

Mr Glyn Kershaw

Unique Care Services

Inspection report

Unit C11 Stanlaw Abbey Business Centre
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Tel: 01513560426

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 and 4 May 2018 and was announced. '24 hours' notice of the inspection was given because the registered manager is often out of the office supporting staff. We needed to be sure that they would be available in the office.

They currently provide and manage their service from 19 Caldry Drive, Great Sutton, Ellesmere Port CH664RN but this location is not yet registered with the CQC. This is the location that we visited for the purpose of our inspection. The registered provider moved premises following our last inspection and they failed to notify CQC prior to this move taking place.

Unique Care Services is a domiciliary care service based in Ellesmere Port. It offers care and support to approximately 35 people in their own homes within the Ellesmere Port and surrounding area. They employ 21 support and office staff. Not everyone using Unique Care Services receives personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a manager at the service that was in the process of applying to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider's they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we completed our previous inspection on 11, 21 and 27 September 2017 we found concerns relating to Regulation 12 safe, care and treatment, 17 good governance and 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely, care plans were not up to date and regularly reviewed, risk assessments did not mitigate people from possible harm, staff had not received an appropriate induction or training to meet the requirements of their role, policies and procedures did not hold the most up to date information and audit systems had not identified areas for development and improvement.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-led to at least Good. The registered provider sent us an action plan that specified how they would meet the requirements of the identified breaches. During this inspection we found improvements had been made.

This inspection was undertaken to check that improvements had been made to meet the legal requirements planned by the registered provider after our comprehensive inspection on 11, 21, and 27 September 2017. The team of two adult social care inspectors visited the service and inspected against all the five questions we ask about services: Is the service Safe, Effective, Caring, Responsive and Well-led? We found that the registered provider showed improvements across all questions and was meeting the legal requirements.

Although the required improvements had been made a longer term of consistent good practice is required to achieve a rating of good across each domain. We will review the ratings for all domains at our next inspection.

Improvements had been made to the safe management of medicines. Staff had all received up to date training and had their competency assessed. People's medication administration records (MARs) were fully completed and an effective audit system had been introduced.

Improvements had been made to people's risk assessments and care plans. Staff had clear guidance available to them for when they supported people and risks were clearly mitigated. The systems in place protected people from the risk of harm.

Improvements had been made to staff training and support. All staff had undertaken essential training for their role and they received regular support through supervision and team meetings. Regular monitoring of staff was undertaken and used to develop skills or highlight areas for improvement.

Improvements had been made to the policies and procedures. These had all been reviewed and updated and now held the most up to date information and good practice guidance. The registered provider was asked to ensure these were dated to ensure the most up to date copies were always available to offer guidance to staff in their roles and employment.

Improvements had been made to the governance systems undertaken by the registered provider at the service. Regular audits were undertaken and areas for development and improvement were identified and actioned.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw the registered provider had policies and guidance available to staff in relation to MCA. Staff had all received training and demonstrated a basic understanding of this.

Staff recruitment processes were robust and sufficient staff were employed to meet the needs of the people supported.

People were supported by regular staff that knew them well and understood their daily routines. They were treated with dignity and respect by staff that were kind and caring.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

The registered provider had a complaints policy in procedure in place and people told us they knew how to raise concerns.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Safe recruitment procedures were in place and sufficient staff were employed to meet people's needs.

Risk assessments were up to date and regularly reviewed.

All staff had received up to date safeguarding training and appropriate policies and procedures were in place.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Staff had received appropriate training and received regular support for their roles.

The registered provider met the requirements of the Mental Capacity Act 2005.

People received appropriate support to meet their individual food and drink requirements.

Requires Improvement ●

Is the service caring?

The service was Caring.

People were supported by regular staff that they had developed positive relationships with.

Staff were patient, kind and caring.

People's privacy and dignity was respected and promoted by the staff team.

Good ●

Is the service responsive?

Good ●

The service was Responsive.

People's care plans reflected their individual needs and they had participated in their development.

Staff were familiar with people's preferred daily routines.

The registered provider had a complaints policy and people were confident about raising any concerns or complaints.

Is the service well-led?

The service was not always Well-led.

Audit and monitoring systems had been developed and identified areas for development and improvement.

The registered provider had up to date policies and procedures in place to support and guide staff in their role and employment.

The registered provider regularly sought feedback from the people using the service, relatives and staff through questionnaires and meetings.

Requires Improvement ●

Unique Care Services

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 checked whether the registered provider was 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 was a comprehensive inspection carried out by two adult social care inspectors.

The inspection was announced on 3 and 4 May 2018. The registered provider was given 24 hours' notice prior to both inspection visits. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

We contacted the local authority safeguarding team for their views on the service and they did not have any concerns at the present time.

We checked the information we held about the registered provider and the service. This included statutory notification is sent to us by the registered manager about incidents and accidents that had occurred at the service. A notification is information about important events which occur at the service that they are required to send us by law.

During the inspection we visited three people and two relatives living in their own homes, we spoke to three relatives by telephone, we spoke to the manager, two care coordinators and four support staff.

We looked at four care records, four staff recruitment and training files, medication administration record (MARs) sheets, complaints, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

During our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have effective systems in place to identify and mitigate the risks to people supported by the service. They also failed to have robust systems in place for the safe management of medicines.

Although the required improvements had been made a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

Risk assessments were detailed and included sufficient information for staff to ensure that the risk was mitigated. Risk assessments within the care files reviewed included environment, moving and handling, medicines, falls, infection and specific risks relevant to the individual. All risk assessments had been reviewed regularly to ensure staff had the most up to date information to support people. This ensured staff were able to offer the correct level of intervention relevant to each person to promote safe care and practice.

The registered provider had reviewed and updated the medication policy and it followed best practice guidelines. Staff had all completed up to date training on the safe management of medicines and had been assessed as competent. Records reviewed confirmed this. Care plans held sufficient information to offer clear guidance to staff for the safe management of people's medicines. This meant staff that were unfamiliar with a person's needs had sufficient information to manage their medicines safely.

Body maps were in place to offer clear directions to staff for the placement of topical creams. Medication administration records (MARs) reviewed were detailed and fully completed. Staff signed to confirm they had administered medicines or documented the reason why they had not. These documents were returned to the office at the end of each month and audited by the management team. Areas for staff development were highlighted and addressed through supervision and team meetings.

Accidents and incidents were clearly documented by staff and included full details of events that had occurred. These documents were reviewed by the manager and any trends, patterns or development opportunities were identified. For example, following a near miss incident due to a person's increasing dependency, they were reassessed and the staff requirements increased to two staff to maintain the persons and staff safety.

The registered provider had a clear procedure in place for staff to follow in the event of an emergency. Staff told us they understood the procedure and described a recent event where a person had become unwell and appropriate support had been sought. Staff and people confirmed their care plan files held within the homes had all emergency contact numbers.

The safeguarding policy had been reviewed and updated and all staff had signed to confirm they had read it. All staff had completed up to date safeguarding training and demonstrated a good understanding of the types of abuse and actions they would take in the event of any concerns being highlighted. A copy of the

local authority safeguarding procedure was available in the office.

We reviewed staff rosters and these confirmed there were sufficient staff available to meet the needs of the people supported. People told us they had regular staff that supported them and their comments included; "Staff are generally on time and stay as long as I need them", "All the staff arrive on time and do all required tasks" and "I know all the staff that visit me and they've been coming quite a while now."

The registered provider had a robust recruitment procedure in place. Each staff file included a completed application forms and two references that included the applicant's most recent employer. An up to date disclosure and barring check (DBS) was recorded for each person employed.

All staff had completed infection control training and were able to explain the importance of using personal protective equipment (PPE) and handwashing between each task and each household. Gloves and aprons were available at the office and used when undertaking personal care tasks to prevent the spread of infection.

Is the service effective?

Our findings

During our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not ensured that staff received appropriate support, induction and training to enable them to carry out their duties. This inspection found that the registered provider had demonstrated improvement and had met the requirements of this regulation.

Although the required improvements had been made a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

New staff had undertaken an induction when they started their employment. The induction met the requirements of The Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All staff undertook a period of shadowing an experienced member of staff before they worked with people independently.

All staff had completed mandatory training relevant to their role. Certificates were in place for training that had been completed and included; health and safety, fire safety, moving and handling, first aid, food and nutrition and infection control. Staff told us the training was good and helped them to undertake their role more effectively. Records showed that some staff had undertaken additional training to meet people's individual needs. For example, pressure area care, death, dying and bereavement.

Staff had undertaken or were completing the qualifications and credit framework (QCF) level 2 or 3 certificates in adult health and social care. This meant staff had the opportunity to continually develop their knowledge and skills required for their role.

Regular monitoring of staff was undertaken while they were working in people's homes. Senior staff visited staff monthly and overviewed their working practice and sought feedback from the people they supported.

Staff told us they had regular supervision and records confirmed this. The registered provider had not yet introduced an annual appraisal for staff but they assured us this would be introduced in their next phase of development and improvement of the service.

People's care plans included contact details for health and social care professionals as well as important family and friends contacts. People told us staff would contact the GP, district nurse or family member on their behalf if they asked. One comment included "The morning staff are always on the ball. If something is wrong they always prompt me to call the GP or nurse."

People were supported with their food and drink needs. People that required support to manage specific health related diets had appropriate documentation in place to offer clear guidance to staff for the management of this. People told us that staff always offered them a choice when preparing their food and

drink. They said staff encouraged them to drink and stressed the importance of extra drinks in hot weather.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisation through the local authority. At the time of the inspection there was no one who required a referral to the local authority.

The manager and staff had all undertaken training on the Mental Capacity Act and demonstrated a basic understanding of this.

Is the service caring?

Our findings

People told us they had developed positive relationships with staff that visited them regularly. They said they could let the office staff know if they were not happy with a member of staff for any reason. One person said they had asked for a member of staff to be changed and this had immediately happened. They said the staff member had not done anything wrong, they were just a bit too 'chatty' for their liking. Comments from people included "All the staff are kind and caring", "I enjoy good conversation and lots of banter with the staff" and "All the staff that visit me are absolutely brilliant."

We observed staff interactions with people when we visited people in their homes. Interactions were positive and included comfortable conversation. Staff demonstrated an excellent understanding of people's individual needs and histories. People told us that staff had got to know them well and they felt almost like family. One person told us "[Staff Name] knows me really well and is able to judge my mood. This helps as I don't have to explain myself all the time."

People's communication needs were considered through their care plan documentation. This included information that related to sensory loss, and gave staff guidance about how each person's needs could be met. For example, staff to ensure a hearing aid is put in place or their glasses to be placed within easy reach.

Staff described how they maintained people's privacy and dignity. Comments from people included "Staff keep me covered up wherever possible while they help me with my personal care" and "Staff always ask if I would like a shower or a wash and they make sure my bedroom curtains remain closed until I'm dressed."

Records were held securely in locked filing cabinets at the office and only accessed by appropriate staff. Care plans held within people's homes were stored in a location of their choice. Computer records were only accessed by staff that held secure passwords. This meant that sensitive information was kept confidential.

Is the service responsive?

Our findings

People and their chosen relatives told us they had been fully involved in the development of the care plans. They said that their care plans had been recently updated. Staff told us the care plans had improved and now more accurately reflected the support people required.

People's needs were assessed before they accessed the service. This information was used to develop individualised care plans and risk assessments. People's needs in relation to equality and diversity were considered and this information was included within the care plan documents. These needs included age, disability, religion and other protected characteristics. People's independence was promoted throughout the documentation. One person told us "Staff promote my independence by encouraging me to wash all the areas I can safely reach. This means a lot to me."

People's care plans included full descriptions of their personal choices, daily routines and preferences. Personal care, communication, mobility and continence details were included. The care plans provided sufficient detail for staff to understand people's individual moving and handling requirements and to ensure the appropriate equipment was used. Information was also available to staff that related to specific medical conditions such as osteoporosis, diabetes and dementia. This also referred to stroke guidance documents. People's care plans were regularly reviewed and updated as required. This meant staff had access to the most up to date information to support people with their individual needs.

The manager told us that 75% of the care plans had been rewritten since our last inspection. They explained that they had undertaken a review with each person using the service and any chosen relatives. They spent time with people and their chosen relatives ensuring the information held within the care plans was accurate. They stated all care plans would be on the new documentation by the end of June 2018.

Staff consistently completed daily record sheets at the end of each visit to people's homes. These records reflected on people's health and well-being as well as the essential tasks staff had undertaken. When staff had raised concerns with a health and social care professional or a member of the office staff this was clearly documented. These records were returned to the office at the end of each month and audited for quality and monitoring purposes. We saw that any errors/omissions had been highlighted and addressed with individual staff.

The registered provider had an up to date complaints policy and procedure. People told us they felt confident they could raise any concerns they had with the manager and thought they would act promptly to address the concern. Comments included "I have a copy of the complaints policy in my folder and would just call the office" and "I have no concerns and have never had cause to complain."

We reviewed compliments that had been recently received by the service and these included; 'All staff go above and beyond', 'Very caring, understanding and kind staff', 'All staff are friendly and knowledgeable'.

Is the service well-led?

Our findings

During our last inspection we found the registered provider was unable to demonstrate robust audit and monitoring systems that should have highlighted areas for development and improvement. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the registered provider demonstrated improvement and had met the requirements of the regulation.

Although the required improvements had been made a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

The registered manager had left the service in September 2017 and was in the process of being deregistered. The manager in post was in the process of applying to become registered with the Care Quality Commission.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that occur at the service. The service had not notified the CQC of all significant events that had occurred in line with their legal obligations. The registered provider moved premises following our last inspection and they failed to notify CQC prior to this move taking place. Notifications have now been received and applications are being processed for the change of location address.

Regular audits were undertaken that included medicines, MARs, care plans, daily records, accidents and incidents. Actions were identified following the audit for development and improvement purposes. Records showed areas identified had been promptly addressed.

People and their relatives had recently been invited to share their views on the service through a quality questionnaire. Comments received included 'Very good company that I would recommend', 'Office staff are fine and very helpful' and 'I am happy to recommend and regularly do'.

Staff spoke positively about the period of transition that the service has gone through since the last inspection. They said the manager had been open and honest about the changes that needed to be made to ensure the service met all required regulations. They felt it had been a full team effort as they had attended all required training, supervisions and team meetings. Staff told us the management team were approachable.

Team meetings took place monthly and we reviewed the minutes from some of the recent meetings. The manager used these meetings to overview a chosen policy as well as undertaking a short training session. Recent policies that had been reviewed included dignity at work, harassment at work, medication and training topics had included health and safety hazard spotting quiz, infection control training booklet and health and safety legislation quiz. Staff told us that this gave them an opportunity to review and share knowledge/experience or ask questions.

The registered provider had reviewed and updated all of their policies and procedures. We discussed the

policies not all having a date on them and explained the importance of this. We were assured this would be immediately addressed by the manager. Staff told us they had access to the policies and procedures and these offered them guidance in all areas of their work role and employment.

The ratings from the previous inspection were clearly displayed at the office.