

# Review of compliance

<p>Unique Personnel (UK) Limited Unique Personnel (UK) Limited</p>	
<b>Region:</b>	London
<b>Location address:</b>	138 St Georges Road Forest Gate London E7 8HS
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	<p>Unique Personnel is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection, 400 people used the service for personal care. The majority were supported through a contract with the London Borough of Newham. The provider is Unique Personnel Uk Limited which provides care services in the Newham area of London.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Unique Personnel (UK) Limited was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 16 August 2012.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive services from this home care agency as part of a targeted inspection programme of domiciliary care agencies with particular regard to how people's dignity was upheld and how they can make choices about their care. The inspection team was led by a CQC inspector joined by an Expert by Experience who has personal experience of using or caring for someone who uses this type of service.

We used telephone interviews and home visits to people who use the service and their carers and care workers to gain views about the service. We spoke on the telephone to eight people who use the service and one carer and visited two people in their own homes.

All the people we spoke to were satisfied with the quality of service and felt safe receiving care. People were positive about the skills of the staff who visited them. Most people described their care as "good or very good."

All the people who used the service said they were treated respectfully. People said that care workers understood their rights and the need to have their dignity and privacy maintained.

People said that their care was personalised and that they were always called by their preferred names. Everyone we spoke to said their care workers took time to get to know them and understand their needs and preferences, and supported their independence.

One person said, "they help my husband with all of his personal care tasks, but always talk to him and encourage him." Other people told us, "they always ask me what I would like at each visit even though they all know what to do. This makes me happy as I feel it's personal to me."

People were aware of their care plan and the information it contained about them. People said that managers came to visit and review their care regularly. People also said they gave written consent to changes in their care.

We spoke to the registered manager, deputy manager and care coordination staff at the office. We also spoke to five care workers who visited the office during our inspection and one care worker on our home visits. Care workers were positive about the training and the amount of support they received to do their jobs.

## **What we found about the standards we reviewed and how well Unique Personnel (UK) Limited was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who use the service told us that staff understood their needs and kept them safe. They were comfortable with raising concerns if they needed to because they knew that they would be addressed.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with who use the service understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. All the people we spoke with said that care workers understood and supported their choices and preferences. Most people had regular care workers that they knew well and had built good relationships. "they provide care to my husband the way we like it, specific to his needs." "My carers know what I can and cannot do"

Some people said that when they had raised concerns about a care worker, these concerns were always addressed and, in most cases, the worker had been replaced.

Most people told us that staff always asked how they would like to be addressed. Some people were asked about their specialised needs with regard to religion or culture, the majority said that they had no need "no I don't have any specific needs but feel sure that if I did they would respect and fall in with my wishes"

Care workers protected people's privacy and dignity and treated them with respect. For example one person said, "they are very professional in how they provide personal care, always ensuring my husband is covered and his dignity is maintained."

People who use the service were given appropriate information and support regarding their care or treatment. We saw copies of information on the service in people's home when we visited.

### **Other evidence**

Was privacy & dignity respected?

The manager told us that privacy, dignity and supporting people's choices was included in staff induction, ongoing training and supervision. This was confirmed by the five staff records we looked at and in our discussions with care workers and other staff. One staff member said, "living in the community I work in, you get to know people very well. Treating people with respect is a big part of my culture and I treat all of the people I assist with dignity and respect."

Competency checks on privacy and dignity were part of spot checks on care workers at people's homes and at one to one meetings between care workers and their coordinator and manager. Staff understood how conditions like dementia could impact on people's judgement and how they needed to be vigilant to protect people's privacy and dignity. A staff member said: "I have completed dementia training and my awareness is to make sure the people I help are safe and cared for."

Were people involved in making choices & decisions about their care?

Care workers we spoke with were clear that their role was to understand the wishes of people who use services and support their independence. Care workers said that they usually were able to get to know people and spend time with them. They said this enabled them to involve people in planning their own care and support. One staff member's comment was similar to those of her colleagues: "I live in the local community and the people I support live close by so I always get time to chat and get to know people properly".

All new referrals came from the local authority who had a contract with the agency. The manager and coordinators completed all new assessments, which were written up for people who use the service to read and check before they signed and agreed to them. We looked at seven care records. These contained information about each person's preferred name, identified the person's usual routines and wishes, and outlined how they would like their care delivered. People received an information guide which included their rights and described what they should expect.

The agency sought people's views by phoning them and visiting them in their homes. Care coordination staff reviewed people's care about every twelve months and documented any changes. We accompanied a care coordinator on two home visits and, with permission, observed some of the review process. People who used the service were familiar with being involved in reviewing and planning their own care.

One person contacted told us that they were not happy with the care provided at times as staff would be late and they would have to contact them by telephone. They thought they were aware of the care and support they should be receiving however they did not have a care plan from the agency.

### **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.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us that their needs had been assessed when they first started receiving care and that assessments had been ongoing.

Everyone described their care as either "good" or "very good."

People said that most care workers let them know if they are running late. One person told us that they had problems with staff running late however the manager had dealt with the issues and the timeliness of staff was greatly improved. Two people gave examples of unforeseen emergencies they had experienced. They said care workers knew what to do and dealt with the situations reassuringly and effectively.

##### Other evidence

Assessment of People's needs

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Everyone had an assessment of their care needs in their care records looked at. Assessments of need included people's health, social needs and nutritional needs, and their communication abilities. Risks to people's wellbeing were assessed, including medication, mobility risks and moving and handling needs. There were assessments for equipment needed. There was a range of assessment information from other agencies including the local authority and Primary Care Trust.

Assessment of needs included people's gender preferences for care workers and the

agency ensured that care workers were well matched to the people they supported.

#### Care Planning

People who used the service had a written care plan which outlined their needs. Care plans were based on people's assessed needs and their wishes and preferences for how care would be delivered. They were all signed as agreed to. The care plans were reviewed and up dated if the care had changed. Staff understood how to follow the care plans in delivering care and were active in reporting changes to their coordinators and the manager. Daily notes in the two people's homes we visited confirmed that care workers followed the care plans.

One person we contacted told us they did not have a care plan in place from the agency. They were aware of the care package as it was implemented by the continuing care team.

#### Delivery of care

People using the service received a formal monitoring visit every twelve months. Spot checks and reviews did take place before the twelve month period if staff or family members reported changes of care needs. Care workers understood how to report changes in people's wellbeing so that their care could be reviewed if necessary. We saw examples of reviews of changing needs documented in people's care records and evidence that people's families or people of importance to them were involved in their care planning.

The manager explained how the agency ensured continuity of care through using a 'live' visit monitoring system run by the care coordinators. The agency had a low number of missed visits; gave weekly and monthly monitoring reports to the placing local authority and received daily updates from care workers.

Care coordinators told us that care workers are given short distances to travel between people using the service to help them manage their workload within timeframes. Staff spoken with agreed that they usually had sufficient travelling time.

Out of hours calls were monitored and responded to by the out of hour's team, who liaised with duty coordinators and the manager.

Staff had been trained in what to do in an emergency and there were clear procedures for them to follow.

#### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who use the service told us that staff understood their needs and kept them safe. They were comfortable with raising concerns if they needed to because they knew that they would be addressed.

##### Other evidence

Preventing abuse

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. Staff had been trained to recognise abuse and gave examples of potential abuse. The agency had procedures in place to prevent potential abuse and monitored areas of risk.

The provider responded appropriately to allegations of abuse. There was a safeguarding policy and procedure in place, which staff understood and knew how to follow. Safeguarding records showed that the agency had taken the appropriate steps to deal with potential abuse. This included addressing staff performance through one to one meetings, training and using learning from safeguarding in team meetings, and making improvements to organisational systems if needed. We spent time talking to five staff who were aware of the procedure to follow if there was a safeguarding alert.

There was a whistle blowing policy in place which care workers were aware of.

### Raising concerns

The provider responded appropriately to allegations of abuse. There was a safeguarding policy and procedure in place, which staff understood and knew how to follow. Safeguarding records showed that the agency had taken the appropriate steps to deal with potential abuse. This included addressing staff performance through one to one meetings, training and using learning from safeguarding in team meetings, and making improvements to organisational systems if needed. We spent time talking to five staff who were aware of the procedure to follow if there was a safeguarding alert.

There was a whistle blowing policy in place which care workers were aware of.

### **Our judgement**

The provider was meeting this standard.

People who use the service told us that staff understood their needs and kept them safe. They were comfortable with raising concerns if they needed to because they knew that they would be addressed.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

People we spoke to had confidence in the skills and experience of their care workers. One person told us "the staff are very caring, they know exactly what to do." Another said "yes she is skilled, patient and knows what she is doing" "they speak to my relative in her language"

##### Other evidence

Development, supervision and appraisal

There were arrangements for supervising care workers and monitoring their performance. Care workers received regular individual supervision. Supervision records looked at included competency checks, goal setting and information from spot checks. All the staff files we looked at contained evidence of regular supervision and staff told us that they felt supported by the agency. We saw evidence that staff had received closer supervision and given additional support if performance issues were identified.

The induction programme included all of the recognised standards and was relevant to the role of care workers working in the community.

Carer support team meetings were held every three months. Staff had the opportunity to discuss their work and receive feedback and support. Care workers told us that they felt supported to do their jobs and valued the regular meetings they had with their coordinators and manager.

Training

All staff received appropriate professional development. Care workers' inductions

covered core areas of service user care and protection. New care workers confirmed that their inductions had been comprehensive. They said they had received intensive support when they first started work and sufficient time to shadow an experienced worker while learning the job.

We spoke with care workers and other staff about the training they had received and looked at training records. All staff had completed annual mandatory training in core skills and health and safety topics. Competency checks on staff knowledge and understanding were part of the training and professional development process. The agency had a training department that provided all internal staff training; they also provided external training to other agencies. Staff were trained and assessed in the use of equipment used in people's homes on a one to one basis. The agency had a system for ensuring staff training was kept up to date. Staff had an annual appraisal, which included an analysis of their training needs.

**Our judgement**

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.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us they were able to give views about the service and be listened to. They said their feedback was asked for. They understood the procedure for making a complaint.

##### Other evidence

###### Monitoring quality

The agency monitored the quality of care through telephone calls and visits to people's homes, which were recorded in care records. We observed office staff carrying out monitoring calls. Questionnaires were also sent out on an annual basis to people using the service and their families. We saw evidence of regular audits. People who use the service and their representatives were asked for their views about their care and treatment. We saw evidence that feedback from people was reviewed and acted on.

###### Risk assessment and management

The agency had procedures for managing risks. These included risk assessments in people's homes, risk management plans for late or missed visits, and a range of other operational risk management procedures.

We looked at the incident reporting system and talked to staff about how they learnt from incidents. Incidents were reported, assessed and actions taken if needed. The manager kept incident records under review. Care workers spoken with had a good understanding of how to respond to, record and report incidents.



### Complaints

There was a complaints policy and procedure in place. We looked at the complaints records which showed that they had been responded to appropriately, within timeframes and were thoroughly investigated. The agency fed this information into the contract monitoring reporting system, acted on issues arising from complaints and incidents and escalated concerns as necessary. Staff spoken to were trained in handling complaints.

### **Our judgement**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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