



**Care Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**Unite Care Group Ltd**

**Cardiff**

**Type of Inspection – Full**

**Date(s) of inspection – Thursday, 16 May 2019**

**Date of publication – Wednesday, 10 July 2019**

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## Summary

### About the service

Unite Care Group Ltd is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service in the Cardiff and Vale regional partnership area. Gareth Beynon is the responsible individual (RI) who oversees the strategic operation of the service. The service has a manager who is registered with Social Care Wales. CIW regulate the care the service provides to people, however this does not include the accommodation they live in.

### What type of inspection was carried out?

We carried out a full, unannounced inspection on 16 May 2019. This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016). Our findings are included within the body of the report.

The following sources were used to inform this report:

- Consideration of information we already held about the service, such as registration information and notifications.
- Discussions with the RI and manager
- Feedback from three people receiving a service and/or their representatives via a mixture of home visits and telephone feedback
- Telephone feedback from three staff
- We carried out a detailed examination of three personal plan files which included care and support plans, risk assessments, health care and daily recordings and a selection of call schedules
- Personnel records for three staff. This included training and supervision information.
- Public liability insurance certificate
- We examined various audits including management of medication, accidents and incidents etc
- We audited the various policy and procedure files including medication policy, admission policy, safeguarding, whistle-blowing policy etc – refer to the body of the report for further information
- Examined the statement of purpose and information guide to the service
- Examined the staff information pack
- Examined the induction framework and staff training
- Questionnaire feedback from people using the service, representatives and staff
- At the time of the visit we feedback the findings to the general manager and the responsible individual and confirmed their understanding;

### **What does the service do well?**

We did not identify any areas which exceeded the requirements and guidance set out in the *Statutory for Service Providers and Responsible Individuals on Meeting Service Standards Regulations (2018)*.

### **What has improved since the last inspection?**

This was the first full inspection under the RISCA 2016. Any improvements will be considered as part of the next inspection

Unite Care Ltd has been operating as a domiciliary care service since 2018, therefore they have focussed on developing the service, and, providing training for staff to be sufficiently skilled to perform their role.

We noted that the provider has introduced a paperless and seamless electronic system which provides staff, information required to effectively support people, minimise risk and, provides regular updates when changes occur. From the system, the information inputted can be audited and reports produced.

### **What needs to be done to improve the service?**

Improvement is needed to satisfy the following requirements of The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017:

- Service agreement: Regulation 20 (1) – the service provider must ensure that every individual is given a signed copy of any agreement
- Delineation of travel time: Regulation 41 (3)(a)-(b)- The service provider must prepare a schedule of visits for care workers with sufficient travel time allocated to travel in between visits having regard to matters specified under Regulations 41 (3)(a)-(b)
- Personal plan: Regulation 15 (1)(c) – the steps which will be taken to mitigate any identified risks to the individual's well-being – ensure arrangements in place to investigate accident and incidents to ensure appropriate measures have been taken to safeguard the individual
- Notifications 60: Regulation 60 (1), (3),(4),(5) – The service provider must notify the service regulator of any events specified in schedule 3
- Engagement with individuals and others: Regulation 76 (1)(a)(b)(c)(d)(e) – The responsible individual must put suitable arrangements in place for obtaining the views

Non-compliance notices were not issued on this occasion as we discussed the regulatory requirements with the RI and received assurances of the measures they were taking to address them. We expect the service provider to take prompt action, which we will follow up at the next inspection.

We made the following recommendations to help the service develop:

- Ensure that there is information available to inform people of the service
- Care records are kept updated by staff to ensure all information is recorded
- Develop a system to periodically review and update all policies and procedures
- Include sign and symptoms of medical conditions within peoples' risk assessments
- Establish a regular programme to ensure staff has the opportunity to meet individually and collectively to share views and receive support
- Follow through with the arrangements in place to ensure 50% of staff are suitably qualified as recommended by Social Care Wales qualification framework
- Further develop the current training arrangements in place for staff, to also include mental capacity act training, deprivation of liberty training and any specific training required to meet specific areas i.e dementia, functioning mental health etc
- Make arrangements to ensure the recruitment processes are followed per the agency recruitment policy

## Quality Of Life

People can be confident that they will receive information that will inform them about what the agency can provide, but requires further updating. We examined the statement of purpose and user information in place but the RI confirmed that both documents were being revised, due to changes. Unite Care has been operating as a domiciliary agency since 2018 therefore, the documents needed amending as the service has further developed.

These are important documents which should contain specific information to help individuals have a clear understanding of the culture of the service, how it will be provided and what they can expect to receive. We saw that the statement of purpose contained information that informed people about the service, but we recommended that more information was included such as; age range and regional area, arrangements in place to seek stakeholders' views, and, quality assurance arrangements and the measures the service will take to promote the Welsh language needs of individuals etc.

The written user information was clear overall and provided people with key information, but it should be reviewed to ensure people have access to all of the required information such as access to advocacy services. When we spoke to the people using the service they confirmed that they have not previously received information about the service and would like to be provided with the documents. The manager assured us that the revised documents will be given to all individuals receiving the service.

Overall, people can be confident that they will receive information that will inform them about what the service can provide but requires further revision.

People benefit from care provided by staff familiar to them. This is important as it allows relationships of trust to build between staff and the people they support. We noted that there was an established team of staff that generally supports the same people. Additionally, there is no agency usage to cover vacancies and sickness. The staff within the team are flexible and will make arrangements to cover each other. When we spoke to the people using the service they were complimentary of the delivery of the care and support. Some of the comments included;

- *“My mother has some memory issues therefore it is important that we have received the same staff. She recognises their faces as they are familiar to her”*
- *“We feel at ease with the staff and they are all so helpful. The staff are also helpful to me as the carer”*
- *“I know all the staff and feel at ease with them”*

We conclude that people receive consistency and continuity of care by a familiar staff team.

People can be confident that their personal care records support them in a way that promotes, protects and maintains their safety and well-being. We sampled three service user delivery plans in the office and case tracked, to talk or visit people. The RI confirmed that they had invested in an electronic system that creates a paperless assessment and recording system for the service. We saw that all information is inputted and staff are given iPhone's to record the time they arrive and leave, and, record the tasks completed and an issues noted. We saw that the manager completed a detailed

assessment to confirm that the agency was able to meet their needs. The manager had provided verbal agreement however we recommended that they provided their decision in writing to confirm the suitability. This led us to examine the terms and conditions being issued to the individual which informs them of the financial cost of the service. On the files sampled only one person's terms and conditions form had been fully completed and signed by the individual receiving the service. When we spoke to the service users they all confirmed that they had not received terms and conditions when they commenced using the agency. We spoke to the RI and they intended to complete an audit to ensure all terms and conditions were in place. Based on the findings, further improvements are required to fully meet the regulatory requirements.

All personal details, care and support plans, medication and risk assessments are electronic. The staff uses their secured iPhone to access the information and enter daily records. When the manager updated information, an email was sent to the relevant staff to alert them that there were changes or information that they needed to read.

There were comprehensive care and support plans that guided staff on the needs of the individual and support required. We found that this contributed to staff working consistently and provided continuity of care. When we spoke to the staff they told us;

- *“All care and support plans and risk assessments are in place and helps us to get to know the person”*
- *“There are sufficient care and support plans and risk assessments available and, I am able to read the information and therefore, feel confident to support the person”*

Additionally, we noted that on the three files examined the individual's signatures were not present. The RI confirmed that the individuals were involved in the formulating of the plan. When we spoke to the service users they confirmed that the manager had met with them to discuss their support and preferences but they had not received a copy of the care and support plan. We advised that the manager completed an audit to ensure all signatures are obtained to evidence that people have been actively involved and given the opportunity to express how they would like to be supported. The RI confirmed that all people using the service will be given a copy of a plan, if they wish.

We examined the staff daily records and noted inconsistencies in the recording of start call times, finishing call times and tasks completed. We were confident that people received the care required as the staff had recorded the information on the daily records. However, we discussed the inconsistencies of the recording records with the manager and they intended to address further with the staff team. When we spoke to the people using the service they told us that generally all staff completed the support required and they received quality of care. Some comments included;

- *“Staff are excellent and we are very happy with the service received”*
- *“I have no issues and receive the support required”*
- *“Everything is good about the care I receive”*
- *“The staff are super, we have no concerns”*

We conclude that people generally receive care from a knowledgeable staff team that is committed to providing person centred care and has a comprehensive care planning system in place, however, they cannot be assured that the staff care recordings in place evidences their overall well-being and needs.

Additionally, we noted that there were inconsistencies between the hours planned in

accordance with the care plan and the hours being delivered by staff. We examined the call records and there was evidence that there were occasions when staff were arriving later or leaving earlier to support the next person. In cases where the full allotted time is no longer required, the call schedule should be revised to ensure it accurately reflected the time required to complete the care tasks. Furthermore, we identified that visit schedules also showed calls were planned consecutively without having sufficient travelling time between calls. When we spoke to the staff they confirmed that they received enough time to support people but the travel time in-between people could be further improved. The staff told us that they may leave a call early if all support has been provided, or if the person asks them to leave or, if they need to leave to travel to the next person.

This was also reflected when we spoke to people receiving the service. Their comments included;

- *“Sometimes they leave early and on occasions arrive 30 minutes early or up to one hour late”*
- *“People are not always staying for the time allocated and I am paying for the service”*
- *“Not all staff stay for the time allocated and they leave early”*

However, the people using the service was satisfied with the quality of care and confirmed that all support had been received. They told us;

- *“I don’t feel rushed”*
- *“Staff always provide me with dignity and respect”*

When we spoke to the RI they confirmed that they are reviewing the travel time between calls by clustering staff to work in specific areas.

We recommended that management considered this matter further to ensure the service is able to demonstrate people’s care and support is delivered consistently in line with their personal plans, and, an improved oversight of call management is required. We will consider further at the next inspection to ensure the area fully meets the regulatory requirements.

People can be assured that they will be safe as they can be. We saw evidence in the files we examined that there were robust risk assessments in place that would provide staff with a step to step approach on how to effectively support the individual’s.

The plans included; moving and handling, health, medication, environment and hazards substances, etc. We recommended that further information could be considered for peoples’ health needs such as the signs and symptoms to specific medical conditions. We saw that there was specialist assessments in place from Occupational Therapists and referrals made in a timely manner when there was changes to people’s needs. Based on the findings people has the right to be supported safely.

People cannot be assured that there are records in place which evidences that accidents and incidents are investigated. We saw a robust system in place for staff to record an accident/incident which is immediately logged onto the electronic system and the manager received an email alert. Based on the files we examined there were incidents or accidents that had been recorded by staff but the manager had not completed an investigation. However, we saw evidence that the manager had taken immediate action but this was not recorded on the investigation. Furthermore, we identified that there was two incidents that would have been reportable to the local authority safeguarding team and to us, as the regulator. We discussed further with the RI and manager and they were not fully aware that the accidents were reportable.

We conclude that the registered persons will need to ensure that the accident and incident process is fully implemented and, that the safeguarding procedures and duty to report regulations are thoroughly followed, to fully meet the regulatory requirements.

People can be confident that they contribute to their care and support plan review. Based on the files we sampled we saw that the individuals had received a review of their care plan and had the opportunity to give their opinion about the service they receive. We saw evidence that when there were changes the care plan was updated and people's preferences on how they would like to be supported in the future were also reflected. We noted that not all reviews were signed by the individual therefore the manager agreed to ensure they are obtained in the future. We conclude that people are given the opportunity to be in control of their care and support and their views are respected.

Generally the well-being of people is promoted through the safe systems for the administration of medication. There was evidence that staff had completed medication training and we saw that people had a detailed risk assessment in place if medication prompting or administration was required. People had a detailed medication plan specifying all medication and staff ticked to confirm when administered. We recommended that the plan included how a person liked to be supported to take their medication. Based on our findings we conclude that medication is being administered safely and there are recording systems in place that ensures the service user's medication needs are met.

## Quality Of Staffing

People receive care and support from staff that are safely recruited. We found that there were suitable policies and procedures in place for recruiting staff. We examined three staff personal files and found that sufficient recruitment checks had been completed prior to staff commencing their position. The information included; photo, identification documents, employment contract, references, employment history/gaps in employment and a Disclosure and Barring check (DBS).

We identified that there was a short gap in one person's employment history which the manager explained. We advised that the explanation for the gap should be recorded on the staff member's personal file. Furthermore, we noted that one reference had been received but we could not confirm the authenticity, therefore, we advised that the manager included a copy of the returned email from the company with the reference. We saw that there was an information document available for staff which detailed how the service is provided in accordance with the statement of purpose. When we spoke to staff they confirmed that they had been issued with the information as a part of their induction to the agency. We recommended that the staff information included the Codes of Practice for employees of social care, published by Social Care Wales. Based on our findings, we conclude that there is a robust recruitment procedures in place to safeguard the people. Overall, the service provider has raised staff awareness of the service and the expectations of their role.

People can be assured they receive care from trained and competent staff. We examined three staff files and there was evidence that they had received the induction framework training and the core mandatory training required to perform their role.

The RI told us that all training was provided by an independent trainer and face to face learning not e-learning. This included; roles and responsibilities, first aid, moving and handling, health and safety, fire safety, food safety awareness, medication, infection control, hazardous substances vulnerable adults, pressure relief and management, mental health and dementia. Whilst we note that some specific training was already being provided, we advised that the RI considered additional training such as diabetes, epilepsy, brain acquired injury, personality disorder awareness etc. The additional learning will further develop staff knowledge and skill level to the people they may be supporting. We spoke to staff and they confirmed that they received a full induction which they found beneficial to their role and responsibilities and have regular opportunities to undertake training to maintain their knowledge and increase awareness. Two staff told us that they had recently been given the opportunity to complete a QCF level 3, which will further enhance their knowledge and skill base.

We saw from the files we sampled that one staff had not completed dementia training but arrangements had been made for all outstanding staff to complete the training in the near future. The training matrix identified when training was due to expire so management therefore has analysed the information and formulated a training programme.

The manager told us that being a fairly new agency they have submitted staff names for the QCF Level 2 to be completed, but awaiting confirmation of funding. Currently, below 50% of the staff have achieved the award therefore are not fully meeting the regulatory requirements but we were assured that the qualification framework would be implemented this coming year. We will consider further at the next inspection visit.

Staff are not always provided with an opportunity to receive regular formal individual and team support and direction. We examined three staff files and noted that each person had received one supervision session in December 2018, therefore some supervision meetings were overdue. The staff told us that they regular telephone contact is maintained by management and they have found the supervision session beneficial. Their comments included;

- *“I am happy, as the supervisions give me an opportunity to discuss any issues, training and receive feedback on my role”*
- *“It’s an opportunity to discuss how things are going with my role”*
- *“We discuss areas to improve, training and any other matters”*

We were informed by the manager and RI that a team meeting had taken place in December but there were no minutes available. Management told us that they are visiting staff regularly and providing leadership and direction on an ongoing basis, to ensure they were sufficiently supported and directed. When we spoke to the staff they confirmed that the manager regularly visited the staff when they are working in the community. A staff member told us “We speak to the manager all the time, and she will visit us often when we are supporting people” and “The manager will offer us to visit the office for cuppa and chat”.

Additionally, the manager sends emails to staff to advise them of any changes etc. We were also informed that the manager and staff maintained communication via a WhatsApp messaging system. We had a discussion with the RI to ensure that they are mindful that they comply with the General Data Protection Regulations (GDPR). We conclude that people feel well supported and the management team was well respected through their support and leadership. Furthermore, this was evidenced in low sickness levels in the service and low staff turnover. Based on our findings we can conclude that people receive care from a motivated and supported staff team but further improvements are required to ensure the staff are given the opportunity for formal feedback on their performance, goals and aspirations. People using Unite Care benefit from staff that are well informed and supported in their roles.

## Quality Of Leadership and Management

The agency was registered with Care Inspectorate Wales in October 2018 to provide a domiciliary care service. This is their first inspection under the Regulation Inspection Social Care Act 2017. We acknowledged that the agency had only been in operation for a few months at the time of the inspection visit therefore, this was taken into consideration.

We saw that the office systems had been set up and were beginning to be imbedded and further developed, to enhance the service delivered. The RI told us that they needed to be strengthened further to ensure they evidenced the quality of care and support provided. Therefore, the RI informed us that they have recently appointed two senior staff to further strengthen the service. Their role will be to provide front line advice and support to staff, mentor new staff as a part of their probationary period, spot checks completed and individual's care and support reviews completed. This will be for a trial period and the effectiveness evaluated by the RI.

Furthermore, they have recently advertised for a compliance officer to assist with the administrative duties and the maintaining of quality assurance checks.

Throughout the inspection the management team were motivated and committed to take the agency forward and deliver the best possible outcomes for people using the service. Based on our findings at inspection people can be confident that the RI has increased oversight of the service and is constantly working towards providing assurance that the service is well run, with due care, and diligence.

People are provided with a responsive and supportive agency. When we spoke to staff and people that use Unite Care they confirmed that the communication between people are maintained and they felt supported by the agency in office hours and the out of hours service. The comments included;

- *"They are always available and returns calls"*
- *"They are responsive and will return my calls"*
- *"I always receive a response"*
- *"We always receive an on call service verbal response and when needed they have physically responded in an emergency. Weekends can be busy but they are always available"*

Based on the feedback from people we conclude that they benefit from a supportive and responsive agency.

People cannot always be sure there is a robust transparent system in place to formally assess the quality of service they receive which includes feedback from the people using the service, their representatives and other relevant stakeholders.

We saw that the RI has clear oversight and visibility of the service as they are actively involved in the operation of the service. The manager informed us that they formally contacted people that use the service via telephone on a monthly basis and visited people at their home to collate their feedback and views regarding the service delivery. When we spoke to people they confirmed that they see management and they are responsive. The comments included;

- *"The management are easy to approach and I am able to raise a concern if needed"*

- *“There is good management and had good experience using the service”*
- *“The manager visits us and we were able to have involvement when the care and support plan was written”*
- *“Management are very helpful to my husband and myself”*
- *“The manager is really approachable”*

However we identified that both forms of quality assurance were not available, as the findings had not been recorded. When we spoke to the RI they assured us that the quality assurance checks will be recorded in the future to ensure that people’s views and experience using Unite Care were evidenced.

Therefore, we conclude that the agency is taking steps to consult with people but further improvements are required to meet the regulatory requirements, therefore, will be examined further at the next inspection visit. Generally people are able to voice their concerns and be assured that they will be resolved.

We noted that there was a complaints procedure in place and the details of the process were included in the statement of purpose and user guide. We spoke to service users and they confirmed that they felt able to contact management with their concerns but only one person was aware of the complaints procedure in place. The comments included;

- *“I can contact the office but don’t have a copy if the complaints information”*
- *“I know to contact the management if I need to make a complaint”*
- *“I am aware there is a complaints procedure but I have not ever used it”*

When we spoke to the manager they were in the process of providing user information about the service which included how to raise concerns.

Overall, the findings evidences that people are satisfied with the service they receive, they are encouraged to raise concerns and, some people are aware of the procedure in place.

People can be assured that there are policies and procedures in place, which are appropriate and relevant to the service. We sampled some of the policies in place which included;

- safeguarding
- whistle blowing
- admissions
- medication
- management of personal finances
- complaints and compliments
- staff support and development

The staff confirmed that they were aware of where the policies are located if needed and were also accessible on their phones so they could information could be checked at any time.

However, we noted that some policies required updating, but the RI also informed us that they were under review at time of inspection to reflect some changes since the agency commenced operating in 2018.

Based on the policies sampled we conclude that the service provider has policies and procedures in place to support a culture of openness and transparency, but requires further revision.

## Quality Of The Environment

This theme does not currently form a part of the inspection remit of domiciliary support services in Wales. However, we noted that there was secured entry to the building and there was meeting rooms available for supervision sessions and team meetings. The RI also confirmed that they book other venues for training and some meetings.

We saw that the liability insurance certificate, managers Social Care Wales certificate and the Care Inspectorate Wales notice of decision was displayed in the office.

People can be confident that information is held securely. We saw that all confidential information was stored securely on a computer system which has safety features and a sufficient back-up system in place. We saw that the corporate files are stored in a lockable room and cabinet. We conclude that records are retained in a confidential manner and confirm to data protection laws.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

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