

Unique Personnel (U.K.) Limited

Studio 43.3

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 5 and 8 December 2017. This was the provider's first inspection since their registration at a new location in April 2017. Studio 43.3 is a domiciliary care agency. It provides personal care to people living in their houses. It provides a service to older adults. At the time of the inspection 12 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicine safely. People were protected from the risk of infection.

Senior staff carried out an initial assessment of needs and risks of each person prior to the start of the service. The service provided an induction and training, and supported staff through regular supervision and observation visits to help them undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered. The provider and staff understood their responsibilities within the Mental Capacity Act 2005.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed. Staff worked with other services to ensure an effective joint-working.

People told us they were consulted about their care and support needs. People were supported to be as independent in their care as possible. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date. Staff completed daily care records to show what support and care they provided to each person.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services. As a result of the inspection feedback, the provider notified the CQC about a safeguarding concern. Staff felt supported by the provider. The service had an effective system to assess and monitor the quality of the care people received and they worked in partnership with health and social care professionals.

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.

People told us they were safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

The service completed risk assessments and management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and who had undergone satisfactory background checks before they started working.

Staff supported people so they took their medicines safely.

People were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People commented positively about staff and told us they supported them properly.

Senior staff carried out an initial assessment of needs and risks of each person prior to the start of the service. Appropriate mobility equipment were in place to maximise people's independence.

The service provided an induction and training for staff. Staff were supported through regular supervision to help them undertake their role.

Staff sought consent from people when offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed. Staff worked with other services to ensure an effective joint-working.

Is the service caring?

Good ●

The service was caring.

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

The service developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints

Is the service well-led?

Good ●

The service was well-led.

People commented positively about the management of the service.

There was a registered manager in post. They kept staff updated about any changes to people's needs. As a result of the inspection feedback, the provider notified the CQC about a safeguarding concern.

The service held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had systems and processes to assess and monitor

the quality of the care people received. The service worked in partnership with health and social care professionals.

Studio 43.3

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 and 8 December 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and an expert by experience. The expert by experience made phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

During the inspection, we spoke with two people, one relative, two members of staff, the deputy manager and the general manager. We looked at four people's care records and five staff records. We also looked at records related to the management of the service such as the administration of medicines, complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

Is the service safe?

Our findings

People gave us positive feedback about safety and told us that staff treated them well. One person told us, "I am very happy with them [staff], they are nice and don't give me any trouble." One relative said, "My loved one is safe with them [staff]."

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager and the local authority safeguarding team. One member of staff told us, "When I notice an abuse, I report straight to the manager. However, I have not come across anything yet." Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "If I come across any issue to the people, I would inform the manager, if the manager doesn't listen, I shall contact the head office, if they don't do anything, then I will inform CQC. However, I have not come across an issue so far." The provider maintained records of safeguarding alerts and worked in cooperation with the local authority safeguarding team to investigate where appropriate.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. Since the registration of the service in April 2017 there had been one incident which the registered manager reviewed and monitored. One person was displaying behaviour that was challenging and the staff were not able to manage the situation, the manager discussed the concerns with the commissioners and had stopped the service to the person as a result as their needs could not be met. .

Staff completed a risk assessment for every person and covered areas including falls, moving and handling, administration of medicines, and the home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk of falls, a risk management plan was put in place which identified the level of support the person needed to reduce the risk. The deputy manager told us that risk assessments were reviewed periodically and as and when people's needs changed. We reviewed four people's records and found all were up to date with detailed guidance for staff to reduce risks. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.

The service had enough staff to support people safely. One person told us, "Yes, they [staff] turn up on time, however once they turned up late, because their car was broken down, they came all the way by bus, they did not let me down."

The general manager told us they organised staffing levels according to people's needs. Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on call system to make sure staff had support

outside the office working hours. Staff confirmed this was available to them when required. The care coordinator explained that when staff were running late for more than 15 minutes they followed up by calling people using the service and arranged replacement of staff. The deputy manager told us after they had unsuccessfully attempted in May 2017 to cover a visit in an emergency. As a result they bought a car and made arrangements for office staff to cover in emergency. We saw during the inspection when a member of staff was unable to carry out a scheduled visit, to ensure the scheduled visit had been made the care coordinator covered the visit using the office car. The care coordinator and the deputy manager confirmed through our discussion that there had been no missed calls since the incident in May 2017. The deputy manager told us they have procured the necessary equipment and were educating people and staff about the usage of an electronic call monitoring (ECM) system. The provider had scheduled to launch the ECM in January 2018. Communication records we saw further confirmed this.

The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people to take their medicines safely. One person told us, "They [staff] put medicines out for me from the box and I take it." Another person said, "Yes, they [staff] give medicines when they are visiting." People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. Senior staff conducted regular checks of medicine management and had a system in place to share any learning outcomes with staff to ensure people received their medicines safely. The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. The service trained and assessed the competency of staff authorised to administer medicines. A member of staff told us they had completed the training and the practical test and these equipped them with skills to ensure that they dispensed medicine safely.

People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing waste appropriately. The service had infection control procedure in place and staff were trained.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "They [staff] are marvellous, they never let me down, and they know what to do for me."

Senior staff carried out an initial assessment of needs and risks of each person prior to the start of the service. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. The assessment looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities. Appropriate mobility equipment was in place to maximise people's independence.

The provider trained staff to support people appropriately. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. Staff told us they completed an induction when they started work and a period of shadowing an experienced member of staff, which helped them to get to know and understand the person they were supporting and how to support them with their needs. The general manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, safeguarding and the Mental Capacity Act 2005 (MCA). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed. Staff training records we saw confirmed this.

Records showed the service supported staff through regular supervision and onsite observation visits. The general manager confirmed that once staff had completed one year in service they would be conducting annual appraisals which would be completed in April 2018 when the service had been operating for a year. Areas discussed during supervision meetings included staff wellbeing and leave, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and able to approach the registered manager at any time for support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the general manager told us they were not providing care or support to any people who required Court of Protection.

People's consent was sought where appropriate. One person told us, "Yes they [staff] definitely ask for my consent before providing care." Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. At the time of the inspection the deputy manager told us that all people receiving care or support had capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "They [staff] help me with breakfast, and I am happy." Staff told us people make a choice of food, and they make what people choose.

Relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records.

Staff worked with other services to ensure an effective joint-working. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person told us, "They [staff] are kind and caring."

Staff involved people in the assessment, planning and review of their care. People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One person told us, "I and my [family member] are involved in setting up the care plan and in care reviews." The deputy manager explained that people and their relatives as appropriate were involved in the initial assessment of needs, and subsequently in their care reviews after six weeks of setting up the care plan and then in every six monthly and yearly care reviews or as and when people's needs changed. These care plans described the person's likes, dislikes, life stories, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people in a familiar way.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. For example, one member of staff told us, "I give them [people] choice to what they want to wear, and if they preferred a shower or bath and they also make food choices. I respect their choices and preferences."

People were supported to be as independent in their care as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "One person does all his personal care, but I have to be there to support him with washing and dressing." Another member of staff said, "I encourage them [people] to wash their body parts they can reach comfortably, and the rest of it I do."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. The care coordinator told us that they respected people's choice of male or female staff to provide them personal care. Records we saw confirmed this. Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

People told us they received support from staff which met their individual needs. One person told us, "My needs have not changed; I'm okay with the care they [staff] provide, and they provide a good service."

The service completed care plans for each person. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Staff told us, that before they went to people's homes, they looked at their care plan to see what they could do for themselves, and what support they needed.

The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example, in relation to meeting additional specific care needs for people and change of visit times to suit them. Records we saw showed that, although, people received their prescribed medicines, but the medicine sections in their care plans were not updated to reflect the changes following a recent care review for four people. In response to the inspection feedback, medicines section in all care plans were updated during the inspection to reflect the current needs of people.

Staff completed daily care records to show what support and care they provided to each person. Daily care records showed staff provided support to people in line with their care plan. Staff discussed any changes to people's conditions with the manager to ensure any changing needs were identified and met.

Staff showed an understanding of equality and diversity. Care records included details about their ethnicity, preferred faith, culture and spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example, staff supported people with religious and cultural needs in terms of their specific dietary needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, sexual orientation or gender.

People told us they knew how to complain and would do so if necessary. One person told us, "I did not need to complain at all, I am okay with them." The service had a clear policy and procedure about managing complaints. The general manager told us that people were given information about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded to resolve the concerns. Records showed that complaints had been managed in line with the provider's complaints procedure. These were about a late visit and a missed visit, when the provider was not able to make alternative arrangement for staff cover in an emergency. As a result, the provider bought a car for staff to cover emergency home visit. The deputy manager told us that there had been no reoccurrence of these issues following their timely resolution.

Is the service well-led?

Our findings

People commented positively about staff and the service. One person told us, "Yes, I do think the agency is well managed and staff provides a good service."

Although the provider informed over phone but had not notified to the Care Quality Commission (CQC) as required in line with the requirements of the regulations, one safeguarding concern investigated by the Local Authority. When asked, the general manager told us that they were not aware they should have made a notification in this matter, and in future they would notify CQC in a timely manner. As a result of the inspection feedback, we saw the provider notified the CQC. This was in relation to concerns raised by a relative about poor care practices by staff. As a result, the provider implemented an improvement plan, which included refresher training for concerned staff about safeguarding vulnerable adults and duty of care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff described the leadership at the service positively. One member of staff told us, "The manager is always listening, always ready to help and good at communication." Another member of staff said, "The manager arranges transport for any emergency cover and we work as a team."

The service held monthly staff meetings where they shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, training plans, and any changes or developments within the service for example, the introduction of the electronic call monitoring system.

The general manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the general manager and the deputy manager and their conversations were friendly and open.

The provider sought people's views about the service through telephone monitoring and care reviews. They covered areas including the quality of the care provided, the quality of staff interactions with people and their relatives, and how the person's was benefitted. Overall the results had been positive. For example, their comments included; "Happy with the services being received" and "office staff speak with me regularly and they are always polite and respectful."

The service had system and process to assess and monitor the quality of the care people received. For example, the service carried out spot checks, telephone call monitoring, and conducted care reviews covering areas such as the administration of medicine, health and safety, home visit timings, care plans and risk assessments. As a result of these interventions the service had made improvements, which included

changes of home visit timings, the provider bought a car to facilitate emergency home visits, and staff meetings were held regularly to share learning.

The service worked in partnership with health and social care professionals. The general manager told us that they worked in partnership with health and social care professional as and when required to meet people's needs. For example, when one person was not well a healthcare professional's help was sought and followed up by the staff with them. Records we saw further confirmed this.