

Unique Personnel (U.K.) Limited Unique Personnel (UK) Limited - Newham Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Unique Personnel Newham Branch is a domiciliary care agency that provides personal care to older adults, people with a physical disability and mental health needs living in their own homes and flats. At the time of this inspection, 328 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines support was not always clear within people's care plan. The level of support people received in the community did not match what was written in the care plan.

People were protected from the risk of abuse and people told us they felt safe at the service.

People received care at a time convenient to them and people told us staff arrived on time. Staff were recruited to the service in a safe way.

Management at the service logged all accidents and incidents and took steps to prevent them from happening in the future. Staff followed appropriate infection control practices to minimise the spread of infection.

People received an assessment of need before care began but allergies were not always recorded in the initial assessment when the information had been provided.

People were supported to eat and drink and care plans encouraged people to maintain a healthy diet. Records confirmed consent was documented before a care package began and people told us staff asked for the permission before providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the care workers they were provided with and told us they were kind and compassionate. People were treated with equality and people told us staff showed respect towards them. People were encouraged to maintain their independence but knew staff were available if they needed help with any aspect of care.

Care plans were personalised overall and people told us they were asked about what they wanted from their care. Complaints were recorded and the service took appropriate action to resolve them to people's satisfaction. Issues were identified in relation to relatives being able to access the out of hours telephone number.

Quality checks had improved at the service to make sure people received care at the right time and that it met their needs. People told us feedback was requested by management of the service through telephone calls and spot checks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection - The last rating for this service was requires improvement (published 19 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 19 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement: We identified a breach in relation to the safe management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well- led.

Details are in our well- led findings below.

Requires Improvement ●

Unique Personnel (UK) Limited - Newham Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by four inspectors and one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager and another manager at the service, 10 care staff, two team leaders and two care coordinators.

We reviewed a range of records. This included 19 people's care records and medicine records. We looked at 16 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures, surveys, safeguarding records, complaint records, minutes of meetings and staff rotas were reviewed.

After the inspection

We spoke to 10 people who used the service and eight relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection medicines were not being managed in a safe way. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found not enough improvement had been made and the service was still in breach.

- Medicines support was not always clear as it did not reflect the current position in people's care plan.
- We found instances where people who advised they did not need support with medicines were having this administered by staff at the service.
- Medicine assessments were not part of the initial assessment therefore it was not clear whether someone was taking medicines from the outset.
- Medicine risk assessments were not always present in care plans where people were known to be taking medicines.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine administration records (MAR) were completed by staff once they had administered medicine to people.
- We did not identify any gaps in the completion of MAR charts.
- The registered manager completed a monthly audit of MAR charts.
- People told us they received their medicine on time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew the signs to look for if they suspected abuse and how to report it. Staff told us they would whistleblow if their concerns were not being taken seriously or if they witnessed poor practice.
- A member of staff said, "If I tell [Registered manager] something has to be done about it, or I can go to the CQC, police or the local authority."
- The registered manager understood their responsibility to protect people from abuse and reported allegations to the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff knew how to protect people from their risks. People who used the service told us they felt safe. One person said, "My carers are really good."
- A relative told us, "Yes [person] is 100% safe."
- Risk assessments, with the exception of those relating to medicines provided clear guidelines on how to reduce each person's known risk and this was reviewed as appropriate.
- People had risk assessments for moving and handling, falls, home environment, self - neglect and malnutrition.
- One member of staff when discussing someone's moving and handling assessment said, "When I use the hoist, I check it, make sure the battery is charged. I can't just put them in it. I communicate with them, tell them what I'm doing." This information matched what had been written in the risk assessment.

Staffing and recruitment

- There were enough staff and they were recruited safely. The service had a recruitment policy and procedure.
- The service followed safer recruitment practices and ensured appropriate pre-employment checks were completed before staff were employed to work at the service. This included an up to date criminal records check and two previous employment references.
- People we spoke to told us staff arrived on time. Where staff were running late people told us they were contacted by the office.
- The service used a call monitoring system to check staff arrived on time and contacted staff who were running late to find out where they were.

Preventing and controlling infection

- People were protected as the service had systems in place to prevent and control infection. The service followed good hygiene practices to reduce the risk of infection.
- Staff told us they received sufficient amounts of personal protective equipment (PPE) this included gloves, shoe covers, aprons and hand gel.

Learning lessons when things go wrong

- The service took action after incidents and shared preventative steps to staff to prevent it from happening again.
- Staff gave examples of how they ensured people had items within easy reach such as their glasses or a glass of water as these had been previous issues that had resulted in an incident.
- The registered manager provided another example how the service improved after a missed visit by introducing increased monitoring of visits. They said to the person, "We said sorry we failed. We are here to put things right."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care planned and delivered to meet those needs. People were visited by a team leader from the service to perform the initial assessment. People and records confirmed this. The team leader told us, "We aim to visit all new referrals within 48 hours. We make an appointment with the family, give them an induction to the company, get to know the person one on one so we can complete the assessment and draw up a care plan."
- Relatives were also present at the initial assessment if people wished and where there were language barriers the service was able to provide an interpreter or member of staff who spoke the person's language.
- Records confirmed the service assessed people's needs and they covered the following; communication, mobility, vision, nutrition and hydration, behaviour and all known health conditions.
- Care plans contained information about people's allergies. However, this was not always consistent with the information that had been provided by the local authority.

We recommend the service follows best practice in recording people's allergies.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to perform their job well.
- Records confirmed staff received an induction before starting work, were observed during shadowing and had to answer competency-based questions to check understanding of their induction.
 - New staff who joined the service completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they were supported in their role and received regular individual and group supervision and an annual appraisal where applicable, records confirmed this.
- A member of staff said, "Supervision is good, I feel comfortable to discuss things with my manager." Another member of staff said, "The support is good."
- Staff received training in the following areas; Safeguarding adults and children, moving and handling, medicines, dementia, health and safety, infection control, medicines, effective communication, mental capacity act, equality and diversity, basic life support and fluids and nutrition.
- A member of staff said of the training, "I come every month for training, it's good to remind you."

- People thought staff had the skills needed to give good care.
- One person said, "The ones [staff] I have now are ok but the previous ones were not. Unique seems to be improving." Another person said, "The staff I have now are very professional."
- Feedback from relatives was mixed when providing comments on the capability of long term care workers and newer care workers. One relative said, "The regular carers are very well trained and use their common sense. The newer carers don't seem to have been trained to the same level and often lack common sense. Another relative said, "They are well trained, they know what they are doing with the hoist."
- The registered manager advised people were matched with staff and where feedback had been provided on the competence of staff, a spot check was carried out.. If staff needed more training this was given or in some instances staff were replaced.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink what they chose.
- People's care plans stated what their preferences were at mealtimes and whether they were able to prepare meals for themselves or with family support.
- Care plans stated people were advised to eat healthy foods and to drink enough to stay hydrated. People were provided with guidance on how to introduce more fibre into their diet and to avoid excess sugar in their diets.
- Staff were aware of people's dietary requirements and where their food needed to be monitored due to health conditions such as diabetes. A member of staff said, "I provide tea and water to keep [person] hydrated and I don't give [person] anything sweet."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received good health outcomes as the service worked with health professionals to ensure they received the support in a timely manner.
- Staff told us they contacted the office if people's needs and health conditions changed so care could be reviewed.
- Care plans contained people's GP details and contact information for the social worker.
- Staff liaised with health professionals such as the district nurse, occupational therapist or the GP.
- In emergencies staff knew to contact the emergency services to ensure people received the help they needed.
- Staff provided people with advice on healthy eating and exercise. This included providing people with leaflets on a number of different health areas such as health and safety, food safety diabetes, Alzheimer's and making decisions.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to

receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was provided before care started, care plans emphasised this should always be obtained before giving support.
- Staff told us they asked for people's permission before giving any personal care.
- A member of staff said, "We greet them, ask how they are doing then explain what we are going to do. If they refuse [support] we are patient and calm." Staff told us if people refused any aspect of care it would be written in the daily log book and communicated to the office.
- A relative told us staff asked for permission before helping their family member. They said staff would ask, "Do you mind if..." or "I'm going to brush your hair is that ok?"
- Staff encouraged people to make their own choices as much as they could to help maintain independence. Care plans always supported people at the service should be enabled to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect and understood their diverse needs. People who used the service told us staff were kind and compassionate towards them.
- Relatives also provided positive feedback on how staff treated their family member.
- One person said, "[Staff] is brilliant, can't complain. [Staff] cleans and does bits and pieces around the house." Another person said, "Couldn't find a better carer."
- A relative said, "Carers are polite and do engage with [person] They speak Bengali to him he can't speak English. They do show respect to [person]." Another relative said, "The regular carers are angels on earth. Exceptionally happy with the regular carers."
- Staff spoke kindly of the people they supported. A member of staff said, "I love working with our clients." The same member of staff said, "When they see our face they give us a smile, so you know they are happy with you."
- People who may identify as lesbian, gay, bi-sexual and transgender were able to feel welcome and free from discrimination at the service.
- A member of staff said, "I'd treat them the same, I'm here to care not to dip into anyone's business. I respect people."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the assessment, planning and review of their care.
- People and their relatives were involved in making decisions about their care and support. People's preferences were respected during all aspects of care.
- The registered manager received feedback from people where staff had prepared a cultural meal and drinks, which showed people were having their views listened to.

Respecting and promoting people's privacy, dignity and independence

- During personal care people told us their privacy and dignity was respected. One person said, "Absolutely, all the time, they are very good at that."
- Staff respected people's privacy and dignity when providing personal care and while they were in people's

homes.

- Staff told us they respected people's private space and time when people practised their religion. Care plans confirmed this was documented.
- A member of staff said, "I have to close the bedroom and bathroom door. I have to make the person feel safe in their bathroom and bedroom."
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- A member of staff said, "I say 'can you try?' Sometimes they try. Or I say wipe your face and try and put cream on your face. The more they try it will keep them strong." Another member of staff said, "Every task we are doing I always involve them, even if they are struggling I let them do it first, then I will help them complete their routine."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were present in all the files we viewed and were up to date.
- Overall people's care plans were personalised, covered all aspects of people's chosen care, detailed likes and dislikes and goals people wanted to achieve.
- Care staff at the service understood the need to provide person centred care. One member of staff said, "All care plans are different, I can't do the same thing for each person." Another member of staff said, "I still ask the person what they like and don't like as it may not be in the care plan."
- People told us staff asked them what they wanted each time they visited. One person said, "They help me, I want to stay with this agency."
- We raised an issue where we found the care plans for hygiene support was not individualised. This was due to us finding the same instruction had been written in the sample of care plans we viewed in relation to being independent when washing their face. We informed the registered manager and they advised this would be reviewed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs such as whether there were any issues with speech, whether an interpreter was needed or any hearing issues.
- All management staff advised if people requested information to be provided in a different format such as larger text, braille or a different language this was something they would provide. However, no one at the service had asked for this at present.

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy and procedure.
- People who used the service told us they knew how to make a complaint about the care they received. One person said, "I have complained twice but everything is now running fine."
- We reviewed a sample of complaints and records confirmed the service logged and acted on them and resolved them to people's satisfaction.

- The registered manager advised complaints provided the service with another means of learning and improving the service. Action plans completed after complaints showed the registered manager completed spot checks to ensure the matter had been resolved and situations improved for people.
- However, feedback from relatives after the inspection was negative in relation to the handling of complaints. Relatives advised they struggled to get through to the out of ours telephone number. One relative advised when they tried to complain to the service by calling the out of hours telephone number, no one responded. One relative said, "Quite often no one responds to the out of hours number. Whenever I complain to the office, they always say it won't happen again, but it always does."
- The registered manager and office staff confirmed they were on a rota to manage the out of hours system therefore someone should answer or respond to calls and messages at all times.

We recommend the service seeks guidance in the managing of complaints.

End of life care and support

At our last inspection we recommended the service seek guidance in recording people's end of life wishes. Improvements had been made.

- Where people received end of life support this had been documented in a respectful manner and staff understood the need to carry out care in a dignified way.
- The service had updated care plans to discuss this area of support where people could talk about it if they were comfortable.
- Where people did not wish to discuss this it was respected and could be discussed at a later date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, but the service was no longer in breach of the regulations. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure the systems in place for monitoring the quality and safety of the service were operating effectively to improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made sufficient improvement and was no longer in breach of the regulations.

- The service had a quality assurance policy and had improved the level of monitoring of the service. However, improvements were still needed with the management of medicines and complaints.
- People told us they were contacted by management staff to ask them for feedback on the quality of the service and they also received a spot check to check the quality of the service.
- Team leader staff told us spot checks were performed to see that staff were visiting people on time and carrying out their role as per people's care plan.
- Audits of staff records were performed and included checking recruitment documentation was up to date, such as current police checks.
- MAR records were audited every month to check they had been completed correctly.
- Daily log books were audited for content, records confirmed this.
- Records confirmed staff attended staff meetings and office staff met each week to discuss any issues which had occurred over the weekend. However, what had been discussed was not always recorded during staff meetings. This issue had been identified during the last inspection.

We recommend the service seeks guidance in the management of staff meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People at the service talked about improvements they had seen at the service and they believed the service was on the 'right track'.
- The registered manager and staff were clear about their roles and responsibilities and at the centre of all the work they did was for people using their service.
- The registered manager understood their responsibility to report to the regulator and to relevant

authorities when things went wrong. The registered manager was open and transparent about where they needed to improve.

- People knew who the registered manager was at the service and how to contact them if they needed help and advice.
- One person said, "I know the manager, they ring me to ask if there are any problems."
- Staff at the service were complimentary about the registered manager. One member of staff said, "[Registered manager] is good, always there and is helpful." Another member of staff said, "[Registered manager] are very good, when I have any issues I raise it and they listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, staff and professionals were actively encouraged to engage with the service.
- The registered manager advised people who used the service were welcome to attend the office and speak to staff if they wished and this was to develop into formal coffee mornings for people who wanted to visit the office.
- Staff told us they attended meetings at the branch which provided an opportunity for them to share their work experiences and to be provided with important information.
- Records confirmed staff took part in a survey to find out how the service was performing and helped improve the quality of the service.
- The service captured compliments from people, their relatives and the social workers.
- One person said, "I am very happy, they come on time made my life easier."
- A relative said, "[Staff] is family, she has gone beyond the duty of a personal carer, love her, no complaints, just like to thank [staff] with all that she does beautiful person inside and out."
- A social worker said, "Thank you all for a job well done."

Continuous learning and improving care; Working in partnership with others

- Records showed the service were actively learning to improve and to provide a quality service to people.
- The registered manager told us they always wanted to learn more and for staff to have the knowledge to provide good care.
- A member of management said of attending provider forums, "I like reading what services did to improve, they give good examples and best practice."
- The registered manager worked closely with the local authority, GP's, local pharmacy and safeguarding authority to ensure the service improved and kept people safe while receiving care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines for service users. 12 (1) (2) (g)