

Unique Care Providers

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Inspection report

St Johns Resource Centre
29 St Johns Road
Huddersfield
West Yorkshire
HD1 5DX

Tel: 01484223003

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection of Unique Care providers took place on 5 and 15 September 2016 and was announced. We previously inspected the service on 27 and 28 January 2016, at that time we found the registered provider was not meeting the regulations relating to safeguarding, safe care and treatment and governance. We rated the service as inadequate overall and placed it in special measures. This inspection was to see whether improvements had been made.

Unique Care Providers is registered to provide personal care. Care and support was provided to approximately 100 people who lived in their own homes within the localities of Lindley and Deighton and to a number of people who lived at Bradley Court retirement living complex. However, on the day of our inspection only two people were receiving support with personal care. This was as a result of the registered provider's contract with the local authority not being renewed and during August 2016 the majority of staff and all local authority contracted service users were transferred to other registered providers in the local area.

The service had a manager in place they were not yet registered with the Care Quality Commission (CQC), however, the manager told us they had commenced their registration application. A registered manager is a person who has registered with the CQC 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.

Many of the issues identified at our inspection on 27 and 28 January 2016 had still not been addressed. Where people were prescribed 'as needed' medicine there were no person specific protocols completed to provide staff with guidance to ensure the medicine was administered safely. The registered provider's medicines risk assessment form had not been updated to include safe administration of creams. Hand written entries on people's medicines administration records lacked the necessary detail to ensure these medicines were administered safely. Although audits had been commenced there was no evidence to suggest practises had changed or improved as a result. Only one of the five care staff we spoke with said their competency to administer people's medicines had been assessed. This evidenced a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system in place to ensure potential employees were checked for their suitability to work with vulnerable people. There was no system in place to ensure late or missed calls were automatically alerted to office staff.

Staff were able to tell us about different types of abuse and the action they would take if they had concerns about a person's welfare. However, we could not clearly evidence from the training records whose training was up to date and whose needed to be refreshed.

The majority of staff training was completed online, with staff also receiving practical moving and handling

training. The training matrix identified many staff required training, however dates of previous training had not been included so we were unable to identify the staff who had not completed training and which staff were simply due to refresh their training. When we checked the training records for the staff who had continued their employment with the registered provider we found their training was not up to date; this including moving and handling. Two of the staff who had continued their employment with the registered provider had not had supervision for twelve months. This evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us how they supported people to make decisions in their daily lives. We saw evidence in one of the care plans we reviewed that a mental capacity assessment had been completed and a best interests meeting held as the person lacked capacity to manage their own medicines.

Staff had access to GP telephone numbers to enable them to access people's GPs if required. People we spoke with told us staff were caring and kind. People's care plans provided a brief insight into people's life background including family and work life. Staff prompted people to make choices, for example, what clothes they wanted to wear. Staff also took steps to maintain people's privacy, dignity and independence.

Where a complaint was brought to the attention of the manager, they took action to investigate and address the issues raised.

Care plans were kept in people's homes. Care plans were detailed and recorded people's preferences. Not all care plans were reviewed and updated to ensure they were an accurate reflection of people's needs. Specific aspects of people's care were not always recorded in all areas of their care plan. People's daily logs and completed MARs were not always returned to the office for review in a timely manner.

The previous five inspections of this service have identified regulatory breaches and enforcement action was taken against the registered provider following the previous two inspections. The registered provider has consistently failed to provide safe, effective and responsive care to people. At this inspection we found previously highlighted concerns had still not been addressed. The service did not have a registered manager in place; the manager present at the inspection commenced their employment on 31 May 2016. We identified two policies which did not refer to the current Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no policy in place regarding staff supervision or business continuity. A board member who was the registered provider's nominated individual was not aware of a particular staff member's training and supervision was not up to date. They were unaware how often people's care plans should be updated had only completed the online medicines training 'this week' despite completing a medicines audit on 18 August 2016. These examples clearly demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection 27 and 28 January 2016, the overall rating for this service was 'Inadequate' and the service was therefore placed in 'special measures'. The overall rating for this service following this inspection is also 'Inadequate'. The service therefore remains in special measures. As not enough improvement has been made since our last inspection we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The management of people's medicines was not safe.

Risk assessments relating to the environment and equipment were in place.

There was no system to alert office staff of late or missed calls.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff were up to date with their training requirements.

Supervision and performance checks of staff were sporadic.

We saw evidence of a capacity assessment where a person lacked capacity.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

Staff respected people's right to privacy and took steps to maintain their dignity and encouraged them to maintain their independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plan reviews were not all up to date.

There were inconsistencies in the content of people's care plans.

Complaints were investigated by the manager.

Is the service well-led?

The service was not well led.

The service has not had a registered manager since January 2015.

Two of the three regulatory breaches identified at our previous inspections had not been addressed.

There was no evidence of a robust system of governance.

Statutory notifications were submitted to the Commission in a timely manner.

Inadequate 

Unique Care Providers

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 5 September 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection was completed by one adult social care inspector. We also visited Unique Care Provider's office on 15 September 2016, this visit was also announced.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. The registered provider had also submitted a Provider Information Return (PIR) for the service. 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.

During our visit we spent time looking at 13 people's care plans and related documentation, we also looked at four records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with two members of the board of directors the manager, a care co-ordinator and a carer. Following the inspection we spoke with five care staff on the telephone, three people who used the service, five relatives and one friend of a person who used the service.

Is the service safe?

Our findings

Our inspection on 27 and 28 January 2016 we found people's medicines were not managed safely. On this visit we found the management of people's medicines was still unsafe.

People we spoke with told us they felt safe. One person said, "Oh I do." A relative said, "(Family member) feels safe." Another relative said, "Yes absolutely, (family member) feels safe." However, we identified a number of on-going concerns relating to the poor management of people's medicines.

At our last inspection we found where people were prescribed a medicine which could be taken 'as needed' (PRN) there was no protocol in place to provide appropriate guidance for staff to ensure these medicines were administered safely. On this visit we checked and found protocols were still not in place. The medicine policy recorded 'PRN medication must be given in accordance with the prescriber's instructions, details of which should be recorded in the service user care plan. A protocol detailing how and when the medication should be given, the time interval between doses and the maximum in 24 hours must be drawn up in conjunction with the prescriber and also recorded in the Care plan'. We looked at the medicines administration records (MARs) for two people, who were prescribed a PRN medicine, we could not see any evidence of a PRN protocol. We asked a board member who said, "We don't have them in the files, it is in the policy." A care co-ordinator showed me the generic protocol which included a log for staff to complete when they administered a PRN medicine. We asked if these were yet in use and we were told they were not. We asked a board member if a list had been compiled of people who were prescribed PRN medicines to enable them to begin implementing the new documentation, they said it had not. This meant the management of PRN medicines was still not safe.

One of these two people, was prescribed an analgesic medicine. The MAR dated July 2016 recorded staff could administer 'two tablets when required' but there was no record of the maximum dose in a 24 hour period which staff could administer. This meant there was a risk this person could receive a potentially harmful dose of this medicine.

At our last inspection we found where people were prescribed a cream which they needed staff to apply, this aspect of their care was not recorded in the medicines risk assessment form. We found this was still the case. We looked at a MAR dated July 2016 for a two people who were prescribed a cream. Their medicines risk assessments were dated May and June 2015, they contained no reference to creams and there was no evidence to suggest they had been reviewed or updated since that date. This evidenced not all aspects of people's care and support was risk assessed to reduce risks to their safety and welfare.

At our last inspection we found where staff had made hand written entries on people's medicines administration records (MARs) which lacked the necessary details to reduce the risk of a mistake being made by staff when they were administering them. On this inspection we still found a number of concerns regarding this. For example a MAR for one person dated July 2016 had a handwritten entry for a course of antibiotics. The entry did not record the dose or number of tablets to be administered or the route of administration. The MAR for another person dated June 2016 had three hand written entries. Two of these

were for creams but neither entry recorded where, when or why they were to be applied. The third entry was for eye drops, there was no information as to which eye they were to be applied or when. The author of the entries or the start date of any of these entries was not recorded. One of the creams and eye drops had only been signed as administered on the morning of the 30th June 2016. This meant we were unable to evidence if they had received their medicines as prescribed.

We noted on the MAR for another person, dated May 2016, staff had not recorded if they had administered their medicines between the 1st and 4th of the month. We checked their daily logs and saw an entry for three of these dates 'assisted with meds'. We asked a carer about this but they were not aware of the reason for this. This meant we were unable to clearly evidence this person had received their medicines as prescribed.

We specifically checked the MAR for one person. They were prescribed a medicine to be administered once a week; at our inspection in January 2016 we noted staff had not signed for this medicine. We looked at a MAR dated May 2016, which recorded the medicine was to be administered 'once a week on a Sunday'. Of a potential five administrations, there was only one record of administration, and this had been crossed out. There was nothing recorded on the MAR as to why the medicine had not been administered.

We saw a board member had begun to audit people's MAR records. We noted that although they recorded the issues they had identified, action had not been taken to address them. For example, we saw two audits on MARs dated June 2016 which identified shortfalls in staff recording. We asked the manager if any action had been taken with the relevant staff to reduce the risk of a reoccurrence, they said no action had been taken with staff. It is important that registered providers regularly audit and review people's records however, shortcomings will only be addressed if they are brought to the attention the staff concerned and where appropriate action is taken to enable the staff to change or improve their practice.

All the staff we spoke with told us they had completed training in the administration of people's medicines. Only one of the five care staff we spoke with said their competency had been assessed by a more senior staff member and we only saw evidence of one medicines competency assessment in the four staff records we reviewed. The registered provider's policy recorded staff should refresh this training every two years and have a competency assessment at least annually.

This meant staff had not been checked to ensure they were complying with good practice guidelines and with the registered provider's policies and procedures in regard to the safe administration of people's medicines.

These examples demonstrate a continuing breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our inspection on 27 and 28 January 2016 we were concerned that people were not adequately protected from the risk of harm or abuse. During this visit we found improvements in staff's knowledge about the types of abuse and the action they would take in the event of any concerns being raised. Staff we spoke with were able to tell us about different types of abuse, for example, physical and financial. We asked one staff member what may lead them to think someone was being harmed, they said, "Everyone is different, they may change, may be snappy or more quiet than usual. I'd report it to the office, the senior or the manager." When we spoke with the manager they were knowledgeable about what constituted abuse and how to report it to the local authority safeguarding team and the CQC.

A member of the board of directors told us safeguarding training was to be updated annually. When we looked at the registered provider's training matrix this evidenced, of the 45 staff listed, 22 staff had not either

completed or refreshed this training, however, this did not tally with the information staff told us. One staff member told us they had completed online training but there was no recorded date on the matrix to identify when this had been done. Another staff member who had provided a significant amount of care and support to a person since August 2016 had not refreshed this training since May 2014. This meant we could not clearly evidence staff had completed or, if required, refreshed this training in a timely manner.

The care co-ordinator told us risk assessments were reviewed annually unless people's needs changed. Each of the care plans we reviewed contained a generic environmental risk assessment. This assessed internal and external issues, for example, access to the property, location of gas and electric points, pets and fire safety. The date of the assessment and the review date were also recorded.

We looked at the care plan for a person who we had identified at our previous inspection as requiring a risk assessment for a specific piece of equipment. We saw this had been put in place. We also reviewed the care plan for a person who required a hoist to support them. We saw the risk assessment provided details about the hoist and the sling including how the sling should be fitted. Having this level of information ensures staff have the information they need to perform the task safely.

As part of our inspection we reviewed four staff recruitment files, we found there were procedures in place to reduce the risk of employing staff who may not be suitable to work with vulnerable people. We saw evidence potential candidates had completed an application form and a record of their interview was retained. References and a Disclosure and Barring Service (DBS) checks had also been obtained. We also saw evidence these checks were renewed at regular intervals.

At our inspection on 27 and 28 January 2016 feedback from people who used the service regarding their call times was mixed. We found this still to be the case. One relative said, "They have been good, but since losing the contract it has slipped dramatically, they are supposed to come between 5-6pm, but one came mid-afternoon." Another person said, "I have a half hour call but they leave after 20 minutes, they are often late. I don't mind if they would just ring me up and tell me." A member of staff said, "If we are running late, I call the office, but they don't call the service user to tell them, then they complain when we arrive."

Some people also expressed concern about changes to staff. One relative said, "There have been a lot of staff changes in the last months." Another relative said, "Staffing has changed recently, it has become more settled. Before that, it was more variable, we could have number of different faces and timing was quite changeable." A person who used the service said, "I have a lot of different staff, the main one was nice but then she left. I've had many staff since then."

Unique Care Providers did not have a system in place to alert office based staff in the event staff were late or failed to attend a person's call. We asked the manager if there had been any changes since our last inspection. They said discussions had been held in regard to implementing an electronic call monitoring system, this had been approved by the board of directors but the implementation was subject to the outcome of the CQC inspection.

Following our inspection in January 2016 a member of staff had failed to gain entry to a service user's home. We asked the manager what action had since been taken to ensure staff were aware of the appropriate action to take. They told us all staff had been re-issued with a copy of the policy, failure to gain access. They showed us a signing sheet staff had signed to acknowledge receipt of the policy. This evidenced staff had been reminded of the action to take in the event of a person not answering their door and staff being unable to access their home.

An email dated 24 June 2016, entitled, Minutes of Board / Management Monitoring Meeting - 24/6/2016' referred to a person who was not always home when staff called. An action was recorded on the minutes 'all service user files to have a 'failed to gain access risk assessment in place by 30/06/2016'. At our previous inspection we had also identified the risks to this person but when we looked in their care plan we could not see a risk assessment regarding this aspect of their care and we did not see a 'failed to gain access risk assessment' in any of the other care plans we reviewed. This meant not all aspects of people's care and support had been fully assessed and that actions from the board meeting discussion designed to improve safety were not implemented.

This demonstrates a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the care co-coordinator what support was available to staff out of normal office hours. They told us there was an on call phone which was answered by the manager or a senior staff member. Following the inspection we needed to speak with the manager, we rang both the office phone and the 'on call' mobile number. Both numbers rang and as no-one answered an automated message told us no one could take our call but there was no facility to leave a message. The manager called back promptly as they saw they had a missed call and we brought this to their attention and they took immediate action to remedy this.

Is the service effective?

Our findings

Our inspection on 27 and 28 January 2016 we found staff supervisions and spot checks were completed but not at regular intervals. On this visit we checked and found minimal improvements had been made. We also found records relating to staff training were unclear.

Staff told us their training consisted of the completion of a series of online training courses. They also said they completed a practical session regarding the safe moving and handling of people. The registered provider's training matrix highlighted a number of staff for whom training was required. As dates of previous training were not recorded on the matrix we could not evidence which staff had not completed training and which staff were simply due to refresh their training.

We checked the training records for the staff who were still employed by the registered provider. We found two of the three staff (excluding the manager) were not on the training matrix and their training was not all up to date. For example, the care co-ordinator had not completed practical moving and handling since April 2010 and medicines training since July 2009. A member of staff who was employed as a bank carer but who had provided a significant amount of care and support to a person since August 2016 had completed practical moving and handling in June 2015 but we could not evidence if this was training provided from their other employer, which may not be relevant to the care and support they provided to people with Unique Care Providers. There was also no evidence they had completed either first aid or basic life support training with the registered provider. A further carer had not completed practical moving and handling since November 2014. This meant people were at risk of receiving care from staff who did not have up to date skills and knowledge to perform in their role. After the first day of our inspection the manager told us the care coordinator had updated their training in safeguarding, medication and moving and handling, theory.

A member of the board of directors told us staff should receive a mix of supervisions, spot checks and an appraisal, totalling four in a year. The manager showed us a matrix which logged the names of 46 staff and the date their supervisions and performance spot check had been completed and when they were due again. We saw the column for the completion date was blank in most cases. We were also provided with a hand written log of 23 staff with the dates they had received a performance check in June, however, this information had not been added to the matrix and three of the staff on the hand written log were not listed on the overall matrix.

We checked the supervision records for the staff who were still employed by the registered provider. The care co-ordinator had not received between June 2015 and August 2016. A carer who was employed as a bank carer but who had provided a significant amount of care and support to a person since August 2016 had no evidence of a supervision or a spot check in their personnel file. However, a spot check was completed on 6 September 2016, following the first day of our inspection. A further carer had not received supervision between June 2015 and June 2016.

When we spoke with staff after the inspection they each told us supervisions were sporadic. One staff member said, "We have had so many managers in the last few years; it was pot luck if you got supervision."

Last one I had must be twelve months ago with (name of care coordinator)." When we checked the registered provider's matrix, their last supervision was recorded as October 2015. There was no evidence of a performance spot check on the matrix. Another staff member said, "Yes, I had supervision in April this year, I think I have had two in the last two years." When we checked the registered provider's matrix, this supervision was not recorded. They also told us they had not received a spot check of their performance however, the matrix recorded this had been done in January 2016. A further staff member said, they had been employed for about a year but they had not had a spot check of their performance. We checked the matrix and found no record they had received supervision but there was a record of a spot check being completed in January 2016.

Ensuring staff receive regular training and management supervision to monitor their performance and development needs is essential to ensure they have the skills and competencies to meet people's needs.

These examples demonstrate a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to Unique Care Providers only providing personal care and support to two people at the time of our inspection, there were only four staff in their employment, none of who had been recently employed. Therefore we did not review the registered providers' systems for inducting new employees to their role.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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.

The registered providers training matrix evidenced, of the 45 staff listed, 16 staff had not either completed or refreshed this training and training should be refreshed every three years. There was no evidence the care coordinator had completed this training. While some of the staff we spoke with told us they had completed training in MCA, one was unsure if they had completed training and another said they had not completed this course. When we looked at the registered provider's training matrix both these staff had completed the course in October 2014.

Each of the staff we spoke with were able to explain how they enabled and supported people to make decisions and choices about their daily lives. The care coordinator told us, "It's about people's ability and understanding, what they understand or don't understand." Another staff member said, "It's about decisions, give them choices, letting them choose." A third staff member said, "I have done it (the training). Don't assume they don't have capacity. If they make a choice that you don't like, that doesn't make it wrong, it's their choice not yours."

We noted in one of the care plans 'meds are in a locked case in a cupboard because if left out (person) will tamper with them.' We were unable to locate evidence of a capacity assessment in the documentation we were provided with. The manager told us some people's original paperwork had been sent to the new providers of their care package. After the inspection we contacted the new care provider and visited their office to enable us to review the paperwork. We found evidence of a capacity assessment and a best interests meeting which involved a relative of the person, dated November 2015. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed

in the Mental Capacity Act 2005.

Care plans contained a section for people to sign their consent to receiving the care and support as described in their care plan. This showed people were asked for their consent to the provision of their care and support.

People's care plans recorded where they needed staff support; they also provided basic details at people's preferences. For example, one care plan detailed, 'likes toast, a cup of tea, one sugar. If (person) says she has eaten, make her something, due to her dementia she forgets.' Another care plan noted 'enjoys porridge with honey'. This showed care plans took account of people's dietary preferences.

One of the relatives we spoke with said, "They (staff) pro-actively called the doctor if (person) was unwell." We asked the care coordinator what action staff should take if a person was unwell, they said, "If someone is unwell they (staff) call the office, they also ring the GP and notify their family." Each of the care plans we looked at recorded the contact details for the persons GP. This showed staff had access to external health care professionals to enable them to seek further advice if required.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "They are lovely, we have a laugh." A relative said, "They have been good and helpful." Another relative said, "A lot of the staff I am happy with, sometimes up and down. (Person) is quite comfortable with them. (Person) likes the staff and she gets about five regular staff that go to her."

The June 2016 edition of the service user newsletter reported that of the 30 of the 32 returned surveys, people felt staff treated them with courtesy, respect and dignity.

Each of the care plans we reviewed contained basic life history for the person. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staff's understanding of individuals' personalities and behaviours.

We asked one of the people we spoke with if staff encouraged them to make choices and decisions, they said, "Decisions, oh yes they ask me." Staff were also able to give us examples of how they supported people with making choices about their care and support. They said, "I get things out of the wardrobe, give them a choice. I ask them, what do you want to wear.", "I always ask them, what they like and what they prefer." And "I ask them. (Name of person) before I take her to the bathroom, what do you want to wear, I let (person) choose. (Person) can be fussy, if (person) can't make a decision, I take a few out, let (person) see them and then choose."

Staff also told us how they maintained people's privacy and dignity during personal care. One staff member said, "I take them into the bathroom, close the door. When I take the top half of their clothing off, I use a towel to cover them so I don't make them feel exposed." Another staff member said, "I close curtains, I don't expose them, be discreet. I treat them how you would want to be treated yourself." This showed staff respected people's privacy and dignity.

One of the care plans recorded how staff were to support them to choose, 'carer to offer me two choices only as I cannot retain too much information'. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills. Care plans also recorded the tasks they were able to do themselves. One care plan noted, 'pass the shower gel and shampoo to (name of person). (Person) will wash their own hair and body'. Enabling people to retain levels of independence can improve their quality of life.

Care plans recorded where people had a gender preference regarding their support worker. This demonstrated the service acknowledged people may have preferences regarding the gender of the person entering their home and providing their personal care.

Is the service responsive?

Our findings

People told us they had care plans in their homes but only one person told us the care plan had been reviewed by Unique Care Providers. One relative said, "We've not had a review with the care company, just with social services." Another relative said, "We have had a review with the council but not with Unique Care Providers".

We asked a member of staff about the care plans kept in people's homes, they said, "They all have risk assessments and care plans, they are pretty good. If there is a change, we tell the office and the office would change it."

The individual support plans we reviewed were person centred and contained details of the care and support people required. For example, one support plan recorded 'breakfast, (person) will decide each day what they will have'. Another support plan noted 'Leave drinks available and within reach...Put phone cradle to charge and the one that's charged to be left near (person)', and 'Leave pathways clear for when (person) gets up and uses their wheelchair'. This showed support plans were tailored to meet people's individual preferences.

All but one of the support plans we looked at contained the date they were implemented and the date they were due to be reviewed. Some but not all of the support plans had been reviewed within the time frame specified on them, for example, one support plan recorded it was due for review on 15 June 2016 but there was no evidence this had been done. The support plan for another person also noted the review date was June 2016. We asked a member of staff in the office and they showed us the support plan had been reviewed on the computer but this had not been printed and put in the care plan file.

We found a number of concerns with the care planning documentation for one person. They had a moving and handling plan and a falls risk assessment dated 4 June 2015, there was no evidence these documents had been reviewed since then. This person was also diabetic but there was no mention of this in the eating and drinking section of their needs assessment. The individual support plan instructed staff to remind the person to 'check their blood sugar' and staff were to record the result in their documentation. The instruction also noted 'hypo/hyper issues to ring DN or GP' but there was no further information as to what a 'hypo/hyper issue' was or what the normal parameters of a blood sugar reading should be. This meant staff had not been provided with the level of information required to enable them to ensure the safety of this person. When we reviewed their daily logs, staff referred to them having a catheter in place. This was not recorded in any of the care planning documentation. When we spoke with the person on the telephone after the inspection they said, "I went into hospital in March and the catheter was fitted, I was discharged with it. I had it taken out about 3 weeks ago". The dates on their risk assessment, falls assessment and needs assessment did not indicate these documents had been reviewed or updated to reflect these changes. Ensuring care planning documentation is updated in a timely manner to reflect people's current care and support needs is essential to ensure staff have the information they need to provide safe and effective care to people.

We noted one person required a thickening agent to be added to drinks to reduce the risk of them choking. This information was clearly indicated on their individual support plan but had not been transferred to the eating and drinking section of their needs assessment. Ensuring pertinent information is recorded in all relevant section of people's care planning documentation reduces the risk of harm to people.

Not all the care plan files we looked at contained the same care planning documents. For example, risk assessments, needs assessments and individual support plans. The manager told us this was because some of the original documentation had been sent to the new care providers to enable them to access the information they needed. We could not locate a support plan for one person and a member of staff could not locate it, we saw their needs assessment but this was dated October 2014 when we asked a member of staff about this they said it had been updated but the date on the document had not been changed to reflect this.

There was no system in place to ensure completed daily logs and MARs were returned to the office in a timely manner for auditing and archiving. When we asked to see the MARs for one person the only one in the office for 2016, was from April. There were no daily logs available for another person during 2016. Having a system in place ensures office based staff are aware when records have not been returned, enabling them to arrange collection.

This evidenced a continuing breach of Regulation 17 (1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with did not raise any complaints about the service. One relative said, "Any problems I ring them." Another relative, told us had complained about an issue and staff dealt with it.

When we reviewed the daily logs for a person, we saw an entry dated 8 August 2016 where the person had expressed concern at the number of different care staff who had attended their calls over the weekend. The staff member had written, 'Told (person) I would tell office about their complaint'. The manager showed us where they had logged this complaint and explained the background to the matters raised.

The manager showed us a handwritten log of concerns and complaints. We saw this recorded the date the concern was raised, the name of the complainant or the name of the person the concern related to, and a brief summary of the concern. The manager had also recorded where action had been taken, for example, 'apology from (staff name) and accepted' and 'checked, unfounded'. The manager explained that due to other priorities they had not been able to record all aspects of the complaints process however, we were satisfied that when complaints were brought to their attention, they took action to investigate and acted appropriately to resolve the issues.

The manager had written a newsletter for people who used the service, in June and July 2016. The June newsletter thanked people for completing a recent satisfaction survey; it also informed people about the findings of the CQC inspection in January 2016. The July 2016 newsletter summarised complaints which had been made about the services and the action the manager was taking to address those concerns. This showed the manager had taken steps to provide feedback to people about the service they received.

Is the service well-led?

Our findings

Prior to this inspection, CQC has inspected Unique Care Providers in December 2013, February 2014, October 2014, August 2015 and on 27 and 28 January 2016. Regulatory breaches some of which were found to be repeated have been identified at each of these inspections. We have taken enforcement action against the registered provider at the previous two inspections.

A relative, said, "They have been good, but since losing the contract it has slipped dramatically." Another relative told us, "The office staff never came, that was one of my bug bears, you never had contact from the office."

Prior to this inspection the local authority contacted us to express concerns regarding the organisation's ability to effectively and efficiently manage the transfer of information regarding people who used the service and staff, to new providers.

We have found a different manager in place at each of the previous three inspections. The manager on the day of our inspection had commenced working for the registered provider on 31 May 2016; they were not yet registered with the commission. During the inspection the manager was professional and knowledgeable about their role and the service they had come in to manage. They told us that within a short number of weeks the registered provider would no longer be providing personal care to people. This was due to the loss of the local authority contract and Unique Care Providers anticipating the two remaining peoples' contracts ending. They said that in light of the issues that needed to be addressed at the service they would not be accepting any future service users who required support with aspects of personal care until the service was compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we reviewed a selection of the registered provider's policies. We saw the training policy and complaints policy had last been updated in September 2013 and both referred to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and not the current 2014 regulations. The manager told us there was no policy in place regarding staff supervision or business continuity. Having a business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards.

On the second day of our inspection we spoke with a board member who was the registered providers', 'nominated individual'. This is a person nominated by the registered provider who is responsible for supervising the management of the service provided. We told the nominated individual about one of the members of staff whose training & supervision was not up to date. They said, "She is bank, she slipped through the net" They also said they were not aware this staff member's training and supervision was not up to date. We asked the board member how often care plans should be reviewed, they responded, "I think regularly, I don't specifically know how often they should be reviewed; I leave it to the manager." This demonstrates the registered provider's, 'nominated individual' was not effectively monitoring the performance of the organisation..

The concerns described throughout this report evidence the registered provider's failure to consistently provide safe, effective and responsive care to people. Medicines were not managed safely; issues regarding the poor management of medicines, clearly highlighted at previous inspections had not been addressed. While audits had been implemented, this had not improved staff practises. The registered provider was unable to evidence staff training was up to date, this was a concern at our previous inspection, 27 and 28 January 2016, and was clearly documented in the subsequent inspection report. Staff were still not being provided with regular performance management and supervision and people's records were not consistently accurate.

This evidence demonstrates a continuing breach of Regulation 17 (1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about communication and staff meetings. One staff member said, "(Staff meetings), rare, very rare. We had one a few months ago, but we never got the minutes." Another staff member said, "We have had so many managers in the last few years. They all did things differently. No one ever knew what they were doing, whether you were coming or going in last three years. The care is very good; it's the communication that is the problem." A further staff comment was, "The last few (staff meetings) I haven't got to attend. Never get to find out the content, they don't tell you." We saw evidence the manager had held staff meetings but they admitted, "It is a weakness as the meeting minutes aren't distributed to staff." However, we saw a staff newsletter and they showed us copies dated May and July 2016. These summarised the last CQC inspection findings for staff, informed them of the next staff meeting and management changes. This showed action was being taken to ensure staff were updated with relevant information however the repeated breaches in this report demonstrate that learning had not been effective in the organisation to drive the improvements needed.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.