

# Understanding Care (Warwickshire) Limited

## Unique Senior Care - Cheltenham and Gloucester

### Inspection report

92 Edinburgh Place  
Cheltenham  
GL51 7SE

Tel: 01242279659  
Website: [www.uniquecare.co.uk](http://www.uniquecare.co.uk)

Date of inspection visit:  
27 July 2021

Date of publication:  
25 August 2021

### 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

Unique Senior Care – Cheltenham and Gloucester is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to three people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives spoke positively about the quality of care and support they received from the service. They told us staff were kind and respectful and they felt safe when staff provided support to them. People told us they were treated with respect by staff who showed them compassion and understanding. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Staff understood their role to report any concerns or incidents to the registered manager and their responsibility to protect people from abuse and harm. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Safe medicines management and infection control practices were used. People's care records guided staff on the support they required and management of people's individual health risks.

There were enough staff available to ensure people's care and support needs were met. The registered manager worked alongside staff and monitored their care practices and skills. People told us staff arrived on time and had sufficient time for their needs to be met without feeling rushed.

Staff had been safely recruited and had received regular training and supervision to effectively meet people's needs.

People were supported to have enough to eat and drink as required. Staff monitored people's well-being and supported them to access healthcare services and professionals when they needed.

Staff had access to people's care plan which reflected their support requirements, preferences and levels of independence. Staff understood the requirements of the Mental Capacity Act 2005. 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.

Quality assurance checks, observations of staff practices and feedback from people and their relatives were used to identify areas that required further development and drive improvement across the service.

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

#### Rating at last inspection

This service was registered with us on 12 August 2020 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Unique Senior Care - Cheltenham and Gloucester

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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.

#### Notice of inspection

This inspection was announced.

We gave the service 48 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 26 July 2021 and ended on 2 August 2021. We visited the office location on 26 July 2021.

#### What we did before the inspection

We reviewed the intelligence we held about this service and their CQC registration assessment report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the Registered Manager, Director of Operations, Field Care Supervisor and two care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff from the service. One person said. "I am very happy with them [staff]. I feel very safe." This view was also shared by one relative.
- People were kept safe from the potential risk of abuse because staff and managers had received appropriate training for their role and had a good understanding of the provider's safeguarding and whistleblowing policies and procedures.
- Staff were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.

Assessing risk, safety monitoring and management

- As part of their initial assessment, people's risks associated with their health and well-being had been identified and assessed. Risk management plans were in place to help guide staff with the control measures that needed to be taken to help minimise the risks to people such as risks relating to people's mobility and skin integrity.
- There was a balanced approach to enable people to retain their independence and make choices about their life.
- Staff worked in conjunction with people's relatives to ensure they received the support they needed to safely remain living in their own home. Risks to people's safety and environment had also been assessed and managed.

Staffing and recruitment

- People were supported by sufficient numbers of staff who know them well. There were enough staff available to meet people's needs who arrived on time and stayed for the full amount of time. An on-call system enabled staff to request additional support if required.
- People told us that their care calls were long enough to meet their needs without feeling rushed and allowed some time for social interactions with their care staff.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used.
- Value based recruitment interview techniques were being used to help assess the character of potential staff.

Using medicines safely

- People received their prescribed medicines and creams as safe medicines management processes were being used.

- People's care plans provided staff with the information they needed to safely support people with the administration of their medicines as well as information about their health conditions and reasons for their prescriptions.
- The administration of people's medicines was recorded on an electronic system. The system was monitored by the registered managers to reduce the risk of missed medicines or medicine errors.
- The registered manager had ensured all staff were skilled and competent in safely managing people's medicines.
- Staff worked effectively with people and their families when sharing responsibility for the management and administration of people's medicines.

#### Preventing and controlling infection

- Staff had been provided with guidance and training to reduce the risk of spread of infections and COVID-19.
- The provider had implemented effective infection control practices to protect people and staff the transmission of the coronavirus. Risks to people and staff had been assessed and were continually reviewed.
- Staff told us they had access to an adequate stock of personal protective equipment (PPE). Systems were in place to monitor that staff were being COVID-19 tested and vaccinated in line with government guidance.
- People confirmed that staff wore the appropriate PPE when entering their home and delivering care and had no concerns about infection control practices.

#### Learning lessons when things go wrong

- Staff were aware of their responsibility to report any concerns, incidents or when people did not answer their door. The provider's policies guided staff and managers on the immediate action they should take to ensure people's safety.
- Systems were in place to monitor and learn from incidents and accidents and identify any trends. Learnings from incidents were shared across the management team and other provider locations and cascaded to local teams.
- Changes were made to people's care plans to reduce the risk of repeat incidents. Staff confirmed that effective communication systems were used to keep them updated with any changes in people's support requirements.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs and risks were identified and assessed by the registered manager as part of their initial assessment and introduction to the service to ensure the service could effectively and safely support their care needs.
- People's risks were assessed and reviewed using nationally recognised assessment tools. This helped to standardise and monitor the care they received.
- The provider had systems in place which supported the registered manager and staff to understand the legislation that underpins the regulated activity of delivering personal care to people in their own homes.

Staff support: induction, training, skills and experience

- People were supported by staff who had received effective training and support to safely meet people's needs. This was confirmed by staff and the people they supported.
- A comprehensive induction programme including shadowing and training in line with the Care Certificate (nationally recognised set of care standards) ensured new staff had the skills and confidence to support people when lone working in line with the provider's values.
- The registered manager was considering alternative methods of delivering training to ensure staff had the practical skills they required that may have not been obtained through eLearning.
- The skills and knowledge of staff while supporting people were regularly assessed and observed to ensure staff remained effective and skilled in their role.
- Records demonstrated and staff confirmed that they felt supported and received regular supervision meetings. The registered manager addressed incidents where further improvement of staff practices had been identified.

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

- Where required, people were supported with the preparation of their meals, snacks and drinks. They were offered choices in line with their meal preferences and were encouraged to have enough to eat and drink.
- Staff had been trained in safe food hygiene practices and had access to an inhouse cookbook which provided staff with simple homecooked recipes. Any cultural and dietary needs would be met where required.
- People's nutritional risks had been identified. Care plans provided information about people's preferences and the support they needed to maintain a balanced diet and drink amounts of adequate fluids

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

- Staff worked effectively with people's families and community health care professionals. Recommendations and agreed ways of joint work were documented in people's care plans.
- People told us they were confident that staff would quickly identify and escalate any changes in their health and well-being to ensure they received prompt medical intervention.

#### 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. 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 followed the requirements of the MCA to ensure people were supported to make choices and decisions about their care.
- The provider's MCA policies, assessments and staff training were underpinned by the principles of the MCA.
- We confirmed that the registered manager was aware of the processes to be used when considering making a significant best interest decision on behalf of someone who lacks capacity to make their own informed decision.

# 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 good care which was personalised to their needs. The planning of their care calls meant that people received care on time and in an unrushed manner.
- People and their relatives were overwhelmingly positive about the caring nature of staff and the managers. They told us they were treated without discrimination or judgment.
- People described the staff who supported them as being kind and considerate. We received comments such as "They [staff] are absolutely lovely"; "The carers are very kind and so helpful" and "They [staff] are fantastic, really really good."
- The provider's vision and policies stated that they aimed 'to provide outstanding home care services to older people in their own homes, where they are most happy and comfortable, equality and diversity is at the heart of our work.'

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were actively involved in decisions about their care and felt their views were valued. Relatives were consulted in some people's care and advocated on behalf of people depending on their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Oh yes, the carers are very respectful."
- Staff had a good understanding of the importance and significance of treating people with dignity. Dignity champions and resources provided staff with additional training and reinforced the providers commitment to deliver care to people in a manner which was compassionate and respectful.
- Staff supported people to be as independent as possible. They were aware of people's levels of independence and the level of support each person required.
- Care plans identified people's abilities and the support they required to live safely in their own homes.

# 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 which was focused on meeting their needs and preferences. Care plans provided staff with an overview of people's supports needs and level of independence in all aspects of people's physical, social and spiritual care.
- Staff completed comprehensive daily records which described the duties staff had completed and the support they had provided to people at each visit.
- Care plans and daily records were regularly reviewed and updated as people's needs changed.

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.

- People's communication needs and the equipment they needed to help and communicate such as wearing glasses was documented.

Improving care quality in response to complaints or concerns

- People and relatives gave positive feedback about the care they received. They knew how to raise concerns and would be confident that the registered manager would take immediate action to address their concerns.
- There was evidence that complaints were effectively managed in line with the provider's complaint's policy.

End of life care and support

- An awareness of the good practices in End of life care was included in the induction programme of new staff.
- The registered manager told us they sensitively discussed people's end of life care preferences as part of their initial assessments or care plan reviews. They provided example of how staff had worked alongside community health care professionals to ensure one person remained comfortable in their home during their final days of life.

# 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.

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

- Since registering with CQC in August 2020, the provider and registered manager had spent time implementing their policies and procedures and building up the service in the Gloucestershire area.
- They aimed to deliver a high quality and bespoke service to enable people to continue to live comfortably and safely in their own homes. The provider continually looked at effective ways of improving people's safety and the recruitment and development of staff.
- People, their relatives and staff told us the registered manager was approachable and that they were confident in the management and leadership of the service.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibility to submit the required statutory notifications to CQC for any significant events and to act openly when things go wrong.
- The provider's management structure and governance systems ensured that the service was consistently being monitored and checked to ensure the fundamental standards of care were being consistently met. These checks included care plan and staff development reviews.
- The provider's service improvement plan and business continuity plan helped the service to focus on areas that required further development and manage any risks which may impact on the quality and delivery of care.

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

- The registered manager gained regular feedback from people about their experience of the service through quality assurance telephone calls and visits with people, as well as annual surveys and regular observations of staff.
- Staff told us they had frequent opportunities to share their views, concerns and requests for personal development

Continuous learning and improving care

- The provider, registered manager and staff were all passionate about delivering high quality care. They used feedback, incidents and concerns as an opportunity to improve and develop the service.

- The registered manager received regular support and opportunities to meet and learn from their peers and the provider with the aim to develop new practices and drive improvements across the service.

#### Working in partnership with others

- The registered manager and staff worked effectively with other key people such as family members, health care professionals and other stakeholder to work towards promoting good outcomes for people.
- The provider worked strategically and openly with local and national organisations to drive improvement across the provider's registered locations and to share their learning and experiences with other key social care stakeholders.