

United Care (UK) Ltd

United Care (UK) Ltd

Inspection report

Unit 6, 2nd Floor
St Lukes Social Enterprise Centre
London
E16 1HN

Date of inspection visit:
21 December 2016

Date of publication:
30 January 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this announced inspection on 21 December 2016. United Care is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines. The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adult's policy. Care workers knew what action to take if they were aware that people who used the service were being abused.

Risk assessments had been carried out and these contained guidance for care workers for minimising potential risks to people. There was a record of accidents. Where an accident was preventable, guidance to care workers on prevention had been provided. The service had a policy and procedure for the administration of medicines. Medicine administration records (MAR) examined had been properly completed and no gaps were noted.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them starting work. The service had a training programme to ensure care workers were competent and able to care effectively for people. They had the necessary support, supervision and appraisals from management staff. Teamwork and communication within the service was good. Newly appointed care workers had been provided with a period of induction and signed to evidence this.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints were recorded. The registered manager stated that none had been received.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and understood their needs. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing a

high quality care.

The service had a system of checks to ensure people received the care they needed. We were provided with evidence of spot checks on care workers and reviews of care which had been carried out. Audits of the service had not been carried out. The registered manager explained that the service had been slow in attracting contracts and they had only a few people using the service. He responded promptly and carried out an audit of the service. Documented evidence was provided soon after the inspection. This audit was not sufficiently comprehensive and a recommendation is being made accordingly.

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 had a safeguarding policy. Care workers knew how to recognise and report any concerns or allegations of abuse.

Care workers were carefully recruited and their records contained evidence of the required checks.

There were suitable arrangements for the administration of medicines. Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Good 

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Care workers had been provided with supervision and appraisals.

Care workers supported people in accessing healthcare services when needed. Nutritional needs were attended to and monitored when needed. Care workers had been provided with essential training required to carry out their role effectively.

Is the service caring?

Good 

The service was caring. The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding their care.

Is the service responsive?

Good 

The service was responsive. Office based staff and care workers listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their relatives.

People and their relatives knew how to complain. No complaints were recorded. The registered manager stated that none had been received.

Is the service well-led?

One aspect of the service was not well led. The audit of the service provided was not sufficiently comprehensive and a recommendation is made accordingly. Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided.

A satisfaction survey had been carried out. People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

Requires Improvement 

United Care (UK) Ltd

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.

The inspection took place on 21 December 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had three people who used their service.

Before the inspection the provider 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. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with two people who used the service and three relatives of people who used the service. We also spoke with the registered manager, service administrator and four care workers. We obtained feedback from one social care professional.

We reviewed a range of records about people's care and how the service was managed. These included the care records for the three people using the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

People and their relatives stated that care workers took good care of people and people were safe when cared for by their care workers. One person said, "They are alright. They do what they are supposed to do. They give me my medicines. They also give me a shower. They know how to use the hoist." A relative stated, "I am satisfied with the care provided. The carer gives medicines as prescribed in blister pack. My relative is in safe hands." Another relative said, "The carers are very up on safety. They are hygienic. They wear gloves and aprons when needed."

There were suitable arrangements to ensure that people received their medicines as prescribed when this was agreed with people or their representatives. The service had a medicines policy and procedure. People we spoke with said their care workers were reliable and confirmed that their medicines had been administered by their care workers. There were no gaps in the medication administration records.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy. The contact details of the local safeguarding team were available in the office. No safeguarding allegations had been reported to us and the local safeguarding team. The registered manager stated that there had been none. The safeguarding policy did not contain details of the Disclosure and Barring Service (DBS). The registered manager stated that these would be included.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with choking, falls, home environment and people's mental disorder. Care workers we spoke with were aware of the importance of ensuring the safety of people.

We looked at the records of care workers and discussed staffing levels with the registered manager. He stated that the service had enough care workers to manage the workload. Care workers informed us that they had enough time to travel in between visits. People and their representatives stated that care workers usually arrive on time or close to the time expected.

We examined a sample of four records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and using hand gel to protect against infection. They said they had access to protective clothing including disposable gloves, foot covers and aprons. People informed us that care

workers followed hygienic practices.

We examined the accident and incident book. Accidents recorded were dated and signed by care workers concerned. Where an accident was preventable, guidance to care workers on prevention had been provided.

Is the service effective?

Our findings

People and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "They are reliable. They cook my food for me. They do it well." One relative said, "We are satisfied with the care. The carers do what is needed. They do their job. We have signed the care plan and they check with us when consent is needed." One social care professional stated that care workers were competent and punctual.

Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions. People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted from the care records that the service had supported people in accessing medical and physiotherapy services when required.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. We saw evidence that care workers had received food hygiene training. One person who used the service stated that their care worker was competent at preparing their meals. Care workers we spoke with were aware of action to take if people were unwell or lost a significant amount of weight. They said they would notify the registered manager. We noted that care workers had received training in food hygiene.

Care workers had been provided with essential training to ensure they were able to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The service had a training spreadsheet with details of training provided for staff. The registered manager informed us that she checked to ensure that care workers had received appropriate training and updates when needed.

New care workers had undergone a period of induction to prepare them for their responsibilities. They told us that they found the induction helpful. They had signed to indicate when induction had been completed. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, safeguarding adults, and information on health and safety. One new care worker had started the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Following induction new care workers were shadowed by more experienced care workers to ensure that they were well supported.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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.

The registered manager informed us that all people using the service had capacity to make decisions for themselves. We however, noted that in one instance this was not clearly recorded. The registered manager agreed to ensure this was clarified. He informed us soon after the inspection that this had been done. The service had a policy on the MCA. Care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable regarding the importance of obtaining people's consent regarding their care, support and treatment. They stated that they sought the consent of people and their representatives when this was needed. However, they stated that in most cases, this was not needed as they had worked with people for a long time and they carried out tasks which had already been agreed and scheduled. Some care workers had not received training in the MCA. The registered manager stated that this would be arranged soon. We were informed soon after the inspection that a training date was booked.

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they were able to communicate well and form relationships with their care workers. They made positive comments about their care workers. One person said, "I am happy with my carer. My carer understands my culture and shows me respect. They cook my cultural food very well." One relative said, "My relative is very lucky. The carers have formed a good relationship. They listen to my relative and understand my relative. They are very respectful. When they provide personal care, they protect my relative's privacy." One social care professional informed us that care workers who attended to people were respectful and helpful.

Care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and their representatives and noted in feedback forms we examined. There was evidence of meetings and discussions with people either face to face or via the telephone.

Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed assistance with. We saw information in people's care plans about their background, language spoken and their choice regarding the type of care workers they would like. The registered manager stated that where possible, people were matched with care workers best suited to care for them. For example care workers would be matched with those of the same culture or religion. This meant that care workers had things in common with people who used the service. One person was provided with a carer who came from the same country and cultural background. We were informed by the registered manager that the care worker concerned got on very well and was able to cook this person's ethnic food. This was confirmed by both the carer worker and person concerned.

Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They stated that they had been provided with training on E & D during their induction. We saw documented evidence that care workers had supported people in their religious celebrations and accompanied them to their chosen place of worship. In addition, a care worker had participated in supporting people with their religious celebrations.

We saw documented evidence in the care records examined that the service actively sought the views of people and their relatives. There were records of visits and discussions with people and their relatives regarding the services provided. The views of people and their relatives were recorded in the care records of people.

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said of their care workers, "They are gentle. They do the job well. I have no complaints. I have the telephone number of the office." A relative stated, "We are satisfied with the care. The carers do what is needed." Another relative said, "I am satisfied. The carer is reliable, knows her job and does what is in the care agreement." One social care professional stated that care workers performed their tasks well and as agreed in the care plans. This care worker confirmed that the service had carried out reviews of the care provided.

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans were then prepared and agreed with people or their representatives and signed by them. This was confirmed by those we spoke with.

Care workers had been informed by the registered manager or senior staff in advance of the providing care to any new person. Care workers told us that this happened in practice and communication with their office based staff and registered manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. People and their relatives stated that care workers were competent and knew how to meet their care needs and deal with behavioural problems which may occur.

We discussed the care of people who had specific needs such as those with dementia with some care workers. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, one care worker stated that if a person with dementia was unco-operative with their personal care, they would give people time and be patient with them. They would also approach people again after some time. However, they informed us that they were familiar with people and their routine and were able to gain their co-operation.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had been involved.

The service had a complaints procedure and this was included in their statement of purpose given to people or their representatives. People and relatives informed us that they had the office contact details but had not needed to make any complaints. No complaints were recorded. The registered manager stated that none had been received.

Is the service well-led?

Our findings

One aspect of the service was not well led. The registered manager stated that audits of the service had not been carried out as the service was slow in attracting contracts and until recently there was only one or two people using the service. The registered manager responded promptly and sent us an audit of the service soon after the inspection. The audit included areas such as care reviews done, communication with people, spot checks on staff, training provided, supervision and appraisals. This was however, not sufficiently comprehensive and did not include an audit of accidents, punctuality, policies and procedures. We have made a recommendation for audits to be made comprehensive and include these areas.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and whistleblowing. We however, noted that the safeguarding policy needed to include reference to the DBS and the infection control needed information regarding infectious diseases such as hepatitis and Aids. The registered manager agreed that these policies would be updated.

The registered manager stated that the service had ensured that people received a good quality service. He stated that he or senior staff had visited people in their homes to review their care with them. We saw evidence of these reviews with comments made by people or their relatives. In addition, the nominated individual said senior staff carried out telephone monitoring and spoke with people or their relatives to obtain their views of the services provided. This was also confirmed by people we spoke with. The service had also sent out satisfaction survey forms to people and their representatives recently. We saw that the feedback received was positive and indicated that people were satisfied with the services provided.

The registered manager stated that checks on care workers and the service provided had been carried out by senior staff. These included spot checks on care workers and phone calls to check on their punctuality. The administrator of the service said she regularly telephoned care workers to check that care workers attended to people at the agreed times or close to it. Evidence of these calls was seen on the office phone's call log. However, additional information as to whether the carers were on time or not were not documented. The registered manager agreed to ensure that these details were logged.

The feedback from people indicated that they were pleased with the services provided. They described the services provided as reliable, satisfactory and expressed confidence in the management of the service. One relative said, "The service is well managed. They reviewed the care recently. We are satisfied with the care. We have also completed a survey form." Another relative said, "The administration of the service is very, very good. They carry out checks and they keep us informed. I have done a satisfaction survey." One social care professional stated that communication with the service was good and the manager kept them informed of progress. This professional stated that they would recommend the service to others.

Care workers were aware of the aims and objectives of the service. They stated that they aimed to provide a high quality service which met the needs of people and treated people with respect and dignity. They told us that they were well treated by management. Care workers stated that their registered manager and senior

staff were supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. The service had a management structure with a registered manager supported by an administrator. They both carry out monitoring of the services provided. An independent trainer was responsible for providing training for care workers. No formal meetings had been held for staff. The registered manager stated that the service was small and they spoke regularly with care workers and updated them on issues affecting the service. He agreed to organise a staff meeting soon.

We recommend that the service review their quality assurance arrangements so that audits are comprehensive and include a wider range of areas such as accidents, punctuality, policies and procedures.