

Unique Personnel (U.K.) Limited Unique Personnel (UK) Limited Brent

Inspection report

553A High Road
Wembley
Middlesex
HA0 2DW

Tel: 02089026686
Website: www.unique-personnel.com

Date of inspection visit:
30 January 2020
21 February 2020

Date of publication:
18 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Unique Personnel (UK) Limited Brent is a domiciliary care service that provides personal care and support to people in their own homes, some of whom live with dementia. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 43 people receiving care.

People's experience of using this service and what we found

Systems and processes for overseeing and checking the quality of the service provided to people were not always robust and effective. Shortfalls in record keeping had not been identified by management.

People and relatives were happy with the staff who they told us were kind and caring. The care and support people received was personalised and met their individual needs and preferences.

People, and where applicable their relatives were fully involved in the assessment, planning and review of their care. People mostly received care from regular care staff who were knowledgeable about their care needs.

People received the support they needed to take their medicines.

People and relatives told us that staff usually arrived on time and always stayed for the duration of the planned call. The agency was flexible and responsive when people needed to change the times of visits.

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. They knew how to recognise and report any concerns they had about people's safety and welfare.

Systems were in place to make sure there were enough suitable staff to carry out care visits. Staff received the support, training and guidance they needed to provide people with personalised care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to manage and resolve complaints. People and relatives knew how to make a complaint and told us issues to do with the service had been addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Unique Personnel (UK) Limited Brent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service has a new manager who has not yet registered with the Care Quality Commission (CQC). They told us they would apply to register with us when they had completed their probationary period. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two working days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 30 January 2020 when we visited the agency's office location and ended 21 February 2020, when we gathered feedback via telephone calls from people using the service and their relatives.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the previous inspection report. This information helps support our inspections. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager, care coordinator, field care supervisor, human resource and quality assurance member of staff and three care staff. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of six people using the service, five staff employment records, quality monitoring records and some policies.

Following our visit to the provider's office we contacted people using the service, their relatives and healthcare and social care professionals. We received feedback about the service from three healthcare and social care professionals, four people and eight relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager supplied us with details of action they had taken to address the deficiencies we found in some record keeping. We also looked at some policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt people were safe with care staff.
- There were policies in place for handling people's money when staff did people's shopping. One person's expenditure record lacked detail and clarity about how much was spent on purchases. The manager immediately began investigating this and following the inspection informed us that the issue had been investigated and they had found no indication of financial abuse but improvements in record keeping were needed. They had addressed this with care staff and planned to discuss accurate financial record keeping during the next staff meeting.
- Staff had a good understanding of the indications of abuse and knew that they needed to report safeguarding concerns to management staff.
- Care staff knew about whistleblowing procedures. One member of the care staff team told us that they would not hesitate to report any poor practice from staff.
- Management staff were aware of their responsibilities to protect people from the risk of abuse and had shared concerns with local safeguarding teams and CQC.

Using medicines safely

- Staff received medicines training and competency assessments to help ensure that they prompted or administered people's medicines safely.
- People's care plans included details of the support they needed with their medicines. One person told us that care staff reminded them to take their medicines. One relative told us, "They [care staff] remind [person] to take their medicines. It works well."
- Staff completed medicines administration records (MAR) which showed people received their prescribed medicines. However, one person's MAR lacked clarity regarding the time they received two medicines. Following the inspection, the manager told us they had investigated this and found that the person had received their medicines as prescribed. The MAR had been reviewed and updated for clarity. They told us they had implemented more robust checks of MARs to ensure deficiencies in record keeping were identified promptly.
- One member of the care staff team told us they always explained and spoke with people about their medicines before administering these or reminding people to take them.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage and monitor risks were in place. Risks to people's safety had been identified and guidance was in place to minimise the risk of people being harmed. For example, one person's risk assessment had identified that the person must never be left alone when bathing.

- Care staff knew how to keep people safe. They knew when people were at risk of falling and about moving people safely when using equipment such as hoists. One person's relative confirmed that the person was assisted with transferring to and from their bed safely.
- Environmental risk assessments of people's own homes were carried out. These considered any factors in the person's home such as trip hazards, equipment and staff safety.
- The provider had a contingency plan to ensure continuity of care should an event occur which impacted on service delivery. For example, adverse weather conditions or staff shortage. Care staff knew what to do in the event of an emergency.

Staffing and recruitment

- Safe and appropriate recruitment practices helped ensure that only suitable staff were employed to care for people.
- There were systems in place to ensure there were enough appropriately trained staff to effectively meet people's care needs and to keep them safe.
- There were arrangements in place to cover any staff absence including annual leave and sickness.
- People and their relatives told us that usually it was regular care staff that provided people's care.
- There was an on-call system which ensured staff, people and relatives could obtain information and advice at any time from a senior member of staff.

Preventing and controlling infection

- Staff received training in the prevention and control of infection. They were aware of their responsibility to prevent avoidable infections. They knew about the importance of washing their hands.
- Care staff had access to the personal protective equipment they needed including disposable gloves, shoe covers and aprons.
- Relatives and people told us that care staff left their kitchen and bathroom clean and tidy.
- Spot checks of staff safe working practices were carried out. These included checks that care staff were following safe infection control practices.

Learning lessons when things go wrong

- Records showed that the management and care staff had responded appropriately to accidents and incidents. Care staff knew they needed to report all accidents and incidents.
- The nominated individual and management staff spoke of the importance of learning from things that go wrong. They provided us with examples which showed that lessons were learnt from incidents.
- Staff confirmed they were made aware of any changes to their practice which resulted from learning lessons when things had gone wrong.
- The manager told us that during quality reviews of incidents they would ensure that they would look for patterns and trends to help in preventing them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs was carried out before they started receiving care and support from the care agency. People told us they had been listened to and asked about their preferences and care needs.
- Care plans provided staff with the personalised information and guidance they needed to provide people with effective care. Information about people's specific medical conditions was included in their care plans and included personalised guidance about reporting symptoms to management, healthcare professionals and others involved in the person's care.
- Care staff told us they spoke with people, read people's care plans and followed guidance to ensure they delivered care in the way people needed and wanted.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the training, skills and experience to care for them.
- Staff told us they had been provided with the induction they needed to carry out their roles and responsibilities. Their induction had included shadowing more experienced staff assisting people with personal care.
- Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff spoke positively about the training they received.
- Spot checks of staff practice, and competencies when assisting people with personal care had been carried out.
- Staff had received regular formal supervision where their practice and development had been discussed. Appraisals had been completed in 2018. The nominated individual told us that appraisals for all staff had been planned.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with their meals. People's dietary needs and preferences were described in their care plans and met. People told us they chose what to eat.
- Staff told us they always ensured people were supported to eat and drink enough to ensure their nutritional needs were met. Care staff told us they would report any changes in people's eating and drinking to the manager. One member of the care staff team told us, "I always remind them [people] to drink."
- People told us they received the assistance they needed with their meals. Care staff understood people's individual dietary needs. One of the care staff told us, "I had a client who did not want to eat, I said to [person] come and show me the kitchen and we can get something to eat. Person then ate well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care plans provided staff with the guidance they needed to provide people with the support they needed with their personal care and health conditions.
- Senior staff liaised with people's representatives when people's needs changed. A member of the management team provided us with examples of when they had suggested to relatives that they arrange a doctor's appointment due to staff having noticed a deterioration in people's health.
- Care staff spoke of encouraging and supporting people to keep active. One of the care staff spoke of accompanying a person on short walks. Another told us they supported people to eat healthily, by ensuring they were offered fruit with their meals.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- People's capacity to make decisions relevant to their care and support were assessed and documented. One person's mental capacity assessment had shown that they needed to be reminded to take their medicines.
- Care staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by their representatives, healthcare professionals and others involved in the person's care.
- Care staff told us that they always asked people for their agreement before supporting them with personal care and respected the decisions they made. One of the care staff told us they would offer a person a wash if they refused a bath or shower, and report to the manager if the person continued to decline personal care support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included detailed personalised information about their background, routines, cultural and religious preferences, emotional health and well-being.
- Care staff spoke of the importance of understanding people's differences and always treating them with respect. One of the care staff told us, "It is important to respect each religion and culture."
- Care staff knew people well. They were knowledgeable of people's needs and preferences. They spoke of the importance of gaining people's trust and listening to them. One of the care staff said, "I put myself in person's situation. This morning I sang with a client, which made them happy."
- People told us that care staff mostly arrived on time and always stayed the right amount of time. One person told us, "They [care staff] come here on time and do what I ask." A person's relative told us, "The ring us if they are going to be late."
- People and their relatives informed us that people were respected and treated well by caring staff. They described care staff as, "Calm, patient and kind." And "Very helpful and friendly."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. They told us they received the care and support they needed and wanted.
- Details of the ways people communicated and their ability to make choices about their care were included in people's care records.
- Staff showed a good knowledge and understanding of people's individual care needs and preferences.
- Care staff spoke of the importance of listening to people and respecting the decisions they made about their care. One of the care staff spoke about a person they visited. They told us "[Person] loves sports, so we chat about that."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's privacy. Staff had signed the 10 Point Dignity Challenge (the 10 Dignity Do's) and a code of conduct that included upholding people's privacy, dignity and rights.
- Staff spoke about how they ensured people's dignity was supported and maintained when providing personal care. People's preference regarding the gender of staff assisting them with personal care was respected.
- Care staff were aware of the importance of confidentiality. People's information was stored securely.

- People were encouraged to maintain their independence where possible. Care staff spoke about the ways they supported people to do things for themselves. One of the care staff spoke of encouraging and prompting a person to take part in their own personal care by washing parts of their body and dressing themselves. They told us, "I try to encourage independence and I make sure people are supported to do things for themselves."
- During spot checks of staff carrying out personal care, staff practice was assessed as to whether they provided care in a dignified and respectful manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were given choice and control over their care. One person told us that staff listened to them and respected the choices they made. One of the care staff told us they always encouraged and prompted people to make choices. They told us, "I always ask them [people] what they want to eat and show them a choice of clothes and they decide what they want."
- Staff knew people well. They were knowledgeable about people's individual preferences and spoke of the importance of providing people with personalised care.
- One of the care staff spoke of being introduced to people before supporting them with their care, and told us, "The care coordinator explains to me what the person needs."
- People's care plans were reviewed with them and where applicable their relatives. People and relatives spoke of their involvement in the planning and review of people's care.
- Care plans were updated to reflect changes in people's needs. Staff told us they were informed of any changes to people's care. They knew the importance of reporting changes. One of the care staff told us, "Yesterday a client's leg was swollen, I told the office who spoke with the relative about getting a GP appointment."
- The service was flexible. People and their relatives provided us with examples of when the service had been responsive in accommodating their requests to change visit times. One person's relative spoke very positively about the flexibility of visit times and of the importance of that to the person using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Details about people's hearing, vision and the way people communicated were included in people's care records.
- Management staff were aware of the AIS. Some information was in large print and in languages other than English. The manager told us they would always ensure information was provided to people in a format that was accessible to them and met their communication needs.

Improving care quality in response to complaints or concerns

- There were policies and procedures in place to ensure people's concerns were investigated and addressed in a prompt and appropriate manner.
- People and relatives knew how to make a complaint. They told us issues they had raised had been

addressed and resolved. One person told us, "If I have problems I ring them [office staff] and they sort things out."

End of life care and support

- No one was receiving end of their life at the time of the inspection.
- End of life care had been provided to people in the past. The nominated individual told us that when people had been supported with care at the end of their lives staff had worked with healthcare and social care professionals to ensure people received personalised end of life care.
- Care staff received the support they needed following the death of people they had cared for. The staff team provided support for each other and counselling had been offered to staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to assess, review and monitor the quality of the service provided to people. These included checks of the recruitment and selection systems, staff training and 'spot checks' of care staff carrying out people's care had been carried out. However, we found quality checks were not always effective.
- Quality monitoring systems had not identified the lack of clarity in medicine administration records and a person's expenditure record, which could mean that records were not always accurate, and people's needs met effectively and safely. We were informed following the inspection that an external consultant had been employed to carry out quality checks of a range of areas of the service.
- At the time of the inspection the manager had been in post for a short time and was in the process of completing their induction. They were clear about their role and responsibilities and keen to develop the service. They told us they would be applying to register with us after they had completed their probation period.
- Care staff understood their roles. They spoke very positively about their jobs and of the support they received from management staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives informed us that they knew how to contact the manager and office staff. They told us they had received the information they needed about the agency and the service it provided.
- Surveys were sent out regularly to people and staff. This gave people the opportunity to tell the provider about their experiences of using the service. Feedback from the surveys we looked at was positive.
- Staff told us they felt valued and teamwork and communication between them, management and people were good. They informed us they were kept informed of changes to do with the agency and people's care.
- Care staff told us they felt confident to speak up about anything to do with the service provided to people and felt certain they would be listened to and their views respected. Staff survey results showed they were happy with their job and action had been taken to improve their pay in response to their feedback.
- The manager and nominated individual spoke of the importance of good communication and of being open and inclusive with people. One person's relative told us that communication with management had recently improved. They commented, "They listen better now. They are more helpful now." Some people's relatives told us they would like more frequent, regular contact from management and/or office staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and nominated individual understood the duty of candour and knew they had a legal responsibility to be open and honest with people and relatives when something goes wrong.
- The manager was aware of when they needed to notify CQC and/or other agencies of incidents and significant events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were satisfied with the care they received, which met their needs and preferences. They spoke positively about the regular care staff who assisted them with their care.
- Care staff spoke of the positive culture of the agency. The manager spoke of the importance of having an open and positive culture that achieved good outcomes for people, and of their plans to develop and improve this.

Working in partnership with others; Continuous learning and improving care

- People's care records showed that the registered manager engaged with healthcare and social care professionals about any concerns to do with people's care or changes in their needs.
- Healthcare and social care professionals and people's relatives told us there had been a period at the end of last year when communication with management had not been positive. One professional spoke of difficulties getting hold of a manager to speak with. However, they spoke of communication having improved since the new manager was appointed.
- The manager was aware of the importance of continuous learning and improving care. For example, the manager promptly addressed the issues found during the inspection and action was taken to make improvements.