

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Unique Personnel (UK) Limited

138 St Georges Road, Forest Gate, London, E7  
8HS

Tel: 02085527111

Date of Inspection: 20 February 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Records</b>	✗ Action needed

## Details about this location

Registered Provider	Unique Personnel (UK) Limited
Registered Manager	Mrs Mote Oyonwo
Overview of the service	Unique Personnel (UK) Ltd provides a personal care service to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 February 2014, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Most people confirmed that the care they received was appropriate to their needs, but there were a few instances where people were not fully satisfied with the care and support they received. Three people felt the carers had not been given enough time by the agency to carry out the tasks they were assigned. One person told us that they were not notified that a care worker was coming late and another person felt some care workers did not have a good command of English.

People told us they had been treated with respect and dignity by staff from the agency. A relative described the care worker as "very kind" and "cheerful", in terms of the way she interacted with their relative.

We viewed ten care files and found that people's needs were assessed, risks to people were identified and plans were in place to minimise these. However, we noted that some information was missing. For example; we could not find any reviews of care plans for 2012. One file did not have up to date risk assessments in place and another had risk assessments that were dated in 2010.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. However, the provider was reminded that they needed to notify the Commission of any allegation of abuse, which they had neglected to do in January 2014.

The agency allowed people to express their views and concerns in a safe and understanding environment. The deputy manager informed us that they had regular contact with people using the service and their representatives.

Records were kept but were not always accurate and fit for purpose. Care plans had not been consistently reviewed. Some of the incident forms had very little information on them and lacked details of what actually happened and some forms were not legibly written. We noted from the incident forms that there had been occasions where people had been

physically or verbally aggressive towards the care workers. There was no information available to demonstrate how the agency supported care workers with this or how they should work with these people in the future.

You can see our judgements on the front page of this report.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 20 May 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

Most people told us they had been treated with respect and dignity by staff from the agency. A relative described the care worker as "very kind" and "cheerful", in terms of the way they interacted with their family member. However, one person told us their care worker kept using their mobile phone during the visits which was disruptive to them.

People agreed that they were able to express their views regarding their care and the support that they needed. Where they were not able to contribute to this process their relatives and families were involved, to ensure that decisions were being made in their best interests.

Care workers learnt about how to maintain people's privacy and dignity during their induction. Staff told us they promoted privacy and dignity by making sure doors were closed and curtains were pulled when providing personal care and by not rushing people.

The deputy manager said the agency received feedback about whether people's privacy and dignity was maintained through feedback from people who used the service, direct feedback from people and spot-checks.

People's care files contained relevant information such as contact numbers, the care they could expect to receive, and how to make a complaint. However, people using the service and their relatives said they did not always receive information from the agency in a timely manner. For example, we were told that the agency did not inform them that when their usual care worker could not visit, that replacement care workers had been allocated.

We were told care workers supported people to maintain their independence wherever possible. One individual told us the care worker supported them to do things for themselves.

People told us they had been consulted and involved in the planning of their care, and that the agency listened to their views and suggestions. They confirmed they could choose to have a male or female care worker and that their choices were respected. Some people told us that a senior member of staff visited them to talk about their needs and complete their care records.

People's diversity, values and human rights were respected. The management team told us that the majority of people using the service were Asian and, where possible, staff who spoke the same language and were from the same cultural backgrounds were allocated to people to meet their communication needs. People using the service confirmed that the staff were able to speak their preferred language when this was not English. We found that staff were able to speak languages such as Hindi, Urdu, Punjabi and Gujarati. Care records of people appropriately addressed their cultural and spiritual needs and how these were to be met.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of ten people and found that they were signed by people or their representative, to show they had been involved in the process. They were also involved in drawing up the risk assessments. However we noted that some information was missing. For example, on all the files we could not find the reviews of care plans carried out in 2012. One file did not have any up to date risk assessments, with the last one dated 2010. Another folder did not have any risk assessment in place.

We also noted from the information that was forwarded to us following our inspection that some care plans had not been reviewed on a yearly basis. Some risk assessments were in place in support of people's care plans, for example, the care environment and manual handling support. However, the manual handling assessment for one person lacked detail of what had been assessed, information on what equipment was being used, and the date of assessment. The deputy manager acknowledged that improvement was needed with regards to care planning and risk assessments.

Care plans referred to people's diverse needs, including religious and cultural needs, and in terms of disabilities. The agency had a diversity and equality policy that referenced recent legislation and how this may impact on people who use services and staff. The deputy manager told us and we saw training records which demonstrated staff had received training in this area.

Many people confirmed that the care they received was appropriate to meet their needs. However, one person told us that they had not been notified that their care worker would be late. Two people said that the care workers did not have enough time to complete tasks that had been allocated. Other feedback we received was that some care workers did not have a good command of English and care workers were not always given enough time to travel. This was discussed with the management team following our visit so that improvements could be made.

Care workers told us if people's needs changed, they contacted the office who would try to

address matters. Care plans reflected this and most of the people we contacted told us that they received the care and support they expected.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People who we spoke with and those who responded to our survey said they had the contact details of the agency, so they could speak with the office staff if they had any concerns. Many people told us they would also talk to their relatives and friends if they had concerns that they did not feel safe.

The agency had a safeguarding policy that outlined the procedures to be followed in the event of an allegation of abuse. Care workers were expected to report any concerns to the management team. We spoke with staff who showed that they understood what constituted abuse and the procedure that needed to be followed if they had concerns or suspicions of abuse. Staff were also aware that they had to respect people's rights and provide the care people needed otherwise they could be negligent. They were able to tell us how they would raise concerns if they witnessed or suspected that people were being abused or not receiving the care that was planned for them. We were informed by the management team that during out of office hours a senior staff member was on call in order to support and advise care workers in raising concerns.

Training records showed that all staff had received training on abuse and safeguarding in 2012 and 2013. We sampled some staff files at random and saw evidence that staff had attended training in adult and children safeguarding.

The management team told us they monitored people's safety and to prevent abuse, with training, making phone calls to people, and carrying out spot-checks. They also told us people who used the service knew how to raise concerns because they had been provided with the agency's 'Service User Guide' which contained this information. This meant the provider had systems in place to respond appropriately when it was suspected that abuse had occurred or was at risk of occurring.

Records showed that criminal record checks had been completed for staff to help ensure that they were suitable to work with vulnerable people.

Following our inspection we received information from the Contract Monitoring Team of the Local Authority where they had been informed that there had been one safeguarding referral made against the agency. The agency had failed to inform us of this, as is their responsibility as a registered provider, and they had not followed their own arrangements and procedures for reporting allegations of abuse. This was discussed with the manager who informed us that they were aware of their responsibilities but had forgotten to inform us of the allegation when it happened.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Most people told us they felt that staff knew what they were doing and were caring, while others mentioned that care was inconsistent and depended largely on which carers were attending to them. One person said that their regular care worker was really good and had all the qualities a care worker should have. Another person commented "the care worker that comes is very polite, speaks the same language which makes it easier to communicate with her as I have limited English. She helps me to bathe and dresses me. She is very professional and has good caring skills". However, some people were not completely satisfied with their care workers. One person commented "We weren't happy with the replacement carer when the regular carer was off". Overall people using the service and their relatives/friends seemed relatively satisfied with the service being provided.

Care workers were given the opportunity to meet their manager regularly to discuss their work. We saw evidence of this on the care workers' files we looked at. Supervision records, including learning and development plans, were available for each member of staff. We saw evidence that actions had been taken to address these plans. The management team told us supervision included the checking of care workers' understanding of their work.

Care workers told us they felt supported in their roles, and that they had been provided with regular supervision. There was also group supervision every three months for staff which included some training sessions on the day. We saw evidence that staff appraisals were taking place.

Training records for the staff team showed care workers had completed training on a range of areas which reflected their job role. This included moving and handling, health and safety, infection control, food safety and first aid awareness. However, we were told by one person that "When transferring from wheelchair / commode to bed my son has to be called to do it most of the time as some new carers have never seen a stroke patient walk like me".

Care workers were able to obtain further relevant qualifications, for example a National

Vocational Qualification (NVQ) in care. Records were kept of the training staff attended so the dates for yearly updates were clearly identified.

The agency had arrangements so staff received an induction when they started work with the agency. Staff who we spoke with confirmed they had an induction, which included learning about principles of caring, the ethos of the agency, and shadowing a senior member of staff, so staff learnt the basics of providing care for people in the community.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The agency had a complaints procedure that was clearly written and easy to understand. In most cases the service responded to complaints within the agreed timescale. We found that informal concerns raised by people were addressed through discussion with staff on a day to day basis.

The agency allowed people to express their views and concerns in a safe and understanding environment. The deputy manager informed us that they had regular contact with people using the service and their representatives. We saw some of the records that office staff completed as part of their telephone monitoring reviews. We found that people were given an opportunity to make general comments and the document indicated that follow up actions had been taken where issues were highlighted.

The majority of people we spoke with knew what to do if they needed to contact the office and where to find the contact details/telephone number. Those who had called the agency said they had been well treated. The management team informed us of the quality checks that were made to monitor the service people received. For example, office staff completed unannounced spot checks to monitor care workers' performance and time keeping.

The provider took account of complaints and comments to improve the service. Complaints were made verbally or in writing and complaints forms were completed for each complaint. These showed when complaints were received, how these were investigated, the outcome of the investigations and the learning points from these. We noted that there had been two complaints in the month of January 2014 and they had been dealt with to the satisfaction of the person using the service.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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The deputy manager was able to locate most of the records during the course of our inspection, when requested. However we asked for one specific person's record and were told while it was archived as it got water damaged. They were also unable to provide us with a risk assessment on one file and why there was no care plan for one person in 2012 and no risk assessment for another person in their file. We noted that a number of people had not had their yearly review in line with the agency policy and procedures on care planning.

We looked at a number of accident/incident forms that were sent to us following our inspection. We noted that some incidents involved people who had been physically aggressive towards the care staff. Although the incidents had been recorded, there were no records about how to minimise the risk in future. Some of the incident forms had very little information on them and lacked details of what actually happened. Some forms were not legibly written.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>  <b>How the regulation was not being met:</b>  The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of - an accurate record in respect of each service users which shall include appropriate information and documents in relation to the care and treatment provided to each service user and the management of the regulated activity. - 20 (1) (a) (b) (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 May 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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