

Younique Care Ltd

# Younique Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Younique Care is a supported living service providing personal care to people living in their own homes. At the time of inspection the service supported three people.

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

### Right Support

The provider didn't always demonstrate best practice around assessing mental capacity, supporting decision-making and best interest decision-making. This meant people's rights might not be protected, either to make their own decisions or to be kept safe by best interest decisions being made for them where needed.

However, we found evidence staff were supportive and ensured people had choice in their lives. For example, one person told us who chose what they ate, "Me and my staff, we choose together". Another person told us "I don't want to change them, they're absolutely perfect. They just asked me what support I needed and I told them."

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff communicated with people in ways that met their needs.

One person told us "They are doing their jobs well. Yes, they're doing a wonderful job taking care of me."

### Right Care

People received kind and compassionate care. One relative told us "Since they've been supporting [person] it's been brilliant. They are very caring and they love [person] to bits." Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right culture

Staff knew and understood people well and were responsive, supporting people to live their lives as they wished.

Staff placed people's wishes, needs and rights at the heart of everything they did.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

### Enforcement and Recommendations

We identified a breach in relation to the need for consent.

We have made a recommendation about recording gaps in staff employment.

We have made a recommendation about collating support information in one document where possible.

We have made a recommendation about audits of the service.

### Follow up

Please see the action we have told the provider to take at the end of this report.

## 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?

Requires Improvement ●

The service was not always effective.

Details are in our safe 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Younique Care

## 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 inspection.

#### Service and service type

This service provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

The service had a manager registered with the Care Quality Commission. 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. In this service the registered manager was also to nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 14 June 2022 and ended on 2 August 2022. We visited the office location on 14 June 2022.

#### What we did before inspection

We reviewed the information we had received about the service. We contacted Healthwatch. Healthwatch is

an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. Both people we spoke to were able to successfully use the telephone or a video call.

We spoke with four members of staff including the provider. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought feedback from the local authority and professionals who work with the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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.

### Staffing and recruitment

- The provider had spoken to candidates about gaps in their employment but had not made a formal record of the conversations.

We recommend the provider formally records a written explanation of any gaps in employment.

- Other staff recruitment and induction training processes were safe. This included obtaining references from previous employers and checks with the Disclosure and Barring Service. The DBS checks people's criminal history and their suitability to work with vulnerable people.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- All staff had received safeguarding training and knew how to identify and escalate any concerns.
- Staff told us there was a clear process to follow when flagging up an issue and the senior staff always responded within 15 minutes of a request for support.

### Assessing risk, safety monitoring and management

- Potential risks were assessed, and care records gave staff the information they needed to manage risks.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Changes to risk or people's care records were made quickly and communicated to all staff in a timely way via the provider's electronic systems.

### Using medicines safely

- People were supported to take their medicines safely.
- Staff received relevant training and spot checks were made of their competency in relation to medicines.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

### Preventing and controlling infection

- Staff used PPE in line with guidance to prevent and control infection.
- The provider ensured there was a good supply of PPE and prompted staff electronically to collect more

from the provider's office.

- Spot checks were carried out to ensure staff wore PPE correctly.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Care at home services

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity was not always assessed in line with the MCA and Younique Care's own policy.
- For a person where interventions were taking place, mental capacity assessments and best interest decision making processes had not been carried out. These need to be done for the person's care to be in line with legislation.
- Mental capacity assessments weren't carried out, where indicated, to check if people had capacity to sign their care plans.
- One person sometimes refused everyday tasks such as eating, taking medicines, and support with personal care. Mental capacity assessments and best interest decision making processes weren't carried out about these decisions.
- One person possibly met the criteria for a community DoLS, but the provider had not carried out a mental capacity assessment to establish whether or not that was the case.

The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider committed to reviewing everyone's needs to see if mental capacity assessments were required and taking any necessary subsequent action.
- We found evidence staff were supportive and ensured people had control and choice in their lives. For example, one person told us they chose what they ate, stating "Me and my staff, we choose together". Another person told us "I don't want to change them, they're absolutely perfect. They just asked me what support I needed and I told them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Although staff had enough information to provide safe care, they had to go to several sources to get a complete picture of the person they were supporting. We found no evidence of harm caused by this, and all the information was available to staff whenever they needed it via an electronic system.

We recommend the provider collate as much information as possible in each person's care plan to limit the number of documents staff need to access. Any extra documents to be cross referenced in the care plan.

- People's support needs and preferences were assessed.
- Thorough face to face assessments were carried out before the service offered to support people. This ensured people's needs could be met by the service.
- Care plans and risk assessments were reviewed and updated regularly, as well as when something changed for the person or a new risk was identified.

Staff support: induction, training, skills and experience

- The provider ensured staff received relevant training when they joined the service.
- New staff shadowed more experienced staff and their competencies were checked before they were able to work on their own.
- Supervision was provided in a structured way on a regular basis. This included a review of performance, discussion of any concerns and subsequent actions which would be reviewed in the next supervision.

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

- People received support to eat and drink enough to maintain a balanced diet.
- As people lived on their own with staff support, they could choose what to eat and drink and the time they wanted to do so.
- Staff encouraged people to eat a nourishing diet to help them stay healthy. This included supporting people with particular dietary requirements.

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

- People were supported to access healthcare or social care in a timely way by staff who worked collaboratively with other agencies
- Guidance about people's health needs made sure staff had the information they needed to assist people with their specific health needs.
- People were referred to health care professionals to support their wellbeing and help them live healthy lives.
- Staff advocated for people who weren't able to liaise with the local authority themselves, for example, to improve their living conditions.

# 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- This had a positive outcome for people. For example, one person told us "Everything is perfect, fine and wonderful and perfect, just as we need it."
- Younique Care ensured people were supported in all aspects of their lives to promote their overall well-being. For example, the service had provided financial support to a person for a period of time in order for them to ensure they had electricity and food. This ensured they were able to keep warm and have hot meals to eat.
- People were supported to express their individuality in ways that mattered to them.

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

- People were supported to express their views, which were respected and acted on by the service.
- Management staff regularly visited each person in their home to understand their experience of the service. Staff teams regularly talked to people about their experience of the service.
- Even when someone had 24 hour support, their need for privacy was respected and they spent time alone where safe to do so.
- When someone wasn't able to go out and buy their food themselves, staff respected the person's specific likes and dislikes and were careful to adhere to the person's requests. For example, where lots of varieties of an item were available, staff were careful to buy the kind the person preferred.

# 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

- People received care that was tailored to their specific needs.
- Each person had their own staff team with whom they worked exclusively. Care plans and risk assessments were created specifically for the person.
- One person told us they had said to staff about their medicine, "Let me do it please." Staff had watched to make sure the person took their medicine safely whilst respecting their wish to have as much control of their life as possible.
- In response to one person's varying feelings towards staff at different times, a system was set up telling staff how to behave without the person having to communicate with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood people's communication needs and adapted the way they communicated based on their individual's needs.
- For example, one person preferred to receive information in the form of a text or a face to face meeting. Any changes or queries were managed that way.
- The service also created a document of pictures and words to help a person manage their anxiety in specific situations.

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

- People were supported to develop and maintain relationships with those important to them. People were supported to spend time with their family and friends if they wanted to. They also used their digital devices to make voice and video calls to friends and relatives, where appropriate.
- People were supported to take part in activities of interest to them. This included ice skating, attending music concerts and festivals, and going to the pub.

Improving care quality in response to complaints or concerns

- The provider responded to complaints made by people and made changes to improve the service.
- For example, one person told us they had concerns about how a member of staff was behaving towards them. They spoke with the provider who took action so the person wasn't supported by that staff member

again.

#### End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. If that changed, the provider told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Improvements were needed in governance of the service. For example, the provider failed to operate effective systems and processes to ensure the correct application of the Mental Capacity Act 2005 (see Effective in this report). This meant people might not have their rights protected or be protected by best interest decision making processes where needed.
- The provider had good daily oversight of the service and was alerted by the electronic system, for example, if a task wasn't completed such as administrations of medicines. This meant they could respond quickly if needed. They could also monitor supervision, training, recruitment, and other areas related to the running and development of the service. However, although the provider accessed this information from the electronic system identifying trends and emerging risk, they hadn't formally pulled together audit reports.

We recommend the provider create a formal auditing process.

During inspection the provider committed to setting up a formal system of auditing the service.

- The provider was very motivated to meet people's needs. They told us "We want to improve and provide a great service."
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They gave good quality support consistently.

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

- The provider promoted an open, person-centred culture which achieved good outcomes for people.
- People, relatives and staff told us the provider was always available on the phone, listened to what they said, and took action in response.
- One person told us "[Provider] has been brilliant, [person] and [provider], they're excellent people, honestly, they get things sorted."
- A relative told us that since Yunique Care had been providing support for their loved one, the person was much more settled and relaxed than they had been previously. They told us "They've been really good and the system works well."

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 was open and transparent throughout the inspection process.
- The service apologised to people, and those important to them, when things went wrong.

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

- People were regularly asked for feedback about their care. This was done in a way which was best for them. For example, a senior staff member visited people in person and facilitated a conversation, rather than sending out a questionnaire.
- Relatives, people and staff told us they had contact with the provider as often as they wanted and knew action would be taken in response to their comments.
- Staff were kept up to date with things affecting the service, either electronically or in conversation with the provider.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together which meant people's needs were being met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>