

Unite Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced comprehensive inspection was conducted on 24 May and 21 June 2018.

Unite healthcare is a domiciliary care agency which offers care and support to people living in their own homes. The agency has an office based in Rainhill, Merseyside and employs 107 staff. The service was supporting 255 service users at the time of the inspection.

There was a registered manager in post. 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 last comprehensive inspection of Unite Healthcare was carried out in February and March 2017 and was rated Requires Improvement. We had found the registered provider was in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely and quality monitoring systems were not always effective. We asked the provider to complete an action plan telling us how they would address the issues. We found that improvements had been made and the provider was no longer in breach of regulations.

Individual risks to people were accurately assessed and reviewed regularly with measures in place to manage the risks identified and keep people safe from harm.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. Staff had received appropriate training in safeguarding and were able to explain how to keep people safe from abuse - Staff were also aware of the whistleblowing policy.

Sufficient numbers of suitably trained staff had been deployed to meet people's needs and provide appropriate support. Staff had received training in areas such as infection control, manual handling, first aid, mental capacity act and food hygiene. Staff were supported in their role with regular supervision.

Accidents and incidents were reported and recorded appropriately. They showed evidence of analysis, review and action taken where needed.

Medicines were managed safely and staff had received appropriate training in order to safely administered medication. Those responsible for administering medication had their competency levels assessed regularly.

Consent for care was not always obtained in accordance with the Mental Capacity Act 2005. However, where issues had been identified around consent the registered manager had put measures in place to address this and provided evidence of these changes throughout the inspection period.

People were supported with their nutritional needs and had access to other health and social care professionals to help maintain their health and well-being.

People receive care and support specific to their needs; care plans were person centred and based on individual needs. However not all care plans provided detailed information regarding a person's likes/dislikes and social background. The registered manager was aware of this issue and working to address this.

Care records provided detailed information regarding the support required and at what times. However, not all calls were made at the allocated times. There was no evidence that this impacted on the care and support being provided.

We have made a recommendation regarding call times.

People and their relatives had access to information about how to make a complaint if needed; people told us they felt confident making a complaint and those recorded had been dealt with appropriately.

There were systems in place to gather the feedback of people receiving support; feedback about the service was positive.

The service had implemented an electronic care record system that allowed for daily quality monitoring of the service being provided. This system was mostly effective however where calls had not been completed at the planned times these had not always been identified and addressed at the time.

We have made a recommendation regarding the quality monitoring systems.

The registered manager notified CQC of important incidents and events that occurred within the service.

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 ●

This service was safe.

Individual risk assessments were in place and reviewed regularly to ensure people remained safe from harm.

People's medicines were managed safely and staff had received appropriate training in the safe administration of medication.

Safe recruitment policies and procedures were being followed.

Is the service effective?

Good ●

This service was effective.

People's care records showed evidence of additional support from health and social care professionals.

People were supported with their nutritional needs where required.

Staff had received training appropriate to their role and were supported with regular supervision.

Is the service caring?

Good ●

This service was caring.

People spoke positively about the care being provided by staff.

Observations showed that staff had developed positive relationships with the people they were supporting; staff were observed to be kind, caring and patient.

People's care and support records were kept confidential; care records were electronic and all staff required individual log-in details to access them.

Is the service responsive?

Requires Improvement ●

This service was mostly responsive.

Care records were based on individual needs and were person centred. However some care plans lacked detailed information regarding a person's likes/dislikes and social history.

Call to people's homes were mostly completed at the allocated times.

People had access to information regarding making a complaint and felt confident doing so if needed.

Is the service well-led?

This service was mostly well-led.

Systems were in place to monitor the quality and safety of the service; these were mostly effective but had failed to identify issues relating to call times.

People spoke positively about the management team.

Systems were in place to gather feedback from people regarding the service; feedback received was positive.

Requires Improvement ●

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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.

This announced inspection was conducted on 24 May and 21 June 2018. During that time the registered manager provided additional information to support with the inspection process. The inspection team consisted of two adult social care 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 checked the information we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. The registered provider had completed a provider information return (PIR) which we reviewed. A PIR is a form that asks the provider to give some key information about the service; what it does well and improvements they plan to make.

We spoke with 13 people receiving support and six relatives by telephone. We visited five people in their homes. We spoke with the registered provider/manager, staffing manager, service user manager and four care staff.

We reviewed a range of records including the care records for people using the service. These included support plans, risk assessments and daily records. We looked at other records relating to the management of the service. These included staff training, support and employment records for six staff members and electronic medication administration records and quality assurance audits.

Is the service safe?

Our findings

During our previous inspection in February 2017, we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the service did not have effective information and systems in place to manage the administration and recording of medicines. At this inspection we found improvements had been made.

Where people required support with their medicines, it was clearly recorded within their care plans. All staff had received training in relation to safe administration of medication and had their competency assessed on a regular basis. Records were in place to show where staff had supported people with taking their medicines. Since the previous inspection the registered provider had introduced PASS, a new electronic system for recording all aspects of care and support being provided. Staff visiting people's homes had access to a mobile device that provided information regarding people's care and support needs, including the administration of any medicines. Records showed that all people's medicines were accurately recorded within PASS and where required staff were accurately recording when medicines had been administered. Where staff were unable to administer medicines, for instance due to refusal or none being available, this was being recorded.

The registered provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People receiving support and their relatives told us they felt the service was safe. Comments included "I do feel safe with [staff] they are absolutely brilliant", "Yes we feel safe with the regular [staff] because we have got to know them" and "Yes I feel safe, the staff are great".

Risk assessments identified risks to people's safety and plans were documented for the management of these. For example, we saw that people's living environments were assessed to identify any risks to health and safety. Risk assessments were also in place to support tasks which included moving and handling. Specific risk assessments were in place to meet the needs of the individual for example, skin integrity for a person at risk of developing pressure areas. This ensured that staff provided safe care and the correct level of intervention to meet people's individual needs.

The registered manager had a system in place of recording accidents and incidents that had occurred in people's homes. The records provided detailed information regarding the incident and any action taken by staff to keep people safe. These were reviewed regularly by the registered provider. Reviewing this information allowed the registered provider to look for any patterns or trends, for instance regular falls, and make appropriate referrals where needed.

Safe recruitment processes were in place. Each recruitment file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. Where positive disclosures had been

made, risk assessment were in place to mitigate any risk to people and ensure staff were safe to work with vulnerable people. This helps employers to make safer recruitment choices.

People were protected from abuse and harm. Staff had completed safeguarding training and were provided with information and guidance on how to recognise and report any abuse they were told about, witnessed or suspected. Staff knew the different types and indicators of abuse and how to report any safeguarding concerns. Allegations of abuse had been promptly referred to the relevant agency including the local authority and CQC. The registered provider had a whistle-blowing policy and procedure which guided staff on how to report any concerns in confidence without any reprisals. Staff told us that they were familiar with the whistleblowing procedure and were confident about using it to report any concerns.

Staffing rotas showed the service had sufficient numbers of suitably qualified staff in place to provide support and keep people safe; where required two staff were deployed to provide support. However, some people and their relatives felt that staff were often rushed and felt this was due to a lack of sufficient staff. Comments included "[Staff] are late a few times a month sometimes by an hour. They are short staffed and they have people walking from job to job", "I think [staff] are late because they are short staffed" and "[Staff] are sometimes late because they are covering for other carers". We did not find any evidence that late calls had an impact on people's safety. We have reported on this further with the responsive domain.

Staff had access to personal protective equipment (PPE) to ensure infection control procedures were followed to keep people safe. People told us, and we saw through observations within people's homes, that staff wore gloves and aprons when undertaking personal care tasks. The registered provider had developed an infection control assessment to regularly check the competency levels and staff knowledge around correct infection control procedures.

Is the service effective?

Our findings

Prior to the inspection we received concerns regarding staff being employed at a young age and not having the relevant skills or knowledge to carry out their role. We checked training and recruitment files and found that where young staff had been employed they had completed courses in health and social care and had been provided with detailed references from their school/college. The registered provider showed evidence that these staff had shown a good knowledge and understanding of good quality care. They had received appropriate training and were placed on visits that required two staff to ensure they were not attending people on their own. We had no concerns regarding the appropriateness of these staff.

People and their relatives told us they felt staff knew what they were doing and provided the right support to people. Comments included "I think [staff] know what they are doing, I have no complaints. I get everything I need", "[Staff] put cream on my legs and it's done properly" and "The regular [staff] know what they are doing and the new ones who come round usually have someone showing them the ropes."

There was an induction process in place for new staff members which had incorporated the standards laid out by the Care Certificate; this is a national set of standards that care staff are expected to meet and helps to ensure that staff have the knowledge and skills necessary to carry out their role effectively. Staff had completed training in a number of areas such as moving and handling, infection control, Mental Capacity Act 2005 and first aid; records showed that training was kept up-to-date. In addition to the essential training, staff were given the opportunity to complete nationally recognised vocational qualifications which would further their knowledge and skills. Staff were supported in their role through regular supervision and appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

All staff received an employee handbook that included an introduction to the company, key policies and procedures, statutory entitlements and training information. Supervision and team meeting guidelines as well as company expectations were also outlined.

People using the service were supported with access to external health care professionals to maintain their health and wellbeing such as GPs, dieticians, district nurses, tissue viability services and social workers.

Staff supported people with their meal preparation and there were care plans in place for the management of this. The care plans gave clear guidance for the level of support a person required with eating and drinking. People told us staff supported them with their meals where required. Comments included "[Staff] give me cornflakes and toast but they will do anything I want and they always leave me with a drink", "[Staff] do all sorts of food for me but my favourite is when they do me chips and gravy" and "[Staff] do all sorts of meals". All staff had undertaken training in food hygiene and nutrition during their induction process. Records showed that professional advice had been sought from speech and language therapists when clear guidance was required regarding swallowing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedure for this within the community is through the Court of protection.

We checked whether the service was working within the principles of the MCA. The registered manager had undertaken training in the Mental Capacity Act and showed an understanding of this. However some records we viewed showed that consent was not always obtained in accordance with the MCA. For instance, where people lacked the capacity to make particular decisions, consent was being obtained from family without the legal authority to do so, such as having lasting power of attorney. We also found that some consent forms had been signed by staff members. We discussed this with the registered manager and office staff who told us that where staff had signed consent on behalf of people it was because they were unable to sign themselves. Since the first day of the inspection the registered provider has taken action to address the issues around MCA and has implemented a new mental capacity consent to care form that clearly documents a person's capacity to make particular decisions, the consent obtained and where necessary any best interests decisions to be made on their behalf. We have since seen evidence of this being used and have found the service is working within the principles of the MCA. The registered provider told us they have already started to conduct training with staff to ensure they had knowledge and understanding of their roles and responsibilities regarding MCA.

Is the service caring?

Our findings

People and their relatives were complimentary about the support being received and told us staff were caring and helpful. Comments included "The [staff] are excellent, smashing, no complaints about them", "The [staff] are fantastic with me and they will have a good chat and a laugh and joke which I enjoy" and "[Staff] treat me good, very professional, no complaints".

We observed positive interactions between staff and the people they were supporting. Staff spoke in a calm and reassuring manner and demonstrated they knew people well. We observed staff laughing with people whilst providing support in a way that made them feel more at ease. People told us they felt comfortable with the staff who supported them and felt they had a good relationship with them. One relative told us "Staff are good and have a good rapport with my [relative] and they look forward to staff coming".

Staff were able to explain in detail how they would ensure people's privacy and dignity were maintained during personal care tasks. Staff told us they make sure curtains and doors are closed, and that people are covered whilst receiving a wash. Comments included "I always make sure I knock before I go in their room or in the bathroom", "if anyone is using a commode I always make sure they are covered" and "When I am washing someone I make sure they are covered up to make them feel more comfortable".

People and their relatives confirmed that when staff provided personal care they did so in a way that made them feel at ease. Comments included "The [staff] treat me with respect and when they are helping me shower", "No problems with privacy, [staff] are absolutely brilliant with me", "[Staff] give me a bath each morning and I have no problem with the way they treat me." and "When [staff] are helping [relative] shower they never complain [staff] are not being proper with them and they would let me know if there was a problem."

People felt supported to maintain their independence. Care records documented that people's main goals were to remain at home and be as independent as they could be for as long as possible. Staff routinely asked people if they wanted support to encourage independence; people told us staff asked before providing support and ensured they listened to their wishes.

People felt their confidentiality was being maintained. Since the implementation of PASS (an electronic care record system) paper care records were no longer kept in people's homes. This meant that people who did not require access to people's records were unable to. Staff were provided with a mobile phone which gave them access to care and support plans for the people they were supporting. Staff were given individual log-in details in order to keep the information secure at all times.

The registered manager showed an understanding around people's rights to access advocacy support where needed, however at the time of our inspection no people required access to this service. People receiving support were provided with a 'service user manual' that contained details regarding advocacy services and how people could access this if they needed to.

Whilst the service was not currently supporting anyone with equality, diversity and human rights (EDHR) needs/requirements, the registered manager showed a good understanding of their roles and responsibilities around ensuring people with EDHR wishes were supported appropriately. The registered provider had detailed policies and procedures that provided guidance for staff in relation to EDHR.

Is the service responsive?

Our findings

An assessment of a person's needs was undertaken prior to them receiving support. Assessments were undertaken by a suitably qualified member of the senior staff team. People and where appropriate family members were involved in the assessment process and the preparation of the care plans. Each person had their own care plan file which contained care plan documents, risk assessments, involvement of other health and social care professionals and daily records. Care plans were stored electronically on the new PASS system being used by the service and accessed via computers and through mobile phones issued to care staff.

People told us that the support they received mostly met their needs and that their regular staff team knew them well. Care plans included how many staff were required to support people, the tasks they were required to complete as well as people's preferred routines. However as the registered provider was still in the process of transferring and updating people's care plans on to the new system some did not contain information around people's social history, likes or dislikes. The registered manager assured us that this was being addressed and had assigned a staff member full time to update and personalise people's care plans.

Care records contained a detailed time table which clearly outlined the tasks expected of staff and the times of calls required. The registered provider had a call monitoring system in place that required staff to log in each time they attended a call. This allowed the registered manager to monitor the length of time staff spent at each call to ensure they were spending the required amount of time specified in people's care plans.

People and their relatives told us that not all call times were completed at the right times. They felt staff were often rushed and this impacted on the time being spent and times calls were made. Comments included "The time has been a little better recently but they are due at 8.45 in the morning and it has been 10am sometimes before they get here", "Sometimes they are late because they have got stuck at a previous visit but it's not often and they sometimes ring to let me know", "[Staff] are late and they do not ring to let me know", "[Staff] come as near as possible to the expected time but they are sometimes held up elsewhere for between 15 to 30 minutes", "The [staff] are a bit rushed because they are sometimes late after being held up at previous jobs", and "Timing is hit and miss because [managers] have the [staff] going all over the place and some of them cannot drive". One relative told us they had issues with staff being late on a regular basis but had complained to the office staff and this issued had been dealt with by the registered manager and staff were no longer late.

We discussed the issue of call times with the registered manager, they were able to provide us with information to show that most call times were completed at the right time and for the amount of time stated within people's care plans. Where visits had not been completed at the correct times action was taken to address the issue. We did not see evidence of any impact on the care and support being provided. People told us and records confirmed that people were still receiving the care and support required.

We recommended the registered provider look at ways of improving call times to ensure staff were not late and completed calls in the times allocated.

Since the implementation of PASS the service no longer kept paper records in people's homes which meant staff were no longer completing a written daily log of the support being provided. However, staff would record all tasks completed on the mobile phone they were provided with. This meant that office staff were able to regularly monitor the support being provided and ensure that all required tasks were completed. It also allowed for any updates regarding people's needs to be recorded immediately so that staff were aware of any changes, such as care and support needs and requested changes to call times. Staff were proactive in contacting the office staff to inform them of any concerns or identified changes in needs so that people could receive the correct support or reviews of their care if needed.

People and their families told us they knew how to complain or raise concerns. Comments included "I've complained about the times being late and it is has got a bit better", "I complained early doors about some [staff] who were hopeless and they dealt with because they never came again" and "We complained about one of the staff about 12 months ago who we didn't like and they didn't come again".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was readily available to all people using the service. People knew who to the contact if they needed to raise a concern or complaint and felt confident to do so. Records showed concerns and complaints had been investigated and responded to appropriately.

Is the service well-led?

Our findings

When we conducted a previous inspection in February 2017 we found the registered provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). This was because they failed to have effective systems in place to assess, monitor and improve the quality and safety of the service provided.

Since the previous inspection the registered provider has fully implemented the use of the PASS system, an electronic recording system for all care plans and records relating to the care and support provided to people using the service. The PASS system allows the management team to monitor people's records and the care being provided on a daily basis. The registered provider and office staff were able to demonstrate, using the PASS system, how they can effectively monitor the quality and safety of the service. The PASS systems allows the management team to monitor visits, call times, updates and review for care plans and medicine management. These areas are monitored throughout the day and any issues are dealt with at the time. For instance where a person's medication had not been administered during a call, an alert had been sent to the office staff immediately. As this was being monitored live, the issue was dealt with by the office staff contacting the care staff immediately to resolve it. However, this regular monitoring did not always identify when calls had not been completed at the times allocated. Whilst improvements had been made to the monitoring of the quality and safety of the service, the issue of call times still needed to be addressed and further improvements needed to be made.

In addition to the live monitoring, the registered manager completed regular spot checks on staff in areas such as manual handling, medicine management and care delivery to ensure that care staff were carrying out correct procedures. The management team also completed reviews on service user care plans, needs and wishes; these were generally completed every six months or when changes in needs had been identified.

We found that improvements had been made and the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. The registered manager was also the registered provider. They were supported in their role by a human resources manager, staffing manager, service user manager and other senior care staff. There was a clear line of accountability within their service with each member of management team being aware of their own and other manager's roles and responsibilities.

People provided positive feedback regarding the management team. Comments included "Overall [managers] are lovely people and I would not want to go to another company", "I cannot fault [managers] they are absolutely brilliant they do all sorts for me" and "I speak to [managers] in the office and they are very helpful and [registered manager] e-mails me if there is a problem".

There were systems in place to gather the feedback of both people receiving support and their relatives. The feedback provided was positive and where any issues had been identified through the surveys, the

registered manager ensured that action was taken to address this.

Regular staff and managers meetings were held to discuss any issues or key changes to the service. Topics were covered such as staffing levels and recruitment, implementation of the new PASS system and training issues. This allowed for the registered manager to ensure that staff were kept informed of any changes or issues that needed to be discussed.

The registered manager/provider worked closely with other organisations and professionals such as GPs, district nurses and the local authority. The registered manager told us they were also involved with local groups and community agendas; these included St Helens Council Provider's Forum.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations in a timely manner.

The registered provider had policies and procedures in place for the service. Policies were available to staff in order for them to be assisted to follow best practice. This ensured staff had access to up-to-date information and guidance.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the main office.