Unity Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Unity Care Solution is a nursing and domiciliary care agency, based in Eastbourne. At the time of our inspection, they provided care to 14 people living in their own homes. It provided a service to adults and children, some with complex health and care needs that required high levels of support.

Not everyone using Unity Care Solution received the regulated activity. 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.

At our last inspection, we rated the service as Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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The service had a registered manager. 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.

Although the registered manager was not present at the inspection, the branch manager gave support. The branch manager had recently applied to be the registered manager of the service and is currently going through the registration process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the provider did not always have understanding of who could legally give consent on people's behalf. We have made a recommendation regarding this.

People were safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People had a range of detailed and individualised risk assessments to keep them safe. There were sufficient numbers of suitable staff to ensure peoples safety and contingency plans to ensure people still received care in the event of an emergency.

Staff received regular training, specific to people's needs. They received supervisions and attended meetings to ensure they were well supported and had the knowledge and skills to support people. People's health was improved with regular input from a variety of professionals.

Relative's felt that staff were kind and caring and told us people liked staff that supported them. It was evident that staff knew people well and everyone we spoke to felt that strong relationships had been built with people and their families. People's privacy, dignity and independence were promoted at all times.

Care plans were person centred and emphasised involvement from people, their relatives and health professionals. Relatives felt that they were listened to and were confident complaints were dealt with effectively.

Relatives, staff and professionals felt that the service was well led. The registered manager completed a variety of audits, including staff and people's care plan documentation. This ensured that people's documentation was reflective of their current support needs. The provider sought feedback from people, their relatives and staff to improve service provision.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not always demonstrate full understanding of who could legally give consent on behalf of people without capacity.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people.

The service supported people to maintain close links to health professionals.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Unity Care Solutions

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 23 May 2018 and 29 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and office staff are often out during the day. We needed to be sure that they would be in.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We were unable to review the Provider Information report (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Unity Care Solutions had been inspected in 2017 and were only inspected again, due to a change in their location. Therefore, they were not asked to submit a PIR for this inspection.

Two inspectors were present at the office on day one and one inspector on day two. Although not present at the location, an expert-by experience supported the inspection team by speaking with peoples relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to the nature of people's complex needs, people were not able to tell us about their experiences. Therefore, we spoke with relatives that knew them best, to gain their views of the care provided. During inspection, we spoke with five relatives about their day-to-day experiences of the service. We spoke with the branch manager, three staff and a community assessor. We spent time reviewing records, which included four care plans, five staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed.

Following inspection, we spoke with three professionals about their experiences working with Unity Care Solutions in supporting people.

Good

Is the service safe?

Our findings

Relatives told us, "Without a doubt", people were kept safe. We were told that those who were supported to take medicines, were given them at the right time, in the correct way. Relatives told us, "I don't have to worry" and "I am confident my relative is definitely safe."

Risk assessments had been completed for people, that were person and task specific. People had in-depth assessments regarding specific health conditions such as epilepsy or if they needed support with enteral feeding. Enteral feeding is where food is given through a tube in the stomach or small bowel. The service used a pro-active approach when managing risk and considered the least restrictive option. For example, in one person's care plan it stated that it was important to them that they go swimming. The risk assessment addressed the risks linked to this activity and focused on what they could do to enable it to happen.

People's medicines were managed so that they received them safely. Medicines Administration Records (MAR) were completed consistently, demonstrating that people had been given their medicines as prescribed. Staff were not able to support with medicines unless they had received relevant training and individual staff records showed that this was up to date. Some people took medicines on an 'as and when required' basis (PRN). There were detailed PRN protocols for each medicine. These records detailed why the medicine was prescribed and the dose to be given, as well as how the person would indicate they were in pain, side effects and when the GP would need to be consulted.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked staff were suitable to work at the service. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. Nursing and Midwifery Council (NMC) registration information had been recorded and there were regular checks to ensure nurses had maintained their registration with the NMC which allowed them to work as a nurse. This process ensured as far as possible staff had the right skills and values required to support people in their own homes.

There was enough staff to support people safely. People had the same staff who worked regularly with them which meant they knew and felt comfortable around those they knew. This ensured that people received continuity of care. There were contingency plans in place for emergencies. An example of this could be in severe weather conditions where carers are unable to travel. The registered manager told us how they would manage an emergency and had identified people who could be at higher risk due to having complex needs or living on their own.

Staff demonstrated a good knowledge of how to recognise and report signs of abuse. Safeguarding training for adults and children was provided and reviewed regularly. The branch manager understood their role in notifying the local safeguarding team and CQC when harm had come to people. Accidents and incidents were clearly recorded with evidence to show that measures were put in place to prevent incidents from reoccurring. There was also evidence to show lessons were learned. An example was for someone who had an unexplained bruise, which they felt could have occurred from moving and handling equipment. The

provider conducted a full investigation, involving the person, their relatives, the local authority, suppliers of equipment and an occupational therapist. New assessments had been devised to trial different equipment and minimalize the risk of the person coming to harm.

Staff also had good understanding of infection control and how to prevent the spread of infection. People's relatives told us that staff always used personal protective equipment such as gloves and aprons when supporting with personal care.

Requires Improvement

Is the service effective?

Our findings

Relatives felt that the service was effective because staff were well trained and knowledgeable of people's specific support needs. We were told, "Oh yes they are well trained, I have no reason at all to doubt them" and "They know exactly what support to give."

Despite this positive feedback, there were some areas with regard to mental capacity that we found not to be effective. 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.

Two people with complex needs had their consent forms signed by relatives. However, staff were unclear whether they had the legal authority to consent on behalf of people. By the second day of inspection, the branch manager had spoken with professionals and relatives and identified whether they had lasting powers of attorney for people. Where they did not, relative's signatures were removed, however their views were added as part of the specific supported decision process. We recommend that the provider review guidance regarding lasting powers of attorney to ensure they are always meeting best practise guidance.

We also saw good practise with regard to decision-making. There were supported decision assessments that helped people to make decisions if they didn't have capacity. This included details on how people made choices, such as specific hand gestures or facial expressions if they were unable to communicate verbally. There was information in how capacity was assessed and the views of others that knew the person best. Documentation also considered the views of the person before they lost capacity, for example, one person always said they never wanted to live in a care home and they were honouring these views.

Staff had the appropriate skills and knowledge to support people. Staff told us they received thorough training, which included, food hygiene, safeguarding adults and children, mental capacity, medicines management, equality and diversity. Staff had also received more specialised training for people with specific needs such as enteral feeding and the administration of emergency medicines. Nurses had received appropriate clinical training to ensure they were up to date with current practise. Records showed that staff were up to date with their training and it was regularly reviewed.

Staff told us that their induction was, "Excellent" and included online and practical training. There was the opportunity to shadow staff that are more experienced and get to know people and their families before they started working with them. Records showed that new staff also completed the Care Certificate as part of their induction. This qualification sets out the standards expected of staff and guides them in providing safe and guaranteed care. All staff received regular supervisions and told us they found them helpful. Appraisals were completed annually and considered staff's individual goals, positive work practise and areas for improvement.

Relatives told us that people's nutritional needs were met. We saw that when required, food and fluid charts were completed and people had detailed eating and drinking guidelines so that staff were aware of all their nutritional needs.

The service supported people to maintain good health with input from health professionals on a regular basis. We saw that the provider regularly sought advice from GP's, occupational therapists, physiotherapists, the continuing healthcare team, learning disability team and numerous other healthcare specialists. Professionals we spoke to were positive about the service and told us that, "Staff have a good understanding of people and their needs" and "Have excellent relationships with people and their families." One professional said, "Good quality of care is provided, paperwork is always up to date and equipment and people kept safe."

People had their own individual hospital plans. With people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

Good

Is the service caring?

Our findings

Relatives spoke highly of the kind and caring nature of staff when supporting people. We were told, "They are so natural and caring", "They're amazing and my relative loves them" and "It feels like they love my relative as much as I do." To conclude their views of the service provided and the staff, one relative told us, "They know me and my relative so well. They are my angels." Professionals agreed and told us, "Staff are very smiley and friendly" and "So nice, very supportive and approachable."

Staff told us that they were passionate about working with people and they loved coming to work each day. We were told, "It doesn't really feel like work" and "I love my job and all the people – they are so happy and well looked after."

It was clear that staff had an understanding of people's likes, dislikes and preferences. Relatives told us the same staff visited each time and this made them feel they knew them well. A professional said, "Staff take the time to get to know people before and during support. Families are very happy with this." The branch manager told us it was important people liked
their staff and built trusting relationships and this was something that was reviewed regularly.

Staff told us they genuinely cared for people and took an interest in things that were important to them. An example of this was for a staff member, who knew a person liked a specific celebrity. The staff member queued for hours to meet the celebrity and requested a personalised video. We were told the person was ecstatic and that it "Made their day". Their relative thanked staff and was impressed that they had gone out of their way to do this.

Staff promoted independence and supported people to do as much on their own as possible. Relatives told us, although it wasn't always possible for people to do things independently, staff, "Encourage my relative to do as much as possible on their own."

People's equality and diversity was respected and relatives confirmed that people were treated well. Staff gave examples of maintaining people's dignity when supporting with personal care and always asking their views and consent. Staff knew how to maintain confidentiality and that information was shared on a "Need to know basis" only. Any concerns about people and their support needs were discussed in a secure, private location. People's care plans were locked away in the office and systems password were protected to maintain people's privacy.

People were involved in making their own decisions and encouraged to express their views. Relatives told us that care packages were regularly reviewed and people asked how they felt about the service and the staff supporting them. People were also sent questionnaires every six months to gain feedback. For those that were unable to complete a form, they were phoned by an external auditor.

The caring principles of the service included the well-being of their staff. Staff told us, "Everyone is lovely and happy to help" and "You can talk to management about work or personal related concerns and they

genuinely seem to care." Staff all agreed that it was a "Lovely" and "Supportive" service to work for.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people and any changing needs they may have. People's care was always being reviewed to make sure they were getting the right support. Relatives told us, "My relative and I are involved with everything" and "It's nice to be involved with planning of care." Relatives also felt that the provider was responsive to any issues or concerns that arose. One relative said, "Yes we've had incidents before, but they always sort it out and are very thorough with making things right."

Relatives were aware of the complaints process and felt comfortable raising any issues with the branch manager. Those that had raised concerns told us they were dealt with immediately. We saw that complaints or concerns were well documented and consideration made to where and how improvements could be made. There were clear actions with appropriate timescales and an emphasis on complainant satisfaction with the outcome of the complaint. Where appropriate, the branch manager also shared outcomes with staff in supervisions or team meetings. This ensured that quality of care was improved.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of people's communication needs and used a variety of tools to support with communication. We saw examples of easy read documentation used for people where they required pictures to support with communication. Staff also told us that for some people, they used Makaton, a type of sign language, to communicate. People's communication needs were detailed in their care plans, with important information highlighted, so that staff were fully aware of how to support them.

People received care that was tailored to them as individuals. Before receiving a service, support needs were assessed and detailed 'Pre-admission plans' were completed with involvement from people and their families. These were formulated into detailed care plans for people that included what support was needed on each care call, the person's preferences and dislikes.

The provider was responsive to people's changing support needs and worked with health professionals and outside agencies to improve quality of life. One professional told us, "The provider is very good at feeding back what is going well and if there are any concerns." Another said, "I find them very responsive. If there are issues, they raise them immediately."

At the time of inspection, no one received end of life care. However, the branch manager explained that they were incorporating this into care planning and had devised a leaflet on end of life care to go to people and their relatives if they wanted more information. "We feel that this is an important aspect of care that people either don't know much about or are fearful of asking. We want to change that."

Good

Is the service well-led?

Our findings

Relatives spoke highly of the management team. We were told, "The branch manager at the office is very accommodating", "They are all very nice and very good" and "The case manager is excellent." Professionals agreed that the branch manager was, "Organised", "Efficient" and "Approachable."

The branch manager was enthusiastic about becoming the registered manager and talked about how they were striving to be an 'Outstanding' service. They promoted the company vision of being, "Passionate about care". Management and staff described their service as, "Small and intimate, to enable person centred care."

Staff spoke highly of the branch manager and described them as, "Very supportive", "Very professional" and "Lots of support given to put my mind at ease." One staff member said, "The best thing about this company is that a lot of care is taken in getting things right for people. I'd be quite happy for them to look after my own relative."

There were a number of quality audit tools in place, which looked at staff and people's care records. Regular audits were completed by the registered manager, including annual reviews of health and safety and infection control. An external auditor completed additional audits quarterly. This process ensured that documentation remained up to date and relevant. Audit records showed that any issues identified, were actioned immediately.

The provider used an online management system to identify when staff training, supervisions, appraisals and support plan audits were due. It also identified trends or patterns in incidents and complaints, which meant that the registered manager and branch manager were able to have oversight on areas of improvement.

Spot checks were carried out on staff regularly. This was completed to ensure all staff were providing safe and effective care. These assessments monitored whether the staff member arrived on time, whether they met all care needs and how they interacted with the person. Feedback was then given about positive work practice or areas for improvement. Staff told us they attended regular staff meetings where they could discuss any concerns they had. Records showed that regular meetings were also held for teams of staff that supported people with complex needs.

Questionnaires were given to people, their relatives and staff every six months to gain their views on the service. This information was analysed and generated into data, to gain oversight on patterns or trends. We saw that from the latest questionnaires received, most feedback given was, "Good" or "Outstanding". Although professionals had not been given surveys to complete, the branch manager held a copy of any feedback given. We saw compliments from professionals that included, "Prompt and professional", "Very person centred" and "Always ensuring safe care delivery". Other positive feedback from relatives included, "They go above and beyond – it's the little things they do in their own time that make a difference" and "We are very lucky to have such a great team of carers".

During inspection, we found the branch manager to be responsive to concerns we identified. Any issues were addressed immediately, which demonstrated the provider's willingness to improve.