

Understanding Care (Warwickshire) Limited

Unique Senior Care - Queensway Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 4 January 2019 and was announced. We previously rated this service in November 2017 and had rated the service 'Requires Improvement' overall, with a rating of 'Requires Improvement' in Caring, Responsive and Well Led.

Unique Senior Care – Queensway Court is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased on a shared ownership scheme, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. Not everyone using Unique Senior Care received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

Queensway Court has 178 one or two-bedroom apartments. People living at Queensway Court share on site facilities such as a lift, lounge, restaurant, laundry, garden, activities room, café, a hairdressing salon and a bar.

At the time of this inspection visit, Unique Senior Care supported 57 people with personal care. Unique Senior Care also provides an on-call emergency service to everyone living in the building, not just those people who they were contracted to provide personal care to.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People benefitted from a service that was very well led. The provider had robust quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. People, stakeholders and staff had an opportunity to shape all aspects of the service. The provider invested in staff development to ensure people received care from experienced and caring leaders.

There was a strong emphasis on safety and staff were skilled and proactive in recognising and reducing risk. They used innovative ways to support people to stay safe in their own homes, lead fulfilling lives and minimise restrictions on their freedom. Care staff were available on site 24 hours a day to respond to emergencies in people's homes, this included people who did not have arranged care packages with Unique Senior Care. People had alarms fitted in their home, and could chose to use these if they required immediate care or assistance, even though this might be outside their agreed package of care and their usual call times. People and families praised the exceptional skills of staff who supported them. Their comments included: "This place has definitely extended my life" And, "The staff are exceptional, especially

the night care."

Staff used best practice evidence and felt supported in their role. Innovative training methods helped staff understand people's experience of becoming frailer, and experiencing visual impairment. They were proactive in ensuring people received healthcare quickly to reduce hospital admissions and for those people who were in hospital, or were newly discharged from hospital, increased support was provided.

The provider had strong values which shaped their service. They continually recognised the valuable contribution of their staff, re-enforced and rewarded positive staff values, attitudes and behaviours. They worked in innovative ways to enrich people's lives and improve their wellbeing so that people received a personalised service that promoted their independence and enhanced their quality of life. People were at the heart of everything the service did, they felt valued and that they mattered.

People living with dementia received best practice care. They promoted and encouraged people with dementia to live well. The service worked in partnership with local health and social care organisations to improve people's health. Staff taught people, relatives, staff and local people about the various types of dementia, and how it affected people. They signposted people to other local services.

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 remained Safe.

Is the service effective?

Outstanding ☆

The service was very Effective.

Staff were highly skilled and trained to meet people's needs, which were identified through personalised assessment tools. Staff and the provider ensured people's rights were protected under the Mental Capacity Act 2005 and supported people to make their own decisions. People's health care needs were proactively met, as the provider worked with other health professionals and local organisations to improve the welfare of people who lived at Queensway Court. The provider accessed an on-site bespoke nursing service, to minimise hospital admissions and emergency service call outs.

Is the service caring?

Good ●

The service was Caring.

People made choices about how their care was provided. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People and relatives told us staff were caring and respected their privacy and promoted their dignity and independence.

Is the service responsive?

Good ●

The service was Responsive.

The provider organised people's care around their assessed needs and preferences. People were offered care that met their cultural, spiritual and communication needs. The provider maintained complaints procedures to respond to people's concerns, and to learn from them. People were offered opportunities to attend community activities and engage in local events.

Is the service well-led?

Good ●

The service was Well Led.

The providers were keen to deliver a service that supported their ethos and passions for providing good quality care. The provider had an extensive audit and quality assurance procedure, which was based on the views and feedback of people who used the service, as well as care staff, the management team and auditing staff. Auditing procedures identified where areas required improvement, and the provider acted to continuously improve their service. Continuous improvement plans were in place to develop new initiatives. Statutory notifications had been sent to us as required.

Unique Senior Care - Queensway Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity started on 24 December 2018 when we contacted 10 care staff via email to ask for their feedback of the service. We received feedback before our inspection visit from two team leaders and two members of care staff. We spoke with another member of staff during our inspection visit.

We also received feedback from stakeholders who regularly visited or supported people at Unique Senior Care, Queensway Court. We received feedback from one relative, a member of the Resident's Association, two external training organisers, the housing authority who owned the building, three local community organisations, two health professionals, and three commissioners of the service. The commissioners were responsible for organising the care some people received at the service.

We looked at the information we held about the service and the provider. We looked at statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of what we found during our visit.

We visited the office location on the 4 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures. This visit was announced and completed by two

inspectors.

During the inspection visit we spoke with four people who lived at Queensway Court and one person's relative, the registered manager, both owners of the agency (in the report we refer to them as the provider) and a senior care worker. We reviewed care plans for three people including their daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included medicine records, complaints, staff training records and the provider's quality records. Quality records included audits and notes of meetings with staff.

Is the service safe?

Our findings

At our previous inspection visit we rated Safe as 'Good'. At this inspection we continued to find people were cared for safely, and we continue to rate Safe as 'Good'.

People told us they felt safe with staff who provided their care and support. When asked what made them feel safe, one person told us, "The staff are lovely", "The service is here on site, so they can be with you straight away in an emergency" and, "I only have to ring the alarm and I know someone will come." A relative told us that because there were staff on duty 24 hours a day at Queensway Court, they felt people were safe all the time. They said, "The night care that [Name] gets is fabulous." Other comments from people included; "I think this place is extending my life."

The building manager commented on how well staff from Unique Senior Care supported people who lived at Queensway Court, saying, "They respond to all emergency calls 24 hours a day, even those of whom don't have a regular care package. These customers say they feel safe and supported should they have an emergency knowing that Unique staff are on site."

At our previous inspection people had mixed views as to whether there was enough staff to meet their needs. This was because some calls were not always at a time people preferred. At this inspection people told us call scheduling had improved, and everyone agreed there were sufficient staff to meet their needs. One person said, "My carers are always on time and they come four times per day. I always have two and they arrive either together or within minutes of each other."

Staff agreed the staffing arrangements allowed them to meet people's needs, but also allowed them to spend extra time with people. One team leader commented, "We always recruit 20% more staff than we have vacancies for, this means we have enough capacity to cover annual leave and any sickness." They added that because all staff were based at Queensway Court, "Other staff such as senior care workers or team leaders can also step in if needed."

People were safe because there was a strong emphasis on safety, and staff were exceptionally skilled and proactive in recognising and reducing risks. The provider used innovative ways to support people to stay safe and minimise their risk of injury. Staff encouraged people and families to be proactive and take preventative measures to reduce risks.

The provider operated a 'no blame' culture. They encouraged staff to speak up and facilitated this by giving staff direct access to a senior member of staff 24 hours a day. The culture empowered staff to report concerns and discuss when things could be improved. This meant staff learned from events, without fearing they would be affected by negative consequences because of errors.

The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they have any concerns that abuse had happened. Records showed the

provider managed safeguarding incidents according to their policies and procedures which helped to keep people safe.

Where risks to people's individual health or wellbeing were identified, their care plans described the actions staff should take to minimise them. For example, for one person who was not able to mobilise independently, their care plan explained the number of staff and the type of equipment staff should use to support them to move safely.

The provider had acted to minimise risks related to emergencies and unexpected events. Staff continued to receive training in subjects such as basic life support and fire training; to give them the skills they needed to respond safely to emergency situations. The provider also provided basic life support training and fire training for all of Queensway Court, even for those people who did not use their service. People who needed emergency assistance activated a call pendant and staff attended to ensure people were safe. Queensway Court also had a defibrillator on site, which was available for staff to use in an emergency. This device was also available to local people. People told us the service made them feel safe, 'knowing someone is always around to help'.

The provider had acted to minimise risks related to medicines administration and management. Medicines were managed and administered safely, in accordance with best practice guidance. Staff were trained in medicines administration, which was updated in line with changes in policy and practice. Staff recorded when they administered a person's medicines. One person told us, "My medication, the carers give it to me. They are always on time." Another person said, "I have a time critical patch at 7am. She [my care worker] never misses it. She is always on time."

People were protected from cross infection. Staff had completed infection control training. Protective clothing, gloves and aprons were provided for use when staff were providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.' These checks ensured staff followed infection control policy and procedures.

The registered manager analysed falls, accidents and incidents, and any damage to people's skin, to ensure appropriate action was taken to minimise the risks of a recurrence.

The provider had safe staff recruitment checks in place. The provider made sure staff had the right character and experience for their role.

Is the service effective?

Our findings

At our previous inspection visit we rated Effective as 'Good'. At this inspection visit we found people continued to receive care from well trained and supported staff, which met their health needs. The provider was focussed on delivering high quality effective care, from exceptionally well-trained staff who responded proactively to changes in people's health, to keep people healthy. We have rated Effective as 'Outstanding'.

Staff's excellence in utilising their skills had dramatically reduced the number of falls at Queensway Court. Statistics showed over the previous year, falls had decreased by 33 per cent. Risk assessments of people's home, staff's advice to people, and posters in community areas reminding people to use good fitting footwear, had ensured trip or fall hazards were reduced. Staff encouraged people to avoid falls by providing advice in nutrition, hydration and to remain active and outgoing. Care staff were trained in assisting and promoting people to exercise and develop core body strength.

Ambulance staff were booked to provide training for care staff in using a battery operated mobile lifting chair, and how to confirm people who had fallen were unhurt. Ambulance call outs had been reduced by 21 per cent, and emergency hospital admissions by 17 per cent in the previous year, because of staff's exceptional skills and knowledge. This meant people's health did not deteriorate by lying on the floor waiting for an ambulance (after a fall), as care staff could attend to them immediately. One person told us how staff's training had prevented them going into hospital; they said, "I had a fall, they checked I didn't need to go to hospital because I dread going there." The provider told us, "This equipment should significantly reduce the risk of people being admitted to hospital following falls, because we can respond quickly to such emergencies."

People said staff were very well trained. Comments included; "I am lucky to have the night carers. They use my equipment very well. It is always going to be nerve wracking going up in a hoist, but they do their best to make me feel safe" and "The improvement in my relative is all down to the skill of the care team" and, "They [staff] couldn't be better. I am not saying this with emotion, it is fact." One member of staff said, "Training is amazing, it's very hands on and they [the provider] test you to make sure you have taken in the information."

A district nurse told us, "Two district nurses are now based in the building. GPs and ambulance services now do not need to attend as often, and people's healthcare experience is improved. Being able to access nursing care quickly and efficiently helps provide preventative healthcare." An on-site team of district nurses worked at Queensway Court which was exceptional, as the provider organised this service outside their normal care packages for people. Staff from Unique Senior Care acted as a conduit for people at the service to be referred to, and visited by, the district nursing team. This meant healthcare access for people was exceptional. The provider held weekly multi-disciplinary meetings at Queensway Court to ensure people's health needs were reviewed and referred to nurses and other health professionals promptly.

The provider ensured people received assistance straight away in an emergency. There was a care office on site, to ensure care staff were always available to answer calls for assistance 24 hours a day. Although the provider did not own the building, they utilised the buildings design very well to provide immediate and

effective care to people. People had alarm systems fitted in their flats to ensure staff could be called in an emergency. There was also an intercom system which allowed staff and the building manager to send messages to people in their flats about any emergencies, fire drills, and events and activities. One person said, "This place is perfect. It is the perfect place for me to end my life."

The provider told us, "We follow the principles of accelerated learning, designed to engage staff in different learning styles which is relevant, reflective and helps them develop core skills such as team work, as well as care skills." Staff had access to learning materials and the provider's training and development team, who offered advice and 'hands on' coaching. The provider recognised each staff member might learn in a different way and used different training techniques. For example, hands on training using role play, distance learning, online learning, social media and visual training aids so staff could explore people's life stories and learn more about them. They also used a range of reflective practice techniques, to analyse learning outcomes and encourage staff to look for solutions to problems they may face.

Health professionals told us staff were trained to recognise that every contact with a person should count in improving their lives, as well as recognising any changes in health or whether early support might be required by specialist services. A health professional said, "This approach ensures staff recognise earlier if any specialist services are required." Another health professional said, "I receive requests to visit people when staff are worried. They notice small changes in people, which means we can diagnose and treat infections in the early stages effectively. We would be unaware of a large amount of emerging health issues with our patients if it weren't for the caring and responsive actions of their daily carers."

Staff were recruited on their values and caring approach, rather than on qualifications and skills. People who lived at Queensway Court were involved in the recruitment of staff, attended interviews, and met new staff during their induction to ensure they had the right values. People also told us they could choose who supported them individually. One relative said, "Mum used to live in another area. She really liked her care worker. When she moved, another staff member would have been responsible for her care but we requested that [care worker] stayed in charge and they arranged for it to happen." They added, "It's really made a difference to her wellbeing."

Evidence based best practice guidance was used to continually improve the quality of people's care. The provider worked with health professionals to develop clinical health care training such as catheter care. Staff had access to accredited training, as well as policies and procedures based on recognised best practice guidance from Skills for Care, and the National Institute for Health Care and Excellence (NICE). A development organisation told us, "The organisation is committed to offering high quality care. They have been successful in gaining funding for apprenticeship development. Their training ensures staff have a real sense of what it is like to be in the clients' shoes." The provider expanded on this and explained how the 'virtual dementia tour' training simulated the symptoms of dementia which helped staff to understand the needs of people they supported and empathise with them.

Training was further developed by offering staff access to 'Champions'. Champion roles were given to staff who had a particular knowledge and skill, who could offer other staff support and advice, and 'hands on' coaching if required. For example, 'Dementia Champions' who provided information on the impact of living with dementia and tips about what staff could do to help. Other staff were identified as Equality and Diversity champions through an equality and diversity strategy, to ensure people received equality in the way their care and support was delivered.

The provider's pre-assessment process had been enhanced to include people's home environment. The memory support worker, supplied as an additional service by the provider, looked at what home support

people might need. People who had memory loss were helped by staff to place labels on kitchen cupboards, signs on doors, reminder schedules and calendars in their homes to help remember where things were and planned activities. The memory support worker also supported families with training and signposted people to organisations that could help them to stay as independent as possible. One person's life had been improved by being assisted by staff to increase their circle of friends and reduce their isolation, attending the local amenities and events.

The provider ensured people ate enough to maintain their health. When one person wasn't interested in food, staff worked with the person to take them out into the onsite café, restaurant and community food stores to tempt their appetite. Food was available at Queensway Court which was prepared by chefs to meet all dietary needs. Where people required support with their nutrition, health professionals and nutritionists were consulted, and staff supported people according to the advice. The provider arranged specialist menus and events in the home through the restaurant and café, to recognise cultural and religious festivals and encourage people to socialise, making mealtimes enjoyable.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training in MCA and they had evidence based policies and tools to guide their practice. They understood how best to support people who lacked capacity or had fluctuating capacity to make as many decisions for themselves as possible. For example, by keeping things simple, such as by offering a person living with dementia a choice between two outfits. Staff used communication tools and picture cards to explain visual choices to people. Where people appeared to lack capacity, mental capacity assessments were completed. The provider involved the person, their family, legal representatives and professionals in any best interest decisions.

Is the service caring?

Our findings

At our previous inspection visit we rated Caring as 'Requires Improvement' as people said the provider could improve how they involved and responded to people in making choices about their care. At this inspection visit we found the provider had made improvements to their service, we have rated Caring as 'Good'.

People told us when staff spent time supporting them, staff were kind and considerate. Comments from people included; "I couldn't have come to a better place, it's the best thing that's happened to me", "It's the perfect place for me", "Everyone [staff] go the extra mile" and, "I can say or do anything, I am completely comfortable with the staff, they see me as an individual."

Staff told us they had a caring philosophy. A member of staff said, "I love my job, I'm passionate about the values and ethos here, people are put first." One staff member said, "We have such a big family at Queensway and it's amazing to be a part of it." Another staff member said, "Without hesitation I would recommend this service to anyone, and I would have my own family here. It's such a caring place to work."

People were at the heart of Queensway Court. To make people feel valued, and that they mattered, each person celebrated their birthday with cards from the provider and staff. Staff were reminded to wish people a happy birthday. One person told us how the provider had also given them a birthday cake, to celebrate a special birthday. They said, "It was my birthday after Christmas and they got me a birthday cake. I looked on the internet with the staff and chose a rainbow cake which I had for my tea party."

Staff went that extra mile for people they supported, by keeping in touch with them when they were away from their home. For example, when a person they supported was admitted to hospital, staff visited them regularly.

The provider arranged workshops for staff to develop their understanding of key concepts of care, such as 'dignity and respect' and 'promoting independence for older people'. Staff told us they wanted to promote independence as this was integral to supporting the ethos and values of living within an extra care housing scheme. One staff member said it was important for people to do as much for themselves as possible.

People and relatives praised how staff promoted and respected people's independence. One person said, "My condition interferes with my everyday life. Before coming here, I was down. As my condition got worse I couldn't drive and I had to ask people to take me places all the time, losing my independence. Since coming here, I have my independence back. I go out on my bike for miles. I go out in the local community."

Staff supported people to express their views, discussed their wishes and beliefs and incorporated them in their care plans. For example, they worked with the person and their family to make sure their care plan showed their individual diversity, recognising any protected characteristics such as gender identity, cultural or religious beliefs. Each person's care plan included information about their individual communication needs. For example, for people with a hearing impairment, care records included the person's preference of how staff should approach and speak with them. People's care plans included important information about

the person such as their background, past and present. Staff said this helped them to understand the person's life history and what they enjoyed doing and what was important to them.

People and relatives said staff treated them with dignity and respect. Their comments included, "Definitely ... absolutely, utmost respect and dignity" and, "They respect his personality." Staff were trained in promoting people's privacy and dignity and discussed practical ways to do so. For example, by covering a person with a towel to protect their modesty when they were having a wash. One person commented, "They [staff] support me with my personal care and never make me feel embarrassed. They always ask everything first before they do it."

Is the service responsive?

Our findings

At the last inspection in 2016 we rated responsive as 'Requires Improvement' because at our previous inspection people did not always have their preferences met. At this inspection responsive has been rated as 'Good'.

People's care plans were personalised. They included information about people's background, their likes and interests. People could specify the gender of the staff that supported them with personal care. The provider employed a range of staff from different genders and backgrounds to respond to people's preferences and recognise people's diverse wishes. Care records gave staff detailed, clear information about the support people needed to meet their physical and emotional needs. Staff were responsive to changes in people's needs. For example, a health professional told us, "If ever I need further support with a patient the carers/senior carers are polite and swift in their response, always happy to help."

People received a personalised and responsive service that often exceeded their expectations and promoted their physical and mental wellbeing, enhancing their quality of life. People explained that although they received scheduled calls from staff at agreed times, these times sometimes needed to be adjusted to fit around their social calendars. The provider worked with people to change the times of calls, where they could. One person told us, "They [the staff] are very good with me. I go to the bar some evenings, but over Christmas I was much later coming home. I let them know when I was home and then they supported me at that time, instead of at my earlier call time, which was nice."

To ensure the service was responsive to people's needs, the office opening hours were seven days a week; care staff were in the office 24 hours a day. This meant people's needs could be assessed at any time. The registered manager said, "Office staff are so engaged, as they are here rather than on a call. Staff love it, people pop in have a cup of tea and a chat."

Staff supported people with activities they enjoyed. For example, taking people to clubs, shopping and for walks. Queensway Court had an internal communications system where staff could announce events and social activities to people, to encourage them to take part. The provider worked with their local community to arrange events and activities at Queensway Court alongside the building manager, which met people's needs. The provider had sought to reduce the risks and barriers for people so they could more easily attend activities, by implementing a social inclusion fund. The type of events included coffee mornings and cake sales. Events were organised around times of the year, the seasons, and special holidays. For example, over Christmas a memory tree was on display to remind people of friends and loved ones who had died. The manager of the premises told us, "The support we receive from the provider's memory support worker is first class. People living here with dementia and their families are well supported. The memory support worker works alongside our activities co-ordinator to put on appropriate activities for people with dementia." One person told us, "I enjoy the company here, there is a great range of people."

Care staff supported people to attend the events that were organised within the housing complex, such as talks, bingo and religious services. People could book staff time in advance to support them to and from

their homes to attend their chosen events. One person told us, "It's amazing, we go out a lot. The provider visits us and joins in celebrations, such as Christmas Day. I would recommend this place to anyone." One relative told us, "[Name] has improved so much socially and her communication has therefore improved. As a family we are so much happier with her here."

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available in different formats according to need. For example, in large print or on different colour paper, so it was easier for a person with a visual impairment to see. Information was also in easy read formats with picture symbols and people could share messages by writing on whiteboards in their home. Posters displayed around the home advertised events and how people could get involved with the running of Queensway Court.

The service had a written complaints policy, and information was given to people about how to raise a complaint in different formats around the home, and in the service user guide each person was given when they agreed their care package with Unique Senior Care. People said staff listened to them and resolved any day to day concerns. They were regularly visited, telephoned and sent questionnaires to ask if everything was alright. None of the people we surveyed or spoke with had any concerns or complaints about the service. One person said, "I can't see how anyone would or could complain. They would only complain if they are that sort of person. It is brilliant here. I have got no complaints at all."

We looked at the most recent complaints information for 2018. This showed the provider had received fewer complaints than the previous year. Where a concern was raised, a complaints log showed it was taken seriously, investigated and proactive action taken by meeting with the complainant. The service regularly shared feedback from complaints through team meetings, supervision and staff training, and used this information to review, improve and share learning to continuously improve.

Complaints were analysed to show whether any patterns and trends emerged, and whether lessons could be learned. Two areas where trends had been identified were, nutrition and food and call timings and scheduling. Following this analysis, the provider was taking action. They said, "We have worked with families to improve the planning of shopping lists with staff to ensure adequate, sufficient and varied food is purchased. We plan to work alongside clients and develop a cooking programme in 2019." They added, "We plan and schedule calls working alongside the person and we are ensuring flexibility where possible. We have further plans to introduce call monitoring technology."

The provider supported people nearing the end of their life to have a comfortable, dignified and pain free death. Feedback in the provider's compliments file showed how much their support meant to relatives, as staff received thank you cards and notes recognising their compassion and care. Where people had expressed any advanced decisions about resuscitation, the withdrawal of treatment or preferred funeral arrangements, these were recorded in their care plan. This gave people the opportunity to let other family members, friends and professionals know what was important for them.

Is the service well-led?

Our findings

At our previous inspection we rated Well Led as 'Requires Improvement'. This was because the provider had failed to notify us of all the events at the service, and people told us the call times and continuity of staff could be improved. At this inspection we found the provider had made significant improvements to its service, and we have rated Well Led as Good'.

People were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of Queensway Court. The service was led by a dynamic and purposeful provider who promoted a positive culture that was person-centred, values based, inclusive and empowering. The client charter described these principles, and their objective to, "Put people above all else." Their ethos was based on a set of principles to respect the rights of people, their dignity, privacy, choice, safety, independence and equality and diversity. The client charter had been developed with people and staff through focus and discussion groups, and regular reviews of its implementation and impact were planned. People and staff both felt ownership of the charter. Relatives told us, "This place is amazing. I cannot fault it. [Name's] life has changed for the better. It really is exceptional. I trust them 100%." "The management is great. They do anything for you."

One hundred per cent of people said they would recommend Unique Senior Care to others. People's views in developing the service were recognised as important and used to shape the future of the service. Techniques in gathering feedback included quarterly surveys and suggestions, the provider also encouraged people to attend focus groups, drop into the office, and attend resident meetings. Survey results showed 100 per cent of people thought staff were caring. The provider had analysed the results from their surveys, and shared these results with people in a 'You said' and 'We did' format to keep people up to date with any changes they made. Meetings to engage people were organised by the provider. Partnership with the Queensway Resident's association had developed an initiative where residents would support less experienced staff in basic cooking skills. A representative from the committee told us, "Last year we agreed that some improvements were needed to meet those in receipt of care's needs. They [Unique Senior Care] are extremely willing to listen to any feedback given from residents."

The service's excellence was recognised by external organisations, through their achievements and awards schemes. The provider was rated as a Top 20 homecare provider in the West Midlands with an internet feedback service. Other recognition included awards for directors from dementia organisations and charities. Representatives from local community organisations and health professionals consistently praised the very high standards of care provided. Some of the comments we received were; "There is excellent team working at Queensway. This has been essential for us, we hope to continue our close working links, as they [Unique Senior Care] are an invaluable part of ensuring best outcomes for our patients."

The provider demonstrated a commitment to developing joined up, innovative, flexible services and to developing sustainable models of care that improved the health and wellbeing of local people. There were strong connections with various local community organisations, local charities, advocate groups, local hospitals, social work teams and district nursing teams. The provider said, "We facilitate meetings at

Queensway Court for numerous organisations and attend many local events held by third sector and healthcare professionals." One local initiative was the provider had signed up to the 'Herbert protocol' which was an initiative to gather information about each person who was at risk of becoming lost and disorientated whilst out in the local community, for police to have on file and help police in a search. This meant in an emergency, fact sheets and a recent photograph of the person was available for immediate distribution.

Staff were recruited who were highly motivated, with the right values. Staff signed up to the values of the organisation upon appointment, and were committed to the 'client charter'. Staff had a range of backgrounds from different age groups, abilities and genders, matching people who lived at Queensway Court. One person said, "There are great age ranges within the staff team which benefits me. You get something different from each of them."

Staff's contribution was valued, and the provider supported them to develop their skills and leadership qualities. They used a range of rewards and recognition schemes, such as thanking staff, sharing examples of best practice and good performance, and offering staff bonuses. The provider told us, "We have seen an improvement in staff absence, but also in staff enjoyment and engagement in their role." To continuously support their staff to move forward in their personal and professional development, when staff gained recognised qualifications the provider rewarded staff with pay increases. The provider strove to promote staff internally into leadership roles and had developed a leadership, coaching and management programme for middle management staff. One senior staff member said, "Since working here I have been promoted twice. They really invest in their staff. I now feel Queensway is my second home."

There was a strong framework to monitor staff performance. Staff were supported with regular meetings, spot checks of their work, onsite management support seven days per week, and regularly met with the provider and registered manager. Staff told us their opinions and suggestions were welcomed. The provider encouraged staff to speak freely, and raised issues, and supported a 'no blame' culture so that staff learned from incidents and shared experiences. Staff spoke with pride about the service, and said they were consulted and involved in changes, day to day, through local team meetings, and via a staff survey and newsletter and through focus groups. Staff comments included; "This is my first job within the care sector, but It's the best job I've ever had."

At our previous inspection people were complimentary of the staff, but said the service and call times were not always flexible and responsive to their preferences. At this inspection comments we received demonstrated they would not hesitate to recommend the service to others. One person said, "I couldn't have come to a better place. It is the best thing to have happened to me in my life."

A culture of learning and quality improvement was encouraged. Senior care workers worked alongside care staff to regularly observe their practice. All staff were asked to provide feedback about their manager, systems and procedures. Monthly, weekly and daily checks were undertaken to quality assure a range of information, which included checks to ensure staff visited people on time, the records of people's care and medicines records to ensure people received a quality service.

The provider invested in ways to improve their knowledge and their service, and input into the wider care community through a network of companies, to share learning and best practice. They did this by forming a Care Provider Forum with ten other providers. The registered manager joined local registered manager networks to also share best practice, attended conferences and discussion forums. They also had regular contact with local commissioners to keep up to date with changes in their local area. Information was shared to aid learning throughout the provider's group of services to improve the quality of care at weekly

leadership team meetings, human resources meetings, and training meetings. Senior leadership meetings included attendance with care managers, providers, human resources, learning and development leaders, and registered managers.

The provider maintained memberships and links with organisations that could provide them with advice, support and best practice guidance. They maintained memberships with support organisation for homecare-providers, the Social Care Information and Learning Services (SCILS) an online learning resource/community dedicated to the Health and Social Care Sector. The provider told us, "We use the Good and Outstanding Care guides as a basis for continuous improvement. We also share good practice within our Extra Care and Community teams."

The provider told us about their plans for further future development. Care records to show more detailed personalised information and recognise equality and diversity had been developed with enhanced training and a special events calendar to recognise specialist dates such as mental health day. The registered manager also monitored their staff diversity, to ensure protected characteristics were recognised and staff were not discriminated against. Improved electronic call monitoring, to record staff's arrival and leaving times would mean that the provider would receive an alert if staff did not check into a call. The system was being implemented to reduce the risk of late calls and, in response to people's previous feedback. In addition, the introduction of electronic records in 2019, with staff using smart phones and tablets to complete care records.

There had been changes made to the leadership of the service since our previous inspection visit. The new registered manager was also the Head of Extra Care Services. They managed the service alongside two team leaders. Senior care workers were on site to regularly support staff, and the provider visited Queensway Court every week.

The registered manager ensured regular notifications were sent to CQC, as required by the regulations. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Their CQC rating was displayed in accordance with the requirements of the regulations.