredited trainer for what they considered their mandatory courses. This included, moving and handling, first aid, medicines management and pressure area care. New staff completed an induction before working with people.

Staff continued to receive the support and guidance they required to carry out their role effectively. Staff told us they felt supported in their role by the registered manager and office staff. Staff received support and supervision in different formats which included face to face supervisions, spot checks and field care supervisions with a line manager. Staff received an annual appraisal with the registered manager.

People told us their needs had been assessed prior to them receiving a service from the agency. The registered manager completed an assessment with the person and their relatives. The assessment included, the person's care and support needs, medical history and their preferred day and time for their care calls. The information from the initial assessment was used to create a care plan for the person.

People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan. Staff received training in equality and diversity and understood the importance of treating people as individuals and promoting their rights. People were supported to practice their chosen faith and attend places of worship. Staff respected people's choices and supported them in the way they had chosen.

People were supported to maintain their nutrition and hydration. Staff received training regarding food safety so they had the knowledge to support people to eat healthily. Staff followed people's care plans which detailed the support they required with mealtimes. Guidance was available to support staff when people required assistance to eat their meals.

The agency continued to work in partnership with external health care professionals to ensure people received effective care and support. People were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. Staff continued to follow support and guidance from health care professionals to meet people's specialist needs such as, percutaneous endoscopic gastrostomy (PEG). This is a tube used to enable people to maintain their nutrition when they are not able to eat via their mouth.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us staff gained their consent prior to any care and support being given. Staff had been trained to understand and use these in practice. At the time of our inspection people had capacity to make their own decisions relating to their care and their lives.

Is the service caring?

Our findings

People told us that the staff were kind and caring. Comments included, "The staff are very polite", "The staff are terrific and very pleasant", "The carers are all very nice. They do everything I need and more" and "They are very nice and lovely."

People confirmed that their privacy and dignity were promoted. Staff were able to tell us how they made sure they protected and maintained people's privacy and dignity. Staff gave examples that included making sure they knocked on doors before entering, making sure people were fully covered when being supported with personal hygiene. Staff completed training in promoting people's dignity as part of The Care Certificate.

People and their relatives told us they were involved in the development and review of their care plan. People's care plans contained information about their likes, dislikes and personal histories. The registered manager promoted consistency with people's care staff. This enabled people and care staff to build a rapport and provided continuity of care to people. People told us that staff knew their routines and how they liked to be supported.

Care plans were person centred and gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded the specific support that the person wanted from the agency and the care and support they were receiving. For example, the specific day time and night time routine. Care plans were individualised, they contained information that was important to the person. For example, people's preferred name had been recorded in their care plan and was used by staff. People's communication needs had been assessed and guidance was in place for staff to follow.

Information about people was treated confidentially and stored securely. Staff understood the importance of keeping information about people confidential. Staff completed information governance training, this included the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information.

Is the service responsive?

Our findings

People spoke highly of the agency and said they would recommend the agency to others. Comments included, "We would definitely recommend the agency. I have used them for any additional support I need", "We have a laugh when they are here, the staff are very friendly and kind. I would recommend them, they are really good" and "They are terrific I can't ask for much more. They treat me like they are part of the family. I would definitely recommend them."

People's care plans continued to be personalised and contained detailed guidance to inform staff how to meet their needs. Care plans and risk assessments were reviewed with people, their relatives and the registered manager. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. People could be confident that their care plans were specific and informed staff how to meet their individual needs.

People told us they knew how to raise a concern or complaint. Relatives spoke highly of the communication between them and the registered manager. A complaints policy and procedure was in place and available to people within their own homes. The registered manager kept a log of complaints that had been made. There had been three complaints raised during 2018, records showed that these had been investigated and responded to in line with the policy.

No one using the agency was receiving end of life care at the time of our inspection. However, people had been supported to complete an advanced planning document. This documented the person's preferences and priorities for their future care; this also included additional information such as, a preferred solicitor or a will. The agency had previously worked alongside the hospice team and the district nursing team to support people at home. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation would not be attempted if the person stopped breathing or their heart stopped beating.

Information had been produced to ensure it was accessible to people and to ensure it met the 'Accessible Information Standard'. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand.

Is the service well-led?

Our findings

People and their relatives told us they felt the agency was well-led and that the registered manager was in regular contact with them. The registered manager worked as part of their care team if necessary and met each person during the initial assessment.

Staff spoke highly of the registered manager and the support they received in their role. Comments included, "Name is really, really helpful, she is a great manager. We all work well as a team. I just love the company compared to other companies I have worked for" and "The registered manager is really supportive, they treat everyone as an individual and respect everyone's opinions."

The registered manager was supported by their partner who managed the finances and office staff. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. There was an open culture and the registered manager used different methods of communication to update staff working out in the community; this included an online staff group and regular team meetings. One member of staff said, "They are open to ideas and suggestions about how to improve the service. If we want any extra training or to be refreshed on anything it is done straight away."

People and their relatives continued to be involved in the development of the service being provided to people. People and their relative's views about the service were sought through questionnaires. These were written in a way people could understand. The results were collated and people were informed of any action that the agency had taken. People and those acting on their behalf had their comments and complaints listened to and acted on.

Systems continued to be in place to regularly monitor the quality of the service that was provided. An audit schedule was in place to monitor the quality of the service being provided to people. This included observational audits by the registered manager to discuss people's experience of using the agency.

The agency worked in partnership with other health care professionals to ensure people were receiving the appropriate care and support to meet their needs. For example, where concerns had been identified regarding a person's mobility, appropriate referrals have been made to the occupational therapist.

There continued to be a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard; these were monitored by the registered manager. Policies were updated annually or more frequently if there had been a change in legislation.

The registered manager understood their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had a serious injury. All incidents had been reported correctly.