

Unique Resourcing Ltd

Unique Care UK

Inspection report

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Date of inspection visit:
18 January 2021

Date of publication:
25 February 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to 22 people.

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

At our last comprehensive inspection on 22 January 2019, we found shortfalls that may place people at risk of harm. We found that risk assessments had not been completed for people to minimise the risks of avoidable harm and robust pre-employment checks had not been carried out to ensure staff can safely work with vulnerable people. During this inspection, we found improvements had been made.

Risk assessments had been carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to monitor staff time-keeping and rotas were sent in advance to staff to minimise missed calls and late calls.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. However, improvements were required with record keeping as we found some gaps in people's medicines records and staff files. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The previous rating for this service was requires improvement (published 9 March 2019) and there were breaches of regulation. CQC had issued requirement notices for Regulation 19 (Fit and Proper Persons) and Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led to check if the service was compliant with the requirement notices issued at the last comprehensive inspection and to see if improvements had been made.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Unique Care UK on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Unique Care UK

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 one inspector and an 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 homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available at the time of the inspection. We were supported by the care coordinator and an external consultant.

Notice of inspection

Our inspection was announced. We gave the service notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that a staff member would be in the office to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with the care coordinator, external consultant, two people and seven relatives. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as staff call logs and quality assurance records. We also spoke to five care staff.

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 improved to good. This meant people were safe and protected from avoidable harm.

Recruitment

At our last inspection, the provider had failed to complete robust pre-employment checks to ensure staff were suitable to work with people safely. This was a breach of regulation 19 (Fit & Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made.

- Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. References had been requested and received, which included character references and professional references, which was in line with the provider's recruitment policy. This ensured staff were suitable to provide safe care to people.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. We found care plans did not contain suitable and sufficient information to effectively manage known risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks had been identified and risk assessments were in place covering areas such as people's skin integrity and falls. Assessments included control measures to minimise risks. Risk assessments had also been completed on people's health conditions. Some examples included assessments to support people with diabetes and those at risk of strokes. These assessments included signs and symptoms that may place people at risk and what action staff should take to ensure people were safe.
- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk.
- People and relatives told us that staff knew how to keep people safe. A relative commented, "Having them here keeps (person) safe, we have a stairlift and they make sure there is one (care staff) in front and one behind when (person's) on it. Same with (person's) walking frame. They know what they are doing." A person told us, "I feel very safe with them (care staff) particularly in the shower, having them there is boosting my confidence after a couple of fall, they will make sure I have everything, towels and things, makes sure the mat is down so I don't slip. I trust them." A staff member told us, "The risk assessment is helpful, it is very good and helpful."

Using medicines safely

- People were given medicines safely. However, improvements were required with record keeping.
- We checked people's medicine administration records (MAR) and found gaps on one person's medicine records. We checked this with the care coordinator, who informed us this was identified as part of an audit and action had been taken.
- We also found one person was prescribed to take one of their medicine's once weekly, but their medicine record had been signed daily instead of weekly. We were informed that this was a record keeping error and the medicine could not have been administered daily as it was on a weekly blister pack.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to.
- People and relatives told us they received their medicines safely. A relative told us, "They (staff) make sure (person) has medication, and the main carer knows all about it as I've spoken to them. If I need an urgent prescription picking up, they has been known to pop and get it, they are very reliable." A person commented, "I have a medication and cleaning call. My medication is on time."

Staffing

- The provider had a digital monitoring system for oversight of staff time keeping and attendance. Staff logged in and out of visits electronically or by using a phone. This showed they had attended and left their visit after carrying out personal care. This then generated a report, which showed the times staff logged in and out of a care call that was monitored by office staff.
- Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised. A staff member told us, "They normally give us transport time so we can make it on time for the client."
- People and relatives told us there were sufficient staff and they came on time. A person told us, "They are usually on time but will ring if they are running very late". A relative commented, "They are pretty consistent with time and will stay as long as they need to. They don't rush (person) or anything."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "I did safeguarding when I started it and did it recently also. There is physical, emotional and financial abuse. If I see this, I will let the manager know. You can also contact social service."
- People and relatives told us people were safe. A relative commented, "I would say (person) is safe with them going in. They will ring me if there is any problem, (person) did have a fall and they rang me plus the ambulance, so I feel confident they know what to do."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded with details of the incident and action taken. There were records of lessons learnt for each incident to minimise the risk of re-occurrence and the learnings were also shared with staff.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons. Information on care plans included that staff should wear PPE when supporting people. A staff member told us, "We have gloves, we have aprons, we have masks as well and hand sanitisers as well. I wash my hands regularly. There is a Covid19 risk assessment, which is helpful." A relative told us, "They put gloves and

aprons on when they get here and come in wearing a mask. They wash their hands too and have hand gel. I am happy they are doing what they can to stop the bug."

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 comprehensive inspection, this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last comprehensive inspection, we found the service failed to ensure robust audit systems were in place to identify shortfalls and act on them, nor had they ensured people were safe at all times and had not maintained accurate records to ensure people received safe care. At this inspection, we found some improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Records were not kept on people and staff files to ensure this could be accessed when required to ensure people received personalised care. For example, we found another person's Covid19 risk assessment in one care plan and an employment reference for a staff member had been misplaced.
- We found improvements were required with people's medicines records, which showed gaps and incorrect entries. Audits were carried out on medicine management. The medicine audits had identified shortfalls with record keeping and action was being taken to address this.
- Relatives also told us there had been concerns with record keeping. A relative told us, "We go once a week to check food dates and medication etc and have noticed they are not always completing the folder in order; you really have to look for things. I think they have a new system now and are zapping a code or something. It's not so good for us though cos we can't tell what has been happening like we used to."

We recommend the service follows best practice guidance on record management.

- An improvement plan had been put in place to drive improvements and an external consultant had been employed to oversee and embed quality assurance systems. As part of the improvement plan, all care plans had been reviewed and staff had received training to ensure people received person centred care at all times. Processes for audits were being introduced and staff were being trained to ensure audits were completed effectively.
- We found improvements had been made with risk assessments and pre-employment checks. The service met the requirement notices on Regulation 19 and 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
- Spot checks were also completed quarterly for staff, which checked on time-keeping and care delivery. A quality assurance report was also sent to the management team to ensure they had oversight of the operations of the service.

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of staff spot checks, the management team also obtained feedback from people about the service and performance of staff.

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

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I like working for them. (Registered manager) is a good manager, they support every area of the job we do in terms of medicine, what we should do and what we should do make our clients happy." Another staff commented, "(Registered manager) is a good manager, when I need help, They help."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns, and these would be dealt with.
- Most people and relatives told us the service was well-led. A person told us, "The manager came a couple of weeks ago to talk through things. They went through everything with me and are going to upgrade the care plan, they took a photo of (relative) and asked about our expectations. It seemed a very comprehensive plan". Another person commented, "I have a good telephone relationship with the office. I have met the manager, they were at the hoist training, and they seemed very nice, open and honest."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent out to people to gather their feedback. However, the results were not analysed to identify best practices and areas for improvement. The consultant told us that this was part of the improvement plan and showed as records to evidence that staff will be provided with training to ensure surveys were analysed and used to make improvements to the service.

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. We saw records that showed the service had communicated with professionals when they had concerns.