Unite Healthcare Ltd

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Inspection report

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Date of inspection visit:
04 August 2016
05 August 2016
08 August 2016

Date of publication:
13 October 2016

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection, carried out on 4, 5 & 8 August 2016. '48 hours' notice of the inspection was given because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office to assist with the inspection.

Unite Healthcare is a domiciliary care agency which offers care and support to people living in their own homes. The agency has offices based in Rainhill, Merseyside and employs 65 care staff.

The last inspection of Unite Healthcare was carried out on 6 November 2013 and we found that the service was meeting all the regulations that were assessed.

The registered provider is also the registered manager of the service. 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 medication was managed satisfactorily.. However; staff failed to accurately and fully complete all areas of the medication administration records (MARS). This meant that there was a risk that they would not identify where safety was compromised and to be able to respond appropriately to concerns in a timely manner.
This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's needs were assessed including any risks. Daily records were maintained for each person. These showed that they had received the care and support as stated in their care plan. Care plans were regularly reviewed.

People had no concerns about their safety and the way they were treated by staff. There were systems in place to protect people from abuse which included training for staff and policies and procedures for staff to follow. Staff demonstrated a good understanding of what action needed to be taken in the event of a person being at risk from harm. Recruitment practices were safe and thorough which helped to ensure that suitable staff were employed at the service. People were supported by the right amount of suitably qualified staff.

Staff treated people in a caring way and spent time to get to know them. Records showed people were supported by a regular staff team. Staff had the right skills for the job and had undertaken all required training.

Staff were confident about dealing with emergency situations and they had details of people and services they could contact if they needed advice, guidance or support at any time of the day or night.

Staff received training and support to carry out their job and they were provided with additional training opportunities to further develop skills for their roles. Staff had their competencies checked and they had access to policies and procedures in relation to safe practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA. Staff had undertaken training and demonstrated an understanding of this. There were not any people under a court of protection order.

People had access to information about how to complain and they were confident about voicing any concerns they had. Complaints were taken seriously and dealt with in a timely way.

The registered provider had undertaken a full review of the service. There were quality assurance systems in place. Actions were being taken to address areas where practice could be enhanced, and as a result, changes were being been made to help ensure the service moved forward and continually improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People were supported to take their medication where appropriate but this was not always recorded correctly.

Staff had received safeguarding training and knew how to recognise and report the signs of abuse.

Staff had been deemed as suitable through robust recruitment processes.

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Is the service effective?

Good

The service was effective.

People received support from a regular staff group who knew them well.

People's rights were protected by staff that had knowledge of the Mental Capacity Act 2005.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Is the service caring?

Good

The service was caring.

Staff provided care to people in a dignified manner and respected people's right to privacy.

People described a caring approach shown by staff.

Is the service responsive?

Good

The service was responsive.

People had been fully involved in the development and reviewing of their care plans and had agreed with the content.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider.

Is the service well-led?

Requires Improvement

The service was no always well-led

The registered provider did not have a robust audit system in place. This meant that they could not monitor the quality and safety of the service.

People who used the service and staff told us, the registered manager was approachable and available to speak with if they had any concerns.

The registered providers policies and procedures were up to date and regularly reviewed.

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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 was carried out by one adult social care inspector. The inspection took place over three days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be available at the office.

During our inspection we spoke with four people who used the service by telephone and visited four people in their homes. We also spoke with two family members, five care workers, two office staff and the registered manager. We looked at 10 people's care records, seven staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, and other information from members of the public. We contacted the local authority quality monitoring and safeguarding teams and they told us they had no immediate concerns regarding the service.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe with the staff coming into their home. People's comments included "It takes me time to develop trust but I do now trust all the ladies [staff] that visit me" and "I have developed trust in all the staff that visit". Another person told us that they had always had regular staff and they said "I have regular girls [staff] that fulfil all my needs".

People told us they got their medicines on time and they thought the staff were competent at giving them. Records showed that staff had completed medication training and undertook regular competency assessment. Their care plans included basic information about their medications along with an appropriate risk assessment. However, we saw that medication administration sheets (MARS) were not always completed accurately. For example, there were a number of missing entries on four people's MAR sheets reviewed. Staff had not written the person's name on some documents reviewed. Staff had not completed the dates on each document to know which week it related to. There were also missing signatures of staff completing the record following the administration of essential medication. If records are not completed then staff would not know if the person had refused or staff had failed to administer the medication. This left people vulnerable to potential harm. There were no formal systems in place to check if medication errors had been made. This was discussed with the registered manager who offered assurances that this would be immediately addressed.

This was a breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the registered provider failed to have systems in place to assess, monitor and improve the quality and safety of the service provided.

A recruitment procedure was in place to ensure that staff were recruited safely. For example, all applicants were required to complete an application form, attend an interview and checks were undertaken which included two references including one from the most recent employer and a disclosure and barring service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of seven staff and saw that the appropriate recruitment procedures had been followed.

There were sufficient staff to keep people safe. People told us they had regular staff visiting them to support their needs. They said that staff turned up on time and they were informed if staff were running late. Staff rosters reviewed showed staff had regular people to support and people we spoke to confirmed this. Rosters were available to staff through the secure mobile phone network. Travel time was demonstrated between calls allowing staff sufficient time to travel from one call to the next. This meant people received the full time allocated to them for their support.

Risks to people were assessed and the results of the assessment were used to inform their care plan. We saw that people's environment was assessed for any risks to people or staff. The care plan included where all the emergency points were within the home, for example where to switch off the gas, electricity and water. Risk assessments were also undertaken for people's medicines and mobility needs. This meant staff had

information available to them to keep people safe.

Staff had access to emergency contact details for family members and health care professionals involved in people's lives which meant that in the event of an emergency the appropriate people could be contacted without delay.

Equipment people needed for safe moving and handling which was kept in their home was clearly documented within their care plan. The information included servicing and repair dates. One person's records showed a hoist sling was replaced when deterioration had occurred. This meant people were protected from harm by the use of safe equipment.

The registered provider had a policy and procedure in relation to safeguarding people. A copy of the procedure was available in the office along with a copy of the local authority's safeguarding procedure. Staff demonstrated a good understanding of all types of abuse and the actions they would take in the event that they witnessed abuse or if any concerns were raised to them. Staff told us that there was always management support available to discuss any concerns they had in relation to safeguarding people from harm. Training records showed that all staff had completed training in safeguarding people at induction and each year thereafter.

The registered provider had a whistleblowing policy, which staff were familiar with. Staff told us there was an open culture within the service and that they would not be afraid to approach the registered manager or their supervisor, if they had any concerns.

Records showed that accidents and incidents were clearly documented and monitored. Actions to be completed and by whom formed part of this documentation and showed outcomes and any learning from each event. All of these were reviewed by the registered manager. This meant the registered provider could address any concerns raised including identifying training needs.

There was guidance in place for staff instructing them on how to protect and keep people safe. For example, procedures relating to handling people's money clearly stated what actions staff needed to take to ensure that people's monies were managed safely. Records of all financial transaction which staff were involved in were maintained and kept in people's homes. The records included signatures of staff and people supported to demonstrate agreement. Most transactions were for shopping purchases and included receipts.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with on-going training in topics of health and safety, such as fire safety, infection control, first aid and moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had.

Personal protective equipment (PPE) was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe.

All staff had a photo ID badge which was dated and showed the company contact details. Staff showed this to people before entering their homes. People said staff actively encouraged them to ask for a person's ID badge before letting anyone in to their home.

Good

Is the service effective?

Our findings

People told us they were supported by regular staff that knew them well. People's comments included "They all seem well trained", "Staff all know exactly what they are doing" and "Some of the girls [staff] are fabulous and I have a brilliant laugh with them".

All new staff completed a three and a half day classroom based induction programme when they first started work at the service. The induction was linked to The Care Certificate, a nationally recognised qualification based on a set of minimum standards that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. During their induction new staff completed a range of training in key topics including safeguarding, health and safety, basic life support/first aid and infection control. Records showed staff had been assessed as competent in moving and handling techniques prior to working in people's own homes. As part of their induction staff worked in the community shadowing more experienced staff. Staff comments included "I felt fully prepared after I had completed my induction which included a week shadowing other staff members" and "The induction gave me a good insight into the company and their ethos".

Staff told us they completed regular training. Records showed that the completion of required training had taken place for all staff. Training topics included moving and handling, safeguarding, infection control, first aid, fire safety, health and safety and food hygiene. Further training was provided to staff which was relevant to people's individual needs. The topics included dementia care and death, dying and bereavement. We saw that staff were working towards or were in receipt of a Qualification and Credit framework (QCF) level 2 or 3 diploma in health and social care. A QCF is a nationally recognised qualification which demonstrates staff can deliver health and social care to a required standard.

Staff received support to carry out their roles effectively. Staff told us they were well supported and they felt able to talk at any time about their work with the registered manager and their supervisors. Records showed that staff had regular supervision and an annual appraisal of their work. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Supervisors undertook spot checks on staff whilst they were working in people's homes. They checked the arrival times of the staff member as well as ensuring all tasks were completed. They sought feedback from the person supported about the service they received. This enabled the registered provider to assess and obtain feedback about staff performance.

One person said "The main staff are very good and seem well trained" and another said "I have a very nice lady [staff] visiting at the moment and she knows exactly what I need and how I like it done".

Records showed that staff had supported some people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do in an emergency situation, for example they told us

they would carry out the necessary first aid and call for emergency assistance.

People who required assistance at meals times had a care plan for this. The plans described the support people needed for example with the preparation of meals and with eating and drinking. Staff had completed training in food hygiene, fluid and nutrition and they knew how to respond to any concerns they had about a person's diet, for example if a person's appetite significantly changed or if a person showed obvious signs of weight loss. One person's records showed that a speech and language therapist had been consulted regarding their ability to safely swallow. This demonstrated the service responded promptly to people's changing needs.

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.

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 they showed an understanding of it. The staff had commenced the undertaking of mental capacity act training. The registered manager told us they worked alongside family members and health and social care professionals if the person did not have the mental capacity to make their own decisions and together they decided if a decision needed to be made in a person's best interests. The service had not been required to participate at any recent best interest meetings.

Good

Is the service caring?

Our findings

People described most of the staff that visited them as caring. Comments included, "I enjoy the regular carers [staff] visiting. "They know me and are very kind. They always ask if I need anything else", "The office staff call me to ask if everything is okay" and "We have a really good laugh with some of the girls [staff] that come".

People confirmed their privacy and dignity was respected and they were encouraged to be independent when possible. One person commented "The staff keep me covered with a towel as much as possible. I appreciate this as I am very shy", another person said "I put on all the clothes I can and the staff support me with the items of clothing I struggle with".

Staff knocked before entering people's homes. They announced their arrival even if they accessed the home with a key from a key safe. Staff explained exactly what they were going to do ahead of each task to ensure the person was happy before they commenced.

People were supported by regular staff who knew their individual needs, preferences and abilities. Care plans were person centred and detailed all the information staff required to support people. Details included people's individual routines and procedures for their personal care. One care plan detailed the time a person liked to get up, that they liked to have a drink before they had their shower and undertook their person care routine. It then specified the chair they liked to sit in to have their breakfast and the drink they liked to have prepared before staff left them. It also included the necessity for the person to have their glasses and hearing aids put in place and a lifeline to be placed around their neck.. Staff said this information was helpful when people and ensured they received care in a way that had always preferred. People told us that staff always engaged them in conversation. They said that they enjoyed staff discussing topics of interest and showing an interest in their daily life. We saw that staff always greeted people on arrival and ensured they were safe and well on leaving. One conversation was about a particular television series and the story line that was being followed, another was about a family outing and how enjoyable it had been. Conversation was natural with lots of humour.

People received information about the service at the point of assessment which described the standards of care they should expect to receive. The documentation also included key pieces of information; the tasks staff can and cannot undertake; how to make a complaint or compliment, standards of service including confidentiality, punctuality and choice. Information on advocacy services was in this document. People told us they had been given this information when they first started to use the service.

Good

Is the service responsive?

Our findings

People told us that most staff that visited them knew them well and understood their routines. They said their regular staff had arrived and left their homes on time. One person told us they had been experiencing difficulties regarding their call times. This was discussed with the registered manager who immediately looked into this. A family member said "The care has been amazing, not once has anything been too much trouble or an inconvenience".

People who required assistance with moving told us that two staff always attended to their needs. People told us that they were not rushed with their care and that staff completed all tasks required. One person said; "The staff are generally on time and the office staff let me know if staff are running late for any reason." People told us they had regular staff that they liked visiting them as they knew their routines.

People's needs were assessed prior to using the service. The information gathered as part of the assessment helped to ensure that people's needs could be met. Assessments were carried out by the registered manager or a suitably qualified member of the senior care team. People and where appropriate and their families were involved in planning the care needed and making decisions about how these needs were to be met. Staff told us they thought care plans were very important in providing support specific to the person. All care plans we looked at showed that each person's plan reflected their individual needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided.

Review meetings were held annually and had identified changes in people's care and support needs. Any changes were discussed with the person and chosen family members as required. These changes were then clearly documented and relevant information shared with support staff. This ensured continuity of support and that all staff remained aware of people's individual needs. People told us they were fully involved in their reviews and their feedback was asked for.

Staff completed daily records at the end of each visit and these were linked to the care plan. Records completed by staff included references to medication, activities undertaken and other information specific to the person. This information was reviewed regularly by the office team to ensure full completion.

People were supported to express their views and were involved in making decisions about their care and support. People told us they were fully involved in their reviews and had also signed their care plans. This meant people were valued and treated as individuals.

People were supported to access the community if it was part of their care plan. A member of staff described how through discussion with a person and their wife they had found this person used to enjoy a particular beer in a specific pub many years before and really missed it. The member of staff undertook some research to ensure the pub was accessible and still stocked the specific beer. The person confirmed this was now part of their routine with their staff member which they enjoyed.

The registered provider received a number of compliments and comments from people who use the service

and their families. These included "Thank you for the excellent care and support you provided while Mum was living at home" and "Thank you for helping me sort out the care and many changes that occurred over time".

The registered provider had a complaints policy and procedure which was provided to people when they first started to use the service. A record of complaints people made was kept and showed that complaints were dealt with in a timely way in line with the registered provider's policy. People told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made.

Requires Improvement

Is the service well-led?

Our findings

People, family members and staff described the registered manager as, 'Supportive and understanding', 'Adaptable', ''Approachable' and stated, 'They are a good company overall'.

The registered provider was also the registered manager and took an active role within the running of the service and had good knowledge of people who used the service and staff. There were clear lines of responsibility and accountability within the management structure. Within the office there was the registered manager, an office manager, care co-ordinators and an administrator. The care co-ordinators managed all people's calls with the support staff team.

The registered provider had up to date policies and procedures that were available to all staff and kept up to date.

Staff were all issued with a mobile phone which was security protected with a unique pin number. The company operated through a secure network. Staff received their weekly roster through the phone as well as any updates and amendments to their working pattern.

The registered provider regularly invited feedback from people in a number of ways. Records showed that feedback was requested during reviews of people's care. Quality assurance checks were undertaken regularly by the supervisors visiting people in their homes to seek feedback. Telephone monitoring of the service received by people was also undertaken. This demonstrated the registered provider was actively seeking feedback from people as a way of developing and improving the service.

The registered provider had undertaken a full review of the service during early 2016. This review had looked at policies and procedures, systems including documentation and computer software, care plans, risk assessments and audit systems. This had identified areas for improvement. Documents were being partially reviewed by office administrators however; non-completion of MAR records was not being addressed thoroughly. Daily records reviewed were all fully completed and reflected the activities undertaken at each call. The registered provider was in the process of improving their audit systems as these had been identified as not being fully effective. New systems had been developed for the auditing of Medication administration records (MAR's), daily records, care plans and risk assessments. Part of the improvement included the introduction of a new computer software system. Information was being transferred to the new system during our inspection visit. Records within people's homes would become electronic and the call would not be complete until the MAR and daily record were completed. This system would be monitored at all times people were working. The registered provider demonstrated a commitment to continual improvements of their service through robust audit systems.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.

Staff meetings were held regularly throughout the year. Recent staff meeting topics had included; rosters, on call, new technology and medication. Minutes from the meetings were taken and then shared with any staff that were unable to attend. Staff comments included "The manager always welcomes new ideas", "The manager listens to staff" and "It's a really good company to work for".

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 17 HSCA RA Regulations 2014 Good governance Medication administration records (MARs) were not fully completed and the audit system had not highlighted this.