Unique Contact and Community Services Limited

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Inspection report

246-250 Romford Road
London
E7 9HZ

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14 December 2016

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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

The inspection took place on the 14 December 2016 and was announced. This was the service's first inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

Unique Contact and Community Services Limited is a domiciliary service providing support and personal care to mainly children and young adults in their home. At the time of the inspection nine people were receiving a domiciliary service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives were happy with staff and that their family member was kept safe in their care when receiving support. Staff wore identification so relatives knew the staff member was from the correct service. Staff knew how to identify the different types of abuse and how to escalate within the service or to the local authority and Care Quality Commission.

Risk was identified and assessed. Risk assessments were detailed to protect people from the risks of using equipment, going into the community and safely moving and handling them within their homes. Equipment was also checked by staff before use to ensure its safety.

Recruitment was carried out safely and the service checked that staff were of suitable character by verifying their documentation entitling them to work within the United Kingdom, a criminal records check, previous experience and references.

Medicines were not currently administered by the service but staff were trained in the safe management of medicines and explained how they would give them to people safely.

The risk of infection was minimised as staff exercised good hand hygiene when in people's homes and wore personal protective equipment.

Staff were supported in their role to be effective and to have the skills and knowledge needed to support the people they cared for. Staff received training that was relevant to their role and were supervised regularly by deputy manager. Staff also received an annual appraisal to review the previous year's work. Relatives were asked to give consent on behalf of their children but staff still asked the people they cared for their consent before delivering care.

Where food was prepared by staff it was done in a way that met people's nutritional and religious needs.

Staff were caring towards the people they cared for and showed compassion when speaking to them and their relatives. Some relatives expressed the need to have care staff who could speak English well to support effective communication. We have made a recommendation about staff communicating more effectively with people and relatives.

People's care plans were up to date and personalised to their needs. The service asked people where they could and people's relatives to ensure they prepared care that met individuals needs.

Relatives spoke positively of the deputy manager but they advised they did not know who the registered manager of the service was. We have made a recommendation about people using the service are aware who the registered manager of the service is.

Staff enjoyed working at the service and felt they could easily approach the management team as they had an open door policy and were transparent with information.

The service had systems in place to monitor the quality of the service which included telephone monitoring, spot checks and audits of people's care plans and other records relating to care.

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.

Staff received training in safeguarding adults and children and staff knew how to identify and report abuse.

Safe recruitment practices were carried out by the service to ensure staff working with people were of a suitable character and had the relevant experience to do the role.

Risk was assessed and detailed guidance was provided on how to reduce the risk of harm to people when using equipment or outside of their home.

Medicines were not currently administered by staff but training in the safe management of medicines was provided.

Is the service effective?

Good

The service was effective.

Staff received support through regular training opportunities, supervisions and appraisals to enable them to give care effectively.

People and their relatives were asked for consent before care was given and people's choices and needs were respected.

Where staff prepared food this met people's choices, nutritional and religious needs.

Is the service caring?

Good

The service was caring.

Staff were compassionate and spoke about the people they cared for in a respectful manner.

Staff spoke to relatives and people to get to know them and find out their likes and dislikes. Preferences in choice of care staff and language was respected. However some relatives expressed the need to have care staff who could communicate more effectively.

People's privacy and dignity was maintained when personal care was given.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and detailed how care should be delivered.

Reviews of people's care took place with people, their relatives and relevant health professionals.

Activities were focused on what people enjoyed doing.

Relatives who raised issues with care had their concerns listened to. No formal complaints had been raised. People gave compliments about the service.

Is the service well-led?

Good

The service was well led.

Relatives spoke well of the deputy manager however they were not aware who the registered manager was.

Staff felt the management of the service was good and was easily approachable to discuss concerns about work or people they cared for if they needed advice.

Staff had regular team meetings to discuss improvements to working practices.

The service had systems in place to monitor the quality of the service.

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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 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 14 December 2016 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 to support the inspection.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service which included notifications they had sent us. We also reviewed the 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.

We spoke to two deputy manager's, a care coordinator, three care staff and two relatives. We did not speak to people who used the service as they were children and non-verbal. The registered manager was unavailable on the day of the inspection.

We reviewed three care plans and risk assessments, their daily records and other records relating to their care. We reviewed four care staff files which included recruitment records, training, supervision and appraisal records.

Policies and procedures were also reviewed during the inspection which included safeguarding and

whistleblowing. Other records relating to the quality of the service were viewed which monthly audits and spot check records.

Good

Is the service safe?

Our findings

Relatives told us their family members were safe with the care staff. A relative said, "Oh yes [person] is safe." Another relative said, "Yeah do feel safe and comfortable."

A relative confirmed staff wore identification when they arrived at people's homes to confirm they were from the service.

People were safeguarded from the risk of abuse at the service as staff knew how to identify the different types of abuse and who to report it to. Staff told us they had a zero tolerance to abuse and said they were there to protect people they cared for. A member of staff said, "If I saw any bruises I would record it and report it to the manager straight away." People were provided with safeguarding information in their information guides when they started the service. Staff received training in safeguarding and the provider had systems in place to report abuse to the relevant authorities.

People were further protected from the risk of harm as the service had assessments in place covering different aspects of people's lives where a risk was posed. For example, where a hoist was to be used the risk assessment stated two members of staff were needed to complete a safe transfer. Also, that the person's consent was sought and they were lifted properly and supported. Records confirmed people who were supported with moving and handling had a separate handling plan which gave pictorial guidance on how staff should transfer people from their bed to their wheelchair safely. This meant the service ensured risks of harm to people during transfers were minimised as staff were given additional support to do this safely.

People were supported by staff that checked the equipment before it was used. A relative said, "[Deputy manager] came and checked the bed and the hoist, he's doing a lot." The same relative said, "[Deputy manager] told me the hoist needs to be serviced, maintained. I didn't know this. He's really good." A member of staff said, "I check the brakes on [person's] wheelchair." Staff checked people's homes for visible hazards such as loose wires or any broken items and these were removed to protect people in their home. The deputy manager explained they carried out an environmental risk assessment to check there was enough space for people to move about and where personal care was provided whether the bathroom was up to standard. Where the bathroom was not suitable the occupational therapist was contacted to conduct a further assessment and provide the correct equipment so people could be supported safely in their bathroom.

Staff were recruited safely by the service. The deputy manager explained how they ensured staff were of a suitable character by checking their previous experience, references and by completing an up to date disclosure and barring service check (DBS). Records confirmed that these had been received by the service. A member of staff said, "I had to comply with their rules and bring in my documents."

The service did not manage people's medicines. Relatives were responsible for this and confirmed this to us and when we spoke to staff they confirmed that they did not handle people's medicines.
Staff had received training in medicines and explained how they would safely administer medicines if they

were responsible for this area, by checking the medicine was in a blister pack and to check the name, dose and medicine to be given.

The service had enough members of staff to support people and the deputy manager stated they introduced more than one carer to people's relatives so that they had someone they were familiar with if their main carer was absent or had taken annual leave. No agency staff were used by the service.

The risk of infection was minimised as staff wore protective clothing when performing personal care. A relative said, "They wear aprons and leave the house clean." A member of staff said, "As soon as I walk in I wash my hands."

In the event of an emergency staff would call the emergency services as needed to ensure the safety of people and then they would call the office to inform them what had happened. Staff had to completed incident charts detailing what had happened.

Good

Is the service effective?

Our findings

Relatives said they thought staff knew what they were doing when supporting their family member. A relative said, "I have complete confidence in [staff member], they only called me twice in the beginning and that's it." Another relative said, "Staff know what to do."

Staff received an induction at the service. Staff felt the induction was sufficient as it involved spending a few hours reading policies and procedures of the service and completing a period of shadowing with a more experienced member of staff followed by an observation by the deputy manager before they start to give care. The deputy manager said, "If a member of staff needs more shadowing we give it to them."

Records showed staff received regular training to do their role. Training included infection control, medicines, basic life support, first aid, moving and handling for disabled children, effective communication, dementia awareness, autism and safeguarding. Training was provided online and in a classroom setting by the local authority. The service worked with families to ensure specialist training could be provided for their relatives. For example, records showed during a review of care a relative had requested staff learn sign language to support their family member. The deputy manager advised they were in the process of sourcing training for the staff member in question. Staff stated they were encouraged to always develop in their role and the service provided funding to complete training courses to obtain further qualifications.

Records confirmed that staff received supervision four times a year with the deputy manager and an annual appraisal. Records confirmed the deputy manager performed spot checks once a month to check the competency of staff and that they were adhering to the needs of people and their relatives during care delivery.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent was requested from relatives where personal care was to children at the initial assessment. A relative said, "Yes I gave consent." The deputy manager explained where a person lacked capacity they approached the next of kin.

People's choices were respected by staff at the service. Care plans recorded that people should be enabled to make their own choices for example when choosing which clothes to wear. Relatives told us that staff asked their family member for consent before doing a task and didn't proceed if the person said no or gestured they were not ready to receive an aspect of care. A relative said, "Staff listen to [person]. If [person] waves their arms staff will not force (personal care)." Another relative said, "They tell me and [person] what they will do next, [person] shows them what he wants."

Where staff supported the preparation of food and drink, nutritional guidelines were in place to support health eating as well as people's favourite dishes, people and their relatives were asked what they would like to eat and food prepared met people's cultural needs. Records showed culturally specific food was being prepared for people. Records that people were supported to maintain a healthy diet on the recommendation of people's relatives.

People's care plans had details on who their GP was and emergency contact information was provided and staff knew who to contact in the event of an emergency. The service worked with occupational therapists and held joint reviews with people's social worker.

Good

Is the service caring?

Our findings

Relatives said staff were kind to their family member and spoke to them in a caring and polite manner. A relative said, "They [staff] are very nice." Another relative said, "I asked [staff] not to be a person of authority but her friend. [Staff] comes to her level and speaks to her like a friend."

People were involved in what they wanted for their care and staff asked people and their relatives about them to help get to know them. Care plan records had details of people's likes and dislikes and favourite pastimes. For example one person liked music, swimming and football.

People's preferences were listened to in relation to their preferred name, the gender of carer and language spoken. Where people had specified a female or male carer this was met. The deputy manager advised they would support a particular person if the regular male carer was running late. The deputy manager explained they had built up a good relationship with this person so they were happy to receive support from them. Some people and their relatives requested specific languages to be spoken by staff. As the service provided this it meant that people and their families could be understood.
Staff knew how to show caring behaviours towards people and their relatives. One of the deputy managers said, "I was observing a member of staff from the other room and they didn't know I was there. The staff member could see the relative was struggling to prepare a meal for their family member and the staff member offered to help them. This was kind and the relative was grateful."

A member of staff gave an example how they had been caring towards a person who used the service. They said, "The internet connection went off, [person] did not understand what was happening and they started to cry. I held his hand and spoke to him to explain." The member of staff said the relative was touched that they had shown this level of care with their family member.

Staff respected people's privacy and dignity when they supported people with personal care. A relative said, "Yes they shut the door and cover him during personal care." Some people were able to do aspects of their personal care and staff helped in areas they could not. A member of staff said, "I wash [persons'] hair." The deputy manager said, "Where there is food or saliva around someone's mouth, staff remove this." This showed that staff respected people's dignity and showed empathy towards them.

People's confidentiality was maintained and the deputy manager stated that staff were not to discuss other people in other people's houses or bring their own relatives into people's homes, to maintain people's privacy. Records of this policy confirmed this. A relative confirmed this position and said, "They [staff] never talk about other people."

Staff supported people to maintain their religion and to attend places of worship. Records showed that people had requested staff take them to the local place of worship and staff and relatives confirmed this was done.

The service raised the question to discuss end of life wishes with relatives about their family member

however relatives did not wish to discuss this. People's care plans documented it had been asked but to respect a families wish not to discuss it further.
Some feedback from relatives had expressed the need for staff to be able to speak fluent English as they were not always being understood by the member of staff. We recommend the service follows best practice in ensuring staff can communicate effectively with people and their relatives.

Good

Is the service responsive?

Our findings

Relatives told us that a member of staff from the service came to assess the needs of their family member within their home. Relatives had a care plan for their family member and they said that staff followed what was documented within it. A relative said, "Staff came and asked me questions." The service used a 'care grid' which detailed what was to be done during each shift a member of staff was there to provide care. Staff read people's care plans to see if there had been any changes and to know what should be done to support people in their home. A member of staff said, "I do read the care plan."

Relatives received an initial six week review to see how the care was progressing and whether any changes were required after this care was reviewed annually. The deputy manager explained a review of care could take place sooner if there had been a fall or a hospital admission or if they family requested one.

Records showed that people's care plans were personalised and were tailored to meet each person's needs. People had established goals they wished to achieve, for example to promote wellbeing and to promote [person's] religious needs. Information was also provided on how to best communicate with people if they were verbal such as the language they spoke and where people were non-verbal detailed information on how to read people's body language and their known facial expressions was given.

People's physical and emotional wellbeing was monitored and guidance was given to staff on monitoring people's behaviour and signs that may indicate a person was depressed.

Records confirmed that staff recorded in log books what they did during visits to people which included how people presented at the end of the shift. We did note that in some log books the tone was not always appropriate and could be seen as upsetting by a relative reading that about their family member. We raised this directly with the deputy manager who advised they would speak to the staff member concerned.

People at the service were supported in the activities of their choosing. Relatives and records confirmed that staff took people into the community, day centre, swimming and the park.
A relative said, "They take him to the community. He always goes to the centre."

The service had a complaints policy and people using the service knew how to make a complaint. The majority of relatives told us they would call the office and ask to speak to the deputy manager. There were no formal written complaints however a relative said, "When I was not happy [with a carer] I reported it and they changed the carer, they listened to my concern."

Compliments were received at the service and one comment said, "Thank you for your support, care and understanding."

Good

Is the service well-led?

Our findings

Relatives we spoke to spoke highly of the deputy and the level of communication they received from them. A relative said, "[Deputy manager] is very good, he is always in contact with me. Another relative said, "I have found this agency to be very organised."

Staff told us they were happy in their role. A member of staff said, "I love my job." Another member of staff said, "I'm well supported in my job and encouraged to do more." Of the management staff said the deputy managers were very good , could approach them with concerns they had about the role and they were always asked how the job was going and the people the cared for. Staff said the registered manager was also good and in the office daily. A member of staff said of the registered manager, "She is very hard working and a good listener." Staff commented that the atmosphere in the service was calm and that management were open and transparent.

Staff had monthly team meetings where they discussed the people they cared for, aspects of their role they needed clarification on, any incidents that had taken place and safeguarding matters. Records of minutes confirmed that management discussed improving the quality of record keeping and that staff must always follow the care plan or inform the office if tasks change. The deputy manager held two meetings in the morning and afternoon to meet the needs of the staff who could not attend a particular session. This meant that the risk of information not being shared with staff was minimised.

The service had systems in place to audit the quality of the service. This included monthly telephone monitoring to relatives to seek feedback on the quality of the service received, staff feedback and reviews of daily log books to ensure they were completed correctly. The service also carried out a quarterly monitoring of the service on the 25 October 2016. Records relating to this showed the package of care was monitored, whether the person was involved in decision making, checking whether staff were, polite, professional and punctual. The monitoring also checked to see if a complaints procedure was in people's home. Records showed an internal audit was also performed by the service, the latest completed on the 18 November 2016 which observed staff to check they were caring towards people, that staff were receiving supervision as required and staff files were up to date.

The deputy manager identified their key challenges with the most important being to recruit care staff with a good command of English.

The service had a registered manager and was supported by two deputies. Relatives did not know who the registered manager of the service was and referred to the deputy as the registered manager. Relatives said they had never met or been introduced to the registered manager. We recommend the service follows best practice to ensure people using the service are aware who the registered manager of the service is.