

Unity Plus Healthcare Limited

# Unity Plus Healthcare Leeds LS3 1JA

## Inspection report

S2 Unity Plus Healthcare  
102 Kirkstall Road  
Leeds  
LS3 1JA

Date of inspection visit:  
25 May 2021  
10 June 2021

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23 June 2021

### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

Unity Plus Healthcare Leeds is a domiciliary care service that provides care and support to adults in their own homes. At the time of the inspection the service provided support to six people. Not everyone who used the service received personal care. 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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Where a person appeared to have issues with their capacity to make certain decisions, the service noted this in their risk assessments and care plans. In addition, MCA assessments were completed from the service with input from their social workers., however we found not all these assessments had been completed. We found quality assurance systems had only just begun being implemented by the new management team. The manager was aware of this and was working with professionals to ensure these were completed. We have made a recommendation regarding people's consent to care and treatment.

Staff did not always receive supervisions; however, the new management team had put a plan and dates in place to ensure these were completed

People received the care they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment (PPE). People received their medicines safely. We found recruitment checks were in place and staff had received a full induction before supporting people on their own. Staff were trained in safeguarding and were aware of what to do if they suspected abuse.

Staff knew people well and supported them based on their needs, preferences and choices. Staff developed good working relationships with people and their relatives. The manager ensured staff had the time they needed to provide care effectively. The service kept in regular contact with people and their relatives to check they were happy with the service provided. The service supported staff by providing transport to and from people's homes. Staff and relatives told us if they had any concerns, they knew how to make a

complaint.

#### Rating at last inspection

This is the first inspection since being registered in January 2021.

#### Why we inspected

This was a planned inspection due to concerns raised around recruitment, quality of care and safeguarding. The service also had not been inspected before. We found no evidence during this inspection that people were at risk of harm from these concerns.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

# Unity Plus Healthcare Leeds

## LS3 1JA

### **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. The new management team had only been in place a few weeks before our inspection.

### Inspection team

The inspection team comprised of 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 did not have a manager registered with the Care Quality Commission; however, the manager had submitted an application at the time of inspection.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2021 and ended on 10 June 2021. We visited the office location on 25 May.

### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with five members of staff including the manager and nominated individual. We reviewed a range of records that included two people's care records, two people's medicines records and training data for staff. We looked at four staff files in relation to recruitment and staff supervision.

#### After the inspection

We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. We sought feedback from outside professionals who were involved in the care of people who were supported by Unity Plus staff.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm
- All staff received mandatory safeguarding training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so.
- We spoke with one outside professional who told us, "All safeguarding's raised are time and response appropriate, with required actions taken promptly and changes required implemented. One person who receives support has a large care package and is never without support from staff." One relative said, "Yes I feel [name of person] is safe."

Assessing risk, safety monitoring and management

- The care records we reviewed had up-to-date risk assessments with individual care plans for each risk identified, for example, relating to mobility, behaviour and medicines.
- The provider held people's care records on an electronic records system that was easy to navigate. Staff quickly and easily accessed the risk assessments, care plans and monitoring forms they needed to provide safe care on their mobile phone application.
- Staff and people could contact the office at any time during the day in case of emergency. Out of hours they had access to the on-call service run by the manager.

Staffing and recruitment

- Staff were recruited safely.
- The manager allocated the same staff to support people wherever possible. This provided consistency and continuity of care and helped staff and people to develop good working relationships. Staff, people and relatives found this beneficial.
- We spoke to relatives who told us there were now consistent staff supporting their family member. One relative said, "We asked for consistent staff which we have now, we didn't always have this before with the previous management team. We met the support workers beforehand. Unity is very good in supporting us."

Using medicines safely

- People received their medicines safely. The service had a management policy in place.
- Staff administered medicines at the right time, and safely managed 'when required' medicines. Staff completed records of the use of creams accurately.
- The manager had just commenced medication audits, due to previously not been in place.

### Preventing and controlling infection

- The provider had up-to-date infection prevention and control policies in place.
- Staff used personal protective equipment (PPE) effectively and safely. One relative said, "The staff always wear their masks."
- The office had enough rooms and space to accommodate the office-based staff at a safe distance from each other. Staff based in the office practised social distancing and used PPE where needed.

### Learning lessons when things go wrong

- The newly appointed manager and nominated individual had started a range of audits that helped identify any issues, gaps and risks, however these had only just been put into practice. The manager was aware of gaps that needed to be actioned. We have covered this in the well led section of the report.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Where a person appeared to have issues with their capacity to make certain decisions, the service noted this in their risk assessments and care plans. In addition, MCA assessments were completed from the service with input from their social workers; however, we found not all these assessments had been completed. The manager was aware of this and was working with professionals to ensure these were completed.

We recommend the provider review care plans to ensure they fully reflect people's capacity to consent.

- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA. Staff support: induction, training, skills and experience
- All staff underwent an induction and a comprehensive mandatory training programme when they commenced employment. The staff training matrix showed high levels of compliance with training requirements.
- Records showed staff did not always receive regular supervision with a member of the management team. The staff we spoke with said supervisions with the new manager was going to take place. We saw evidence of this with dates in place for the full year.
- Staff spoke positively about the support they received from the management team. They described them as caring and kind.

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

working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service assessed people's individual needs and developed associated care plans. The care records we reviewed showed mostly up-to-date assessments with individual care plans for people's specific needs. The manager had put dates in place to complete these.
- Care staff worked closely with health and social care workers involved in a person's care to maintain good health and wellbeing outcomes.
- The service worked flexibly where possible to help meet people's needs. For example, one relative said, "We needed more support through COVID which Unity plus supported us with."
- We spoke with one social worker who said, "Staff provide a large variety of support from meeting all of their basic care and support needs as well as more complex needs in relation to their emotional and behavioural needs." A senior member of staff from a local day centre told us, "Both staff who support [name of person] are very positive people who provide active support to enable the service user to access the sessions."

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

- Staff supported people well and effectively with food and drinks where this was part of their care plan.
- All staff knew people's individual food and drinks preferences and always asked them for their choices.

# 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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and supported them based on their needs, preferences and choices. The staff we spoke with showed a good understanding of the people they supported.
- All the relatives we spoke with told us they were happy with the care provided to their family. For example, one relative said, "The staff have supported [name of person] and we have seen a reduction in their behaviour that challenge. The staff know [name of person] well. I am happy with them."
- The service ensured staff had the time they needed to provide care in a personal way. Staff told us Unity Plus provided transport to and from the person's home, so staff did not have to use their own or public transport.

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

- Relatives and professionals, we spoke with told us they were actively involved in decisions about the persons care. They described good communication with the manager and staff. One relative said, "The manager calls us just to see if everything is ok."
- The manager planned the rotas in advance, so staff people and relatives were aware of who supporting who. One staff member said, "I work with the same person all the time. I know them well and they like the consistency of me coming." A relative said, "We have consistent staff now, we didn't always have that."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The service met people, their relatives and the professionals involved to develop care plans that reflected people's needs and preferences.
- A professional we spoke to said, "Care is really being taken to place [name of person] at the centre of everything the team do. An example of this is when [name of person] has 2:1 support, only one of the team speak when providing care. This means that [name of person] does not feel talked about or talked over."
- The service encouraged staff to get to know the people they supported well and build a rapport. The care records we reviewed showed people's preferences as well as their needs. Choices relating to food and drink preferences, goals and hobbies, were clearly recorded.
- Staff used a mobile phone application that held all the assessments and care plans for the people they supported. Staff said this worked well. On some occasions when staff experienced any difficulties in relation to WIFI access, staff recorded these in paper format.
- Staff, the people they supported, and relatives could contact the office at any time during working hours. The service also had an out of office hours on-call system for both staff and people. The staff and people we spoke with said someone always answered their calls.

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.

- The service assessed people's communication needs and took them into account when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care. The service ensured that the staff providing care knew the person well and understood their communication needs.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints. Everyone we spoke to said they felt they could speak to the manager if they had any concerns.

End of life care and support

- At the time of our inspection, none of the people supported by the service received end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The manager and nominated individual had only been in post for several weeks before inspection. The manager told us they were working on areas of the service they had recognised needed improvement.
- Quality assurance systems had only just begun being implemented by the new management team. The manager was aware of this and was working with professionals to ensure these were completed.
- The management team showed a strong commitment to ensuring good governance of the service would be a priority.
- The manager had good working relationships with the provider and told us they received a lot of support from them.

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

- The provider had only recently conducted a staff survey; results from this had not been collated or formed any part of an action plan or lessons learnt. There had been no relative survey completed.
- All the relatives and professionals we spoke with knew who the new manager was and described them as approachable with good communication skills. One member of staff said, "The manager is good. If we need her, we just call up nothing is too much trouble."
- The manager made direct contact with all the people's relatives cared for by the service either via a telephone call or through the provision of direct care.

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

- The service had a positive culture that focused strongly on person-centred rather than task-based care. The staff we spoke with described an open and honest culture with the manager.
- The relatives and professionals we spoke with gave positive feedback about the care staff and new manager. One relative told us, "I have no concerns with Unity plus and the carers they have done a great job supporting [name of person]." A second relative said, "There used to be different carers every day it was bad. Now the new manager has taken over and staff know what they are doing, it is very good."
- The service cared for people in a way they wanted and needed. For example, one staff member said, "We support [name of person] with what they need, this is stated on their care plan. We get to know people well and know their specific behaviours that challenge and how to support these."
- Staff were allocated to certain people to ensure consistency was maintained throughout. One relative

said, "[name of person] likes their carers they have a couple of staff who are the same throughout. We get a rota to let us know if there are any changes which so far there haven't been."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.

Working in partnership with others

- The management team worked in partnership with community professionals and organisations to meet people's needs.