

Unity Care Solutions Limited

# Unity Care Solutions (Maidstone)

## Inspection report

Suite 33, 50 Churchill Square  
Kings Hill  
West Malling  
ME19 4YU

Tel: 03333661020  
Website: [www.unitycaresolutions.co.uk](http://www.unitycaresolutions.co.uk)

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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

Unity Care Solutions (Maidstone) provides nursing and personal care to people living in their own homes. The agency was supporting 21 people at the time of our inspection, 19 of whom were children and two of whom were young adults. Many of the children and young people using the service had complex needs, including needs relating to breathing, eating, drinking, communication and epilepsy.

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

The service was consistently well-led. People were at the centre of their support and the focus of everything the service did. This approach was central to shaping the service being provided to each person. About the service

Unity Care Solutions (Maidstone) provides nursing and personal care to people living in their own homes. The agency was supporting 24 people at the time of our inspection, 22 of whom were children and two of whom were young adults. Many of the children and young people using the service had complex needs, including needs relating to breathing, eating, drinking, communication and epilepsy.

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

Families said staff provided care in a safe way, including when they used any equipment involved in their children's care. Risk assessments were carried out to identify and minimise risks involved in children and young people's care. Medicines were managed safely. Staff wore appropriate personal protective equipment (PPE) when they provided care and protected children and young people from the risk of infection.

Staff understood their responsibilities in protecting children and young people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff had an induction when they started work and had the training they needed to carry out their roles. Staff were well-supported by the management team and had access to support and advice when they needed this, including through regular supervision. The clinical management team carried out regular spot checks to ensure staff were providing care in line with best practice.

Children's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. When a team of suitable staff had been identified, they met with the clinical team to discuss how the package of care would be managed. Families and their children met the staff allocated to their care team prior to the start of the service to ensure a good match.

Staff monitored children's health effectively and took prompt action if they became unwell. Professionals told us staff worked collaboratively with them to ensure children's healthcare needs were met.

Children and young 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.

Families told us staff were kind and caring and said their children had established positive relationships with the staff who provided their care. Families said staff worked in partnership with them to ensure their children received the care they needed.

Staff supported children and young people to take part in activities, pursue their interests, and to be part of their community, including attending school. Staff respected children's and families' cultural and religious needs.

Families told us communication from the agency was good and said they were encouraged to give feedback about the care their children received. Complaints had been investigated appropriately and used as opportunities to improve the service.

The agency had an established management team with clear lines of responsibility. There were effective systems to monitor quality and safety, including audits of key areas of the service. The agency worked well with other professionals to ensure children received co-ordinated care which met their individual needs.

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 the underpinning principles of Right support, right care, right culture.

Right support:

The model of care being provided maximised children's and young people's choice, control and independence.

Right care:

Children's and young people's care was person-centred and promoted their dignity, privacy and human rights.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured children and young people led confident, inclusive and empowered lives.

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 changed location and re-registered with us on 3 September 2019. This is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

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 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 ●

# Unity Care Solutions (Maidstone)

## **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

One inspector carried out the on-site inspection and one inspector worked remotely and spoke by telephone with members of staff. An Expert by Experience made telephone calls to family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides nursing and personal care to children and young 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

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 July 2022 and ended on 19 July 2022. We visited the location's office on 12 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, nurse case manager, a care co-ordinator and a nurse.

We reviewed a range of records. This included four children's and young people's care plans and associated risk assessments and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, satisfaction surveys and policies and procedures were also reviewed.

We spoke with eight families to hear their feedback about the care their children received from the agency. We spoke with three members of staff, reviewed feedback from healthcare professionals and also reviewed additional evidence in relation to the care people received and how the service was run.

# 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

- Staff attended children's and adults' safeguarding training and understood their responsibilities in protecting people from abuse.
- A family member told us, "[Relative] is extremely safe, because of the procedures that Unity have put into place. Before they start, they have to undergo safety checks." Another told us, "[Relative] is 100% safe. Nothing has ever come up to make me question safety."
- Staff were clear about how to report any concerns they had, including how to escalate concerns as necessary. One member of staff told us, "They [leadership team] talk to us about safeguarding and whistleblowing. The company is so open you can reach out to anybody if you have concerns; your line manager, the nurse care manager, anybody."

Assessing risk, safety monitoring and management

- Assessments were carried out to identify and mitigate risks involved in children's care, for example in relation to moving and handling, skin integrity and the environment in which care was provided. Environmental risk assessments were also carried out to identify risks in people's homes which could affect their safety. This included where oxygen was used on the premises.
- Risk assessments were reviewed regularly to take account of changes in children's needs. We were told that staff did a written handover for the next member of staff. A family member told us, "Observations are recorded and carers write in block capitals to make it easier to read. It gives a clear picture to hand over to the next carer. It's quite comprehensive."
- Families told us staff knew how to use equipment involved in the care of children and carried out regular checks to ensure it was safe for use.

Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. Families said they received a reliable service from a consistent staff team. One family member said, "We do have a rota; it's extremely adhered to. I have the same nurses for days and the same nurses for nights. I've been very lucky; it's been very solid." Another told us, "Every Friday it [rota] gets sent out and 90% of the time it's stuck to, the only time it's not is holidays or sickness. It's consistent care."
- Children's and young people's complex care and support needs were managed during staff holidays and absence by building teams of nursing and care staff around them.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend an interview. The provider obtained proof of identity and references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.



### Using medicines safely

- Families said staff managed their children's medicines safely. One family member said, "[Relative's] medication levels change quite regularly, and staff make sure things are gone through properly, charts are updated and signed off." Another said, "[Relative] has quite a few doses of medicines throughout the night and they record that. Anything they do medically they put in the notes."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent.
- One member of staff told us, "A lot of the medication I administer is through PEG [percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall into the stomach] and we had training for that as well."
- When errors had occurred, these had been identified through audits and action taken to address them. Staff received an email outlining the error and ways of mitigating future risk. This was also discussed in supervision meetings with staff to ensure safe practice was followed. A senior member of staff told us, "We audit the MARs [medicines administration records] and review documentation and errors. This is an opportunity to discuss in supervisions and address any training needs."

### Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and families said staff wore personal protective equipment (PPE) when they carried out their visits. Families told us staff ensured their children were protected from the risk of infection by regularly cleaning essential equipment. A family member told us, "If they do suction, they change their gloves, they have regular glove changes and use hand gel as well."
- Another told us, "When they enter, they have masks and everything. They use the upstairs bathroom which is just for the nurses. They wash their hands; they change the towels and they change their gloves," and "during the pandemic they made sure the right regulations were in place and they sent rules out. They kept us informed about everything."
- Staff use of PPE was assessed at spot checks carried out by the clinical team. A member of staff told us, "Whenever we need more PPE, we can just give the office a call and they will come and drop it off for us. Even through COVID, we always had enough PPE."

### Learning lessons when things go wrong

- There were systems in place to review and learn from any mistakes made. Any accidents which occurred were recorded and reviewed to identify actions to prevent a similar event happening again, as well as lessons learned.
- The registered manager showed us communication with a consultant where the agency was not informed of a change to equipment. This had a potential for risk to the young person so the agency sought confirmation from the consultant before it was used.

# 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;

- Children's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Family members told us the assessment process was thorough and holistic, exploring children's likes and dislikes in addition to their care needs. One said, "When we had the first meeting, we went over absolutely everything. This helped the agency to begin to match the right staff to [relative]."
- Each child and young person had a care plan which outlined the support they needed to maintain good oral health. These plans contained information for staff about how to provide oral care and how to respond if they noted concerns. Staff told us they understood the importance of supporting good oral hygiene. One said, "It's not always easy to persuade [young person] to allow me support them to brush their teeth, but I know all sorts of infections can develop if we don't do this."
- The clinical management team carried out spot checks to ensure staff were providing care in line with best practice. Any changes in best practice guidelines were shared with staff at team meetings and followed up in emails.
- Staff told us how they received information about clients' needs before they began to support them. One said, "We meet the family in advance at the 'meet and greet'. The care plan is in the house and I am also sent it in advance. One of the nurses will call me with any medical information I need to know."

Staff support: induction, training, skills and experience

- All staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how children and young people preferred their care to be provided. Staff told us their induction prepared them well for their roles. One told us, "We had face-to-face training in the office with the machines, then we had hands on [training] with the nurse care manager [in the family home]. We are trained specifically for the needs of each individual child."
- A family member told us, "With Unity we know it's regular staff, they are competent and we can sleep at night and the organisation is good. They know what they are doing, they have best nurses which they should be very proud of."
- One family member said, "They actually make sure their training is up to date. Staff are trained to manage [relative's] equipment like ventilator and things like that." Another told us, "[Relative] has seizures and they have to have training specific to [relative's] care plan."
- Staff told us they received specialist training to provide safe care to individual children and young people. Some training was provided in-house and, when necessary, sourced through external training providers. The specialist training available included epilepsy, seizure management, tracheostomy care, ventilation care, oxygen care, and suctioning.

- Staff had opportunities to meet with their managers to review their performance and discuss any support they needed. One member of staff told us, "Managers make sure everything is going okay with my packages and we talk about any additional training I need," and "They do train us well. The children's safety is top of their list of priorities."

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

- Many of the children and young people receiving care had complex needs in relation to eating and drinking and received their nutrition and hydration via tubes through the stomach or the nose.
- Training was provided for staff in the use of this equipment and their practice and competency was assessed regularly by the clinical team.
- A family member told us, "[Relative] is pump-fed overnight. Staff check the pump and give the right amount [of food]. They flush the tube and check [relative] has enough water, they check all that." Another told us, "[Relative] is PEG fed, nil by mouth. They are proficient with that and follow their individualised care plan."

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

- Families told us staff monitored their children's health effectively and took prompt action if they became unwell. They said staff were observant of any changes in their children's healthcare needs.
- One told us, "We feel confident they could manage any episodes or bigger emergencies and take appropriate actions," another said, "They write notes every half an hour or so. Their observations are recorded separately, and they have a folder where they record everything."
- Professionals told us staff worked collaboratively with them to ensure children's healthcare needs were met. They said staff implemented any guidance professionals put in place and provided feedback about whether this was proving effective. One healthcare professional told us how, "...clinical case managers have made a number of home visits...effectively removing the need for the child and family to attend the hospital..."
- Staff supported some children and young people to attend regular appointments for treatment, including physiotherapy, hydrotherapy, and hospital appointments.

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.

For children under 16 years of age the MCA does not apply. Instead a child needs to be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment; [the child's ability to give consent]. This is termed 'Gillick competence'.

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. This is applicable only to those over 16 years old.

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 had training in the MCA and DoLS and understood the principles. All children aged under 16 had family members with parental responsibility for making decisions about their care and treatment. For those over 16 who lacked capacity to determine their treatment, consent was obtained in line with the MCA. Consent was discussed during the initial assessment and the agency ensured appropriate consent was given before providing care.
- Family members told us staff always asked the child or young person's permission before engaging in any care. One told us, "They ask permission and say, are you happy for me to do this, they don't just go ahead and do it." Another said, "Once they explain what they are about to do, they say, can we go ahead now, is that alright with you?"
- The registered manager worked with other professionals to ensure decisions were made in young people's best interests and attended best interests meetings as required. None of the children and young people being supported by the agency were subject to any deprivations of their liberty.

# 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

- Families told us the staff who supported children and young people were kind, caring and helpful. One said, "They buy [relative] birthday presents. [Relative] smiles and chatters when they come in, if [relative] didn't like them, they certainly wouldn't smile or chatter."
- Families said children and young people had established positive relationships with the staff who supported them and enjoyed their company. One told us, "They are very, very good with [relative]. If [relative] is upset, they soothe them, read a book, sing or talk to [relative] gently. [Staff member] is exceptional."
- A family member told us they were asked if they had a preference for a male or female carer. One relative told us "When we had the first meeting, we went over that. We had no preference as long as it was the right person, we were happy." Another relative told us, "I have specifically said female. We have never had a male nurse."

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

- Families told us staff respected their views about their children's care. Staff worked in partnership with them to ensure their children received the care they needed. One family member told us, "[Staff member] is part of the family" and another said, "When we have been in an emergency or crisis situation the staff work with us, we are a team."
- Family members told us staff showed respect for the children and young people they supported. For example, we were told how, "[Staff member] speaks directly to [relative] and lets them know what they are doing or where they are going. There is constant communication between them."
- Staff were careful to maintain the privacy and dignity of those they supported. A family member said, "If we are out and about and [relative] needs changing or suctioning, they will find a private place to do this discreetly" and "They are mindful of [relative's] needs and pass that on to other members of staff."
- Staff told us they encouraged those whom they supported to be as independent as possible. One said, "I get a great sense of achievement when [person] manages to do something, no matter how small."

# 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

- Each child and young person had an individualised care plan developed with them and their family members as part of their initial assessment. Care plans were person-centred and contained comprehensive information for staff about how care should be provided. Care plans were regularly reviewed to ensure they continued to accurately reflect current needs. Family members told us staff provided care in line with care plans and they were part of regular reviews to accommodate changing needs.
- Following an initial assessment, the clinical lead established contact with that person's health care team, including any tertiary care centre, to understand their healthcare needs, as well as any equipment in use. A suitably trained staff team was then built around the child or young person and introduced to the family in a 'meet and greet' meeting before their support began.
- One family member said, "We meet the proposed staff members, it's very much on first impressions, I listen to their experience and to them. Then they do a shadow shift working alongside another nurse to make sure [relative] is comfortable with them."
- A staff member said, "We always have a meet and greet to see if you are compatible. They give us a choice too. If we do not get along with a family, we do not have to go back. It is our choice as well as theirs."
- Staff told us they were always given enough information about people's needs before they provided their care. One member of staff said, "Everything is there and easy to find [in the care plan]. For example, [young person] was admitted to hospital recently and I knew exactly where to access the emergency protocol." Another said, "If there was a change to the care plan, it would be pointed out to you by [nurse case manager}, you would always be informed."

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.

- Children's and young people's communication needs were assessed and a communication support plan developed from this assessment. Communication support plans were person-centred and focused on individual needs. A communication passport was developed for each child and young person to support them with their communication needs, wishes and preferences when using other services, such as attending medical appointments.
- Family members told us how staff actively engaged with their relative using their preferred methods of

communication. One said, "They got to know [relative] and can communicate with them as a person. Some people just see the disability, with Unity, they see the person." Another relative said, "[Member of staff] has taken the time to learn some of [relative's] sign language. [Member of staff] really is one of a kind."

- A member of staff told us, "We assess people's communication needs as part of the initial assessment and include this in the initial support plan." We saw that communication plans considered the training needs of staff alongside the person's specific methods of communication. For example, two carers received training on how to manage a tracheostomy speaking valve. Elsewhere, a family member developed a video to demonstrate the signs used by their relative which formed part of training for all new carers.

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 some children and young people to take part in activities, pursue interests and hobbies, and to be part of their community. Some children were supported to attend school, including their travel to and from school, as well as on-site support.
- Children and young people were supported to maintain relationships and to be part of the community despite some complex healthcare needs. A family member told us, "The support [relative] gets means they can go to school and it allows [relative] to be around their peer group." Another said, "[Relative] can manage school four days a week thanks to their support team."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints received would be managed. Families told us they knew how to complain and said they would feel comfortable raising concerns if necessary.
- The provider received one complaint since July 2021. Records demonstrated this was investigated and managed in line with the complaint procedure. A full response was sent to the complainant with remedial actions where possible, outlined.
- Family members told us, "I get a phone call on a monthly basis to see if there are any medical problems. I've never had any big issues to raise with them," and "I've never had to make a complaint, it's always resolved at ground level; [registered manager] understands my views and works as quickly as they can to resolve issues."

End of life care and support

- Some of the children and young people receiving care had life-limiting conditions. Where this was the case, discussions took place to establish the wishes of the children and their families and were included in their initial support plan. Where necessary, the agency worked collaboratively with other professionals, including palliative care teams, and followed any guidance professionals put in place. Staff who worked with children and young people with life-limiting conditions told us they received additional support from the senior leadership team which included daily debriefings.

# 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

- Governance processes were embedded into the service. The registered manager told us there was continuous oversight of the service to respond to arising challenges and said, "We must know what is going on in the organisation at any given time because we have to be ready to respond to the frequently changing needs of extremely vulnerable children and young people."
- The registered manager and staff team were clear about their roles, and there was a framework in place which monitored quality performance, risks and regulatory requirements. They undertook a variety of audits and checks on a regular basis. This included audits of key areas of the service, included care and medicines records. Regular unannounced observations of care given by staff took place in people's home. These checks assessed whether people's care was provided in line with their care plans and appropriately recorded.
- The registered manager had the skills, knowledge and experience to perform their role and to ensure they had a clear understanding of people's needs. Where areas of improvement were identified, these were addressed in staff meetings and with individual members of staff. For example, it was noted that 'as and when' recording protocols were not consistently adhered to and this was addressed in supervision.
- The provider developed a 'company timeline' to ensure there was consistent management oversight of all significant events, updates and changes within the branch. This tracked follow-up to incidents and action plans, updates to policies and procedures and regular policy reminders to staff.
- Family members expressed a high level of confidence in the service provided. One relative said, "Its managed pretty well and they are pretty well organised." Another relative said, "The level of service is absolutely fantastic."
- Professionals told us the service was managed well and that the registered manager provided good leadership. One told us, "[Registered manager] is very professional and always contacts me if they have concerns." Another said, "Unity Care built an experienced and caring team around the patient. The management team is very open, engaged and willing to listen."
- The registered manager was aware of their legal responsibility to report certain significant events that affect their service, to the CQC. The registered manager was transparent and open with us throughout the inspection process.

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

- The support the agency provided achieved positive outcomes for families as well as the children and



young people receiving care. One family member told us, "They don't just concentrate on [relative]; they have a listening ear for us. I know if I had a serious problem, I could contact them and they would be there to help in any way they can." Another relative told us, "It is so important that we can get away as a family. The agency will do a massive risk assessment, things I wouldn't think about, for example, have they got a generator on site, what would happen if the power went off. They send me a form also to find out where the nearest hospital is, who the local community team is."

- In order to enhance communication and provide assurances to people and staff during the COVID-19 pandemic, the provider developed a weekly newsletter. This included Department of Health advice and guidance on COVID related issues. This newsletter continues to be issued on a monthly basis and signposts people to organisations which offer a range of support to parents; studies into medical conditions; government guidance on a broad range of matters including vaccination programmes.
- Staff had a sense of pride and a feeling of being integral to the service's success. Those we spoke with said they had a high level of job satisfaction and they were supported to develop their skills and be part of developing and improving the service.
- Staff said they received good support from the management team and said their managers were available for support and advice when they needed this. One staff member told us, "Support is just a phone call or an email. I get a response almost straight away every time," and "If you wanted to discuss anything, you would have an individual meeting with your nurse manager."
- Staff told us they were able to speak up about any concerns or suggestions they had and said the management team were responsive to their feedback. One staff member told us, "We all bring something different to the job. I know that I can challenge if I disagree with something. It is all about being open and honest. If I get something wrong, I will make an incident report, reflect on it and get direction from [registered manager] about where to make improvements."

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

- The culture at the service was one of inclusiveness. People and their family members played a key role in choosing their own staff team. Potential care staff were introduced following an assessment of the child or young person's needs. Family members told us this 'meet and greet' introductory session was of particular importance, one told us, "It is highly valuable; it's very much on first impressions, I listen to their [carer's] experience and to them. Then they do a shadow shift working alongside another nurse." Another told us, "The meet and greet - I couldn't think of a better way to consider a new carer. We get an idea about their experience and we tell them about [relative]. Then if we feel happy, we arrange for shadow shifts, and we build confidence in each other."
- There was an open and positive culture at the service. Family members told us communication from the agency was good and that they were encouraged to give feedback about the care their children received. One relative told us, "Yes, I do get a few questionnaires and a lot of emails. I get a six-monthly review. I say the same thing, as [registered manager] doesn't get anything wrong." Another said, "They seem really organised. We have never had a problem. Communication is good, issues are dealt with quickly."
- The provider developed a 'wellness' programme for staff to provide them with additional emotional and practical support them during the COVID-19 pandemic. Office staff were trained as mental health first aiders as well as psychological first aid. This earned the provider a healthy workplace award from the local county council.
- Staff we spoke with referred to this wellness programme and told us they felt well supported and were clear about the values of the service. One staff member told us, "I have never before worked for a provider who sees me as an individual and allows me to be who I want to be and who I am."

Working in partnership with others

- Effective working relationships were established with other agencies and professionals involved in people's care. For example, the service collaborated with healthcare professionals and local authorities that commissioned care to ensure children and young people's needs were met. Members of the leadership team attended school reviews and transition meetings to make the ensure the child's care needs were known, as well as multi-disciplinary safeguarding meetings with the local authority.
- The provider engaged in initiatives to assist other providers, to share and develop knowledge and best practice. For example, they were a board member of a not-for-profit social enterprise which brought together a range of professionals from the care sector, NHS, local authorities and government agencies. The purpose of this was to work collaboratively to improve on processes and procedures to enhance safe recruitment of staff within the health and social care sector.
- The provider developed a new role of 'special projects administrator' who was tasked with developing fact sheets on a range of health conditions including epilepsy, cerebral palsy, dystonia and cystic fibrosis. These fact sheets were made available on the provider's website and social media pages as a resource for people who used the service, staff and the general public.
- We saw numerous examples of innovative collaborations and partnership working between the service and other agencies. The provider developed links with a local university to become a student placement provider for student nurses. This was driven by the university acknowledging they did not have any student placements with providers who supported children with life limiting illnesses in their family home and the provider's desire to enhance newly qualified nurses' knowledge in the care of those with complex healthcare needs in the community.
- The provider worked closely with a local charity which helped children with life limiting or terminal conditions to achieve their wishes and dreams. Unity Care Solutions staff facilitated this on behalf of those whom they supported by completing risk assessments associated with the activity. They also supported the child's care during the activity in order to remove this responsibility from their parents who could then fully participate with their child.
- People's records evidenced a significant level of contact with health, education and social care professionals, as well as community links with local services.

#### Continuous learning and improving care

- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and skilled staff team. There was a progressive and positive approach which ensured staff had access to any specialist training required to support service user's unique needs. For example, staff received training and workshops specific to each individual's health condition and the equipment used to maintain their continuing health.
- The provider continuously monitored the service to identify areas of improvement and ensure the continued safety of people and staff through a variety of audits and checks, as well as considering maintaining an open dialogue with family members and the care team. For example, due to the vulnerability of those children and young people who used the service, COVID-19 presented heightened infection risks. When it was recognised that FFP3 respirator masks were safest, the provider sourced a FFP3 face fit testing kit and a train the trainer course so that office staff were competent to face fit these masks for all staff.
- There was a strong focus on whole staff learning and reflection at all levels of the organisation. This was done during supervision and office meetings. It was evident there was a 'no blame' culture at the service and everyone worked openly and transparently in order to learn lessons and continuously improve service delivery. A member of staff told us, "There is no hesitation about saying if I feel I got something wrong; [registered manager] makes it clear that the important thing is to learn from it."

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. We were told that there had been no incidents which met the duty of candour threshold.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.