

## Unique Support Solutions Limited

# Unique Support Solutions

### Inspection report

2nd Floor Office, 8-10 Station Road  
Crossgates  
Leeds  
LS15 7JX

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15 December 2022

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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

Unique support solutions are a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection, 1 person was receiving regulated activity. 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 the 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.

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

### Right Support

People were supported in having choice and control over aspects of their lives. Staff provided care in line with people's best interests. Risks to people were recognised, assessed and managed safely. Systems in place protected people from abuse and improper treatment. People's needs were always assessed to consider what they wanted and needed.

### Right Care

Staff offered people choice and involvement when supporting with activities or meals. Staff were knowledgeable about the people they supported and had established good rapport and therapeutic relationships.

### Right culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured all people using the service could lead confident, inclusive and empowered lives. People were supported to regularly identify, or review, on-going individual aspirations and life goals. Management supported staff in improving practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 26 May 2021 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Unique Support Solutions

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 12 December 2022 and ended on 20 December 2022. We visited the location's office on 14 December 2022.

#### What we did before the inspection

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. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person and 1 relative about their experience of the care provided. We spoke with 5 staff members, including the registered manager. We spoke with 1 external professional. We looked at 1 care record, 1 medicine record and 2 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and policies.

# 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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff received safeguarding training.
- There were appropriate systems in place to safeguard people from the risk of abuse. The service used a safeguarding log and although no safeguarding's had been raised staff were able to explain how they would appropriately identify and raise any concerns.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines audits were in place and actions were implemented in line with the audit findings.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed regularly in line with these principles.
- People received support from staff to make their own decisions about medicines when possible.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed. There was plans put into place to manage and mitigate any risks identified. Staff told us that risk assessments provided them with clear guidance on actions they needed to take to promote people's safety.
- Risk assessments were reviewed on a regular basis, or whenever there was a change in people's needs, to ensure they remained effective.
- Any accidents and incidents were recorded and had been reviewed by the registered manager. Actions included updating the working agreement and amending people's care plans.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely. Pre-employment checks included a criminal record check (DBS), employment history and references from previous employers.
- People who used the service were involved in the recruitment process. People were asked what skills they wanted the staff who looked after them to have and were involved in shortlisting candidates.
- Staffing levels were safe. The service used a rota to ensure the correct level of staffing was achieved. One staff member said "yes it's the right ratio, someone is always there."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. There was a risk assessment in

place for staff to wear PPE when in close contact with people.

- We were assured that the provider's infection prevention and control policy was up to date and relevant to the provider.



# 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 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

- People's needs were assessed and planned in line with good practice guidance and law.
- The model of care was aligned with the principles of right support, right care, right culture. The provider carried out a holistic assessment with people prior to people starting to receive services from them which was used to formulate a person-centred plan of care.
- People had an initial assessment completed. This covered their needs, abilities, their preferences and goals. The initial assessment formed the basis of care plans which were reviewed as people's needs changed.

Staff support: induction, training, skills and experience

- Staff were provided with a thorough induction. Staff received regular supervision and competency checks.
- Staff we spoke with consistently told us they felt supported by senior staff and the registered manager. Staff had regular opportunities to meet with senior staff or the registered manager, at planned staff meetings.
- The training matrix showed staff were up to date with the provider's mandatory training. Staff told us they felt well supported by the provider and confirmed they received training appropriate to their role.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's food and drink needs, and preferences were recorded in care plans. Assessments were completed to identify areas of risk for people and guidelines developed for staff to follow to help keep people safe.
- Staff understood respecting people's choices relating to their diet. People were supported to make their own decisions about their diet and staff provided information on healthy choices.
- People were involved in making decisions about their health care and were supported to access additional support when it was required.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to see health professionals, such as the dentist or GP.
- The service worked closely with various health professionals. One professional told us "I think they are a good service; they keep us updated and really work with us."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. This did not apply to anyone receiving this service at the time of our inspection.

We checked whether the service was working within the principles of the MCA.

- Where people did not have the capacity to consent to certain aspects of their care, staff liaised with people who had the legal authority to make decisions on the person's behalf.
- Staff obtained people's consent prior to providing support.
- MCA were clearly documented in peoples care records. Staff ensured the person and their relatives were involved, where appropriate.

# 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

- Equality, diversity and human rights were respected. Care records evidenced how staff maximised people's life choices, encouraged independence and people having a sense of worth and value.
- People and their relatives spoke of how the service went above and beyond when delivering care. For example, "They ask me what my goals are and they support me to get there, I've just been on holiday and I able to have a few drinks on my birthday" and "They are really good, they support them [person] better than any service before."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The staff promoted independence. Care records demonstrated how the service supported people to be independent, for example starting a job or new activities.
- People's privacy and dignity were respected. Staff were able to give examples including ensuring doors and curtains were closed during personal care tasks and knocking on doors before entering.
- People and their relatives were fully involved in making decisions about their care. The service had a working agreement with people which was updated with their input following any incidents.

# 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; 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.

- People's communication needs were identified, and care plans contained information on how they communicated.
- People's care was reviewed regularly, and people had the opportunity to be involved in planning the service they received. The registered manager told us they regularly updated the care plans with families where needed.
- Staff completed daily care records for people which showed how they were meeting people's individual needs in line their care plans.

Improving care quality in response to complaints or concerns; End of life care and support

- There was a complaints procedure in place. The provider was able to evidence how learning from complaints were shared with staff in team meetings.
- People were supported to complain. The service used a make things better document to help people complain.
- People were supported with their end of life care, care records reflected people's needs and preferences. Care plans documented end of life wishes and were updated regularly.

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

- Activities were personalised to peoples needs. People told us they enjoyed the activities arranged and one person said, " I said what is important to me and we plan it together."
- There was a person-centred approach with routines being flexible depending on people's preferences on any given day.
- People were supported to spend time with their families and friends. Staff arranged transport and activities for people to help them socialise.

# 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 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; Continuous learning and improving care

- The provider used their monitoring and quality and assurance policies and processes to effectively drive improvement. In addition, regular reviews of incidents and other records helped drive improvements.
- The service completed an internal action plan to ensure improvements were made. The action plan was personalised to the service and actions taken were clearly documented.
- The registered manager was suitably qualified and experienced. They were familiar with the service and the different needs of people and staff. They were supported by a team of senior staff who worked closely together.
- The provider undertook a range of different audits and had a good oversight of the service. They ensured improvements were made in reflection of the audit findings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider enabled staff to be empowered and voice their opinions. Staff told us management encouraged open discussions in meetings and supervision.
- The registered manager demonstrated a good understanding of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Staff told us they enjoyed working at the service and felt valued. One member of staff told us, "they listen to me, I feel I can share any ideas with them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked well with other agencies and bodies. The provider worked in partnership with various community health and social care professionals and external agencies for example, local day centres.
- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The provider valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone and in-person contact, which included individual supervision meetings.