

Unicare Recruitment Agency Ltd

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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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Unicare Recruitment Agency provides personal care support to people in their own home. At the time of our inspection one person under 18 years old was receiving support. The service is able to support both adults and children. 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

People received safe care and treatment. Staff were aware of risks to people's safety and how to manage those risks. There were clear care plans in place that detailed a person's support needs and how they wished to be supported. Staff involved the person with the legal authority, to make decisions in a person's 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 person was treated well and had built good relationships with the staff supporting them. Staff respected the person's privacy and dignity. They were supporting the person to learn new skills and develop their independence. Staff understood how the person communicated and had received additional training in non-verbal communication methods.

There were a team of regular staff supporting the person. They attended care calls on time and stayed the required length of time to provide the level of support the person required.

Staff received regular training and support to ensure their knowledge and skills were up to date with best practice guidance. The registered manager had systems in place to review and improve the quality of care. Staff liaised with health, social care and educational professionals involved in a person's care to ensure coordinated care that provided good outcomes for the person receiving support.

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

Rating at last

This service was registered with us on 3 October 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 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 well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity took place on 5 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the provider including statutory notifications received about key events that occurred at the service.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person's relative, two care workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from a social worker working with the person receiving support. We reviewed records relating to the care provided, staffing and the management of the service.

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 of this 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

- People were protected from the risk of abuse. Whilst there had not been any safeguarding concerns raised, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- Staff had received training on safeguarding children and vulnerable adults and were expected to complete regular refresher training to ensure their knowledge was up to date with current best practice.

Assessing risk, safety monitoring and management

- People received safe care and support. A relative said, "[Their family member] is safe."
- Regular risk assessments were undertaken and management plans were in place to minimise any risks to people's health and welfare. Staff were knowledgeable about the risks to people's safety and how to support the person appropriately.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. This included obtaining references from previous employers, checking staff's identity and eligibility to work in the UK, and undertaking criminal records checks.
- There were sufficient staff to provide people with the level of support they required. The person's relative told us there was a team of regular staff who came to support their family member. They turned up on time and stayed the allocated length of time.

Using medicines safely

- At the time of our inspection staff were not administering any medicines.

Preventing and controlling infection

- We were assured that the provider was adhering to infection control procedures and were up to date with government guidance.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

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 service. This key question has been rated good. 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

- Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- Staff felt well supported. A staff member told us in regards to the support they received from the registered manager "it has helped me improve in the quality of care that I offer"
- Staff received training to ensure they had the knowledge and skills to meet people's needs. They undertook regular refresher training to ensure they stayed up to date with best practice. Staff completed training courses that were specific to people's needs, including autism and Makaton communication methods.

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

- Staff provided meals that the person enjoyed and in line with their wishes.

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

- Staff liaised with medical professionals involved in people's care if they needed any advice or guidance, or if they were concerned about a person's health. Staff also liaised with the person's family member who had parental responsibility to make decisions about a person's health and wellbeing.

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 MCA 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.

- Staff were aware of and had received training on the MCA. However, due to the age of the person receiving care the MCA was not applicable. Staff appropriately involved the person with parental responsibility and who had the legal authority to make decisions on the person's behalf.

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 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

- A relative told us they felt their family member was treated well and staff respected their individuality.
- Staff respected people's religion and culture. They supported the person to access church services.

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

- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff supported the person with their skill development and to build their independence. A relative told us, "[Their family member] is getting more independent."
- Staff respected people's privacy and dignity, particularly when supporting them with personal care.

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 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 person received personalised care that met their individual needs. The staff liaised with the person's school and social worker to ensure everyone involved in supporting the person provided consistent coordinated care.
- Care records were detailed and provided clear information to staff about what support the person required and how this was to be delivered. A staff member told us, "We have a care plan that contains everything we need to know about [the person receiving care]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood how a person communicated. This included their use of non-verbal communication and objects of reference. Staff were aware of how the person communicated if they were in pain, anxious or distressed, as well as how they communicated that they were happy and enjoying the support provided. A relative told us, "The staff understand [their family member] well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to undertake activities that they enjoyed. This included at their home as well as supporting them to attend clubs during school holidays.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with.

End of life care and support

- At the time of our inspection the service was not supporting anyone who required end of life support.

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 service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was aware of their CQC registration requirements, including the requirement to submit statutory notifications about key events should they occur.
- The registered manager was aware of the duty of candour and the importance of being open and honest should mistakes be made.
- There were systems in place to review and improve the quality of service provision. This included regular communication and visits from the registered manager. A relative told us, "[The registered manager] has made a couple of visits to the house and we have regular contact."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family were involved in service development. They were regularly asked for their feedback during informal conversations and formally through the completion of satisfaction surveys. The registered manager took on board any suggestions made through these processes and amended the care provided to ensure it achieved good outcomes for the person receiving support.
- Staff felt able to express their views and opinions. One staff member said, "The management are very helpful and they listen to me and they also support me."

Working in partnership with others; continuous learning and improving care

- Staff worked in partnership with other health and social care professionals involved in a person's care.
- The registered manager attended the local authority's support forum for managers of care at home services for peer support and continuous learning.
- The registered manager was working with various local authorities during their tendering processes to try and expand their business. We were assured they had appropriate policies and systems in place to support people with their personal care needs.