Key inspection report

Domiciliary care agencies

<table>
<thead>
<tr>
<th>Name:</th>
<th>Unity Care Solutions Ltd</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Unity Care Solutions Ltd 38 Larkfield Road Aylesford Kent ME20 6BJ</td>
</tr>
</tbody>
</table>

The quality rating for this domiciliary care agency is: two star good service

A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Wendy Mills</td>
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</table>
This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

<table>
<thead>
<tr>
<th>Outcome area (for example User focussed services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:</td>
</tr>
</tbody>
</table>

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

**Reader Information**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>General public</td>
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<td>Further copies from</td>
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<td>Internet address</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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### Information about the agency

<table>
<thead>
<tr>
<th>Name of agency:</th>
<th>Unity Care Solutions Ltd</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Telephone number:</td>
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<td>Fax number:</td>
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<tr>
<td>Email address:</td>
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<td>Provider web address:</td>
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</table>

<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Unity Care Solutions Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Mrs Angela Towner</td>
</tr>
<tr>
<td>Conditions of registration:</td>
<td></td>
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<tr>
<td>Date of last inspection</td>
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**Brief description of the agency**

Unity Care Solutions Ltd. is a registered domiciliary care agency providing care and support to people in their own homes. This branch is situated in Larkfield, kent, approximately five miles from the town centre of Maidstone and there is another branch of the company in Eastbourne.

The service was registered with the Care Quality Commission in 2009.
Summary
This is an overview of what we found during the inspection.

The quality rating for this agency is: two star good service

Our judgement for each outcome:

How we did our inspection:
This was the first inspection of this new domiciliary care agency. The agency was registered with the Commission in 2009. This visit was unannounced and formed part of the annual inspection process of the Care Quality Commission (CQC) under the Care Standards Act. This report is compiled using evidence gathered both before the visit, and during the visit. The evidence gathered before the visit includes information that the service is required to give us, such as the homes Annual Quality Assurance Assessment (AQAA) and things that other people have told us, including the results of surveys of the people who use this service and comments made by health and social care professionals. The evidence we have found using this process is used to make a judgement about quality rating for the service.

During this visit we looked at important documentation such as care plans, staff files and records of management and administration of medicines. We spoke some of the staff and discussed care practice and staff training in depth with the registered
manager.

We asked the agency how the people who use this service would like to be referred to in this report. They told us they would like to be called, "Clients". We have, therefore used this term to refer to them throughout this report.

The people who use this agency expressed a high level of satisfaction with the service they receive.

The agency staff and registered manager are thanked for the welcome they gave and their help during this inspection.

The quality rating for this home is 2 stars. This means that the outcomes for the people who use this service are good.
What the agency does well:

The agency provides a reliable and flexible service to clients with significant care needs in their own homes.

The service is well managed and co-ordinated. There are sound policies and procedures in place covering all aspects of care and service delivery.

The service communicates well with clients and staff and keeps them well informed of any progress or changes made within the service.

The staff are carefully vetted and well trained. Staff morale is good and staff demonstrate a clear commitment to their job roles.

What has improved since the last inspection?

This is a newly registered service and therefore this section is not applicable following this first visit.

What they could do better:

The agency should review and revise its policy on mobile phones for staff in order to ensure staff and client safety at all times.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

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Personal care (standards 7 - 10)
Protection (standards 11 - 16)
Managers and staff (standards 17 - 21)
Organisation and running of the business (standards 22 - 27)
Outstanding statutory requirements
Requirements and recommendations from this inspection
User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

| People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service. |
| People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members. |

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service gives prospective clients and their supporters good information about the service so that they can make and informed decisions about their care.

Appropriate assessments are made before a service is offered so that only those people whose needs can be met by the agency are offered a service.

Evidence:

The service is newly registered and, as part of the registration process, the Statement of Purpose and Service User Guide were carefully scrutinised and found to meet the requirements for these documents.

The service has robust policies and procedures in place to ensure a thorough pre-
Evidence:

admission assessment is made of each prospective service used before a service is offered to them.

We spoke to the registered manager and the care co-ordinator about the pre-admission assessments. They told us that, once a referral has been accepted the registered manager goes to to visit the client. If there are complex medical needs then one of the registered nurses based at the organisation's offices in Eastbourne will accompany her. The client may be visited in hospital prior to discharge or in his or her own home.

Three care plans were examined. Care plans are important documents because they are one of the ways that the client and their supporters can be assured that their care needs have been identified and the way these needs will be met has been recorded. They are also an important source of information for staff who must ensure that they give care in a consistent way in line with best care practice. Further, care plans can provide a basis for informing the decision making process in cases where there is failing mental capacity.

The care plans are in good order and contain comprehensive information about each client, including detailed personal care needs, cultural and religious needs. In addition, the care plans record the needs of families and supporters of the clients. We found good evidence that thorough pre-admission assessments are made prior to the service being offered.

There is a confidentiality policy that all new staff are required to sign and the staff handbook sets out these policies clearly. Records are stored securely and the staff spoken to were all clear about their duty in respect to maintaining confidentiality.

We examined the staff rosters and spent time with the care co-ordinator looking at systems for ensuring there is continuity of care and that carers arrive on time. There are sound systems for rostering that ensure, wherever possible, the clients receive care from the same care workers. The responses to the surveys we sent out and those sent out by the service confirmed that the clients and their families are satisfied that, for the majority of the time, there is very good continuity of service. Recently there were very difficult conditions due to heavy snow but even through this time the service managed to provide good care with as little disruption as possible.
Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People’s needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency meets the health and personal care needs of the people who use this service in a way that respects their privacy and dignity.

Evidence:

Three care plans were examined. The care plans are comprehensive and contain good information about the personal care needs and health needs of the individual service user. There is good evidence to show that the people who use this service and their supporters have been involved in the development of their care plans and that they are regularly reviewed. We looked at the responses to the service’s annual questionnaire and ninety percent of respondents indicated that they were very satisfied that they are involved in their care reviews.

Many of the people who use this service have complex care needs and these are well documented with the way in which these needs are to be met by the care workers being explained in detail. Risk assessments are in place both for personal care and environmental risks.

The service has clear, written policies and procedures for assisting with medication. At
Evidence:
present all the service users have family or supporters who take on this responsibility. The staff handbook contains clear and concise guidance for care support workers whose duties may include ensuring that prescribed medicine is taken by the client at the appropriate times. The handbook also refers the support workers to the documented policy in the Policy Manual.
Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

| People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations. |
| People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them. |

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency has sound policies and procedures for protecting the health and safety of its clients and staff. However, some specific areas, such as the provision of mobile phones and the information about safeguarding in the staff handbook, would benefit from review and revision.

Evidence:

The service has sound health and safety policies and procedures in place and staff receive the appropriate training in all aspects of health and safety.

The staff handbook contains clear advice to staff to help them stay safe when lone working, out of hours working and working in remote locations. However, the agency does not supply staff with personal alarms or mobile phones. Staff are required to have a mobile phone as part of their contract of employment but they have to supply and use this at their own expense. Due to the cost implication, it is possible that some staff would not use their phone to call the office at time when it would be prudent to do so. There is no clear policy that covers mobile phone use and gives guidance to staff as to when they should call the office. It is strongly recommended that the agency review its policy on mobile phone. Staff should be given clearer directions as to how they should keep in touch when lone working or if there are concerns about...
Evidence:

the health and/or safety of the people who use this service.

As noted in the previous outcome area, appropriate risk assessments are in place. The staff files we looked at had good evidence that health and safety training is in place. This includes moving and handling, food safety and other safe working practices. The staff we spoke to confirmed that their induction and ongoing training includes safe working practices.

The agency has robust policies and procedures to safeguard its clients from harm. These are referred to in the Staff Handbook but the guidance should be clearer. For example, although there is a section headed "Protection and Safeguards", there is no definition or description of what abuse might mean and no clear instruction for reporting suspicion of abuse. This is an important issue and staff would benefit from having more detailed information in the handbook.

The staff we spoke to confirmed that they have received safeguarding training and that this is re-reinforced by the registered manager.
Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>Outcomes</th>
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<tbody>
<tr>
<td>People have confidence in the staff at the agency because checks have been done to make sure</td>
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<tr>
<td>that they are fit to do the job. Their needs are met and they are supported as the staff get</td>
</tr>
<tr>
<td>relevant training, support and supervision from their managers.</td>
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<tr>
<td>People have safe and appropriate support because the staff providing their care are qualified</td>
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<tr>
<td>and competent. They are confident that the staff that provide their support are clear about</td>
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<tr>
<td>their roles and responsibilities.</td>
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This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency has robust policies and procedures for the recruitment of staff and sound arrangements for staff training and supervision. This means that the clients receive their care from carefully vetted and well qualified care workers.

Evidence:

Three staff files were examined. There is good evidence that the agency takes all necessary precautions where recruiting staff. Evidence of verification of identity, Criminal Records Bureau (CRB) checks, written references, previous employment history and health check lists were all on file. The staff we spoke to told us that they had also had an in depth interview, induction training and a probationary period.

All staff are issued with job descriptions and copies of these are on file in the office. The staff handbook clarifies many aspects of the care support worker role and codes of conduct expected of staff both in the workplace and at other times. Further information about job roles is given during induction.

The agency has good training systems for staff. The registered provider employs a nurse training office who covers both of the company’s offices. There are between two and three courses run each month. Some staff training is outsourced. Records show that recent training staff have undertaken includes basic first aid, moving and handling and safeguarding. Some staff have also visited a specialist unit to learn more
Evidence:

about spinal injuries. The agency maintains close contact with the local hospital and receive teaching and guidance from staff there in respect of specialist techniques such as peg feeding.

The office has a training room that is equipped with a variety of teaching aids. Some training is delivered by means of distance learning using DVDs and workbooks. Where staff undertake learning in this way the registered manager support them with follow up sessions to check that they have understood the key learning points.

Staff receive regular supervision and appraisal. There are formal one-to-one sessions between four and six times each year and an annual appraisal for all staff. In addition, there is a formal system to receive client feedback about their carers and supervised spot checks and unannounced spot checks. More informally, there are regular staff meetings and most carers come into the office at some time each day The registered manager told us that she always tries to use these opportunities to talk to staff about any day-to-day concerns they may have.
Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

| People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected. |
| People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right. |

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency operates from premises that meet the needs of the service and makes arrangements for disabled clients to meet in private if necessary. The agency would benefit from premises that are accessible to people with disabilities.

There are robust systems for managing concerns and complaints and good quality assurance mechanisms to ensure the views of the people who use this service are listened to and acted upon.

Evidence:

The agency is based in a suite of offices on the first floor of a small business centre about five miles from the centre of the county town of Maidstone. There is no lift and so the offices are not accessible to wheelchair users or those that have difficulty with stairs. The registered manager said that rooms on the ground floor would be sought should a client wish to attend the office. However, most meeting take place in the client’s own homes. The company should consider the needs of all people with disabilities, in line with the Disability Discrimination Act, when seeking office accommodation in the future so that people with disabilities are not discriminated against in respect of access as clients, supporters of clients or for employment.

The office accommodation consists of a small open-plan administration office, a separate office that is used by the company’s marketing manager that can be made
Evidence:

available for confidential meetings, and a good sized training room.

Records are securely stored and well maintained. All documentation requested as part of the inspection process was readily to hand and found to be up-to-date and in good order.

There are sound policies and procedures in place for handing concerns and complaints. There has only been one formal complaint and this was dealt with appropriately and within the quality standard times.

At the time of the visit the first responses to a very recent client questionnaire had been received. More responses were expected, consequently, the responses had not been analysed. We looked at the raw data. At this point over ninety percent of returned surveys expressed the highest level of satisfaction in all aspects of their care. A small percentage of surveys rated most areas of care highly but rated involvement in the care planning process as satisfactory. Once all the questionnaires have been received the agency should look at the results to see if more client involvement in care planning is needed.

As mentioned under the outcome area for staffing, the management team makes two types of spot check. The first one is by arrangement with the client and staff member so that care practice can be observed and competencies checked. The second is an unannounced spot check to make sure that agreed visit times are being adhered to and that records are being kept up-to-date and in good order.
Are there any outstanding requirements from the last inspection?

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**Outstanding statutory requirements**

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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</table>
Requirements and recommendations from this inspection:

**Immediate requirements:**
These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

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<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
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**Statutory requirements**
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

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<tr>
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</table>

**Recommendations**
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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