

Unique Homecare Services (Lincoln) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Unique Homecare is a homecare service providing personal care. The service mostly provides support to older 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.

At the time of our inspection there were 30 people using the service and 12 of these people were supported with personal care.

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

The provider was exceptionally kind and caring and often went above and beyond expectations to promote people's health and wellbeing. The staff team took innovative steps to reflect people's personal histories and interests. People's dignity, privacy and independence was at the heart of the support they received. The provider offered flexible support with a strong emphasis on social interaction. Staff ensured people were actively encouraged to make decisions about their own care.

Some key risks to people were not always clearly flagged in their care plans. Staff understood the need to raise concerns about poor practice but were not always clear on whistleblowing processes. The provider took immediate actions to ensure these risks were highlighted and staff understood whistleblowing procedures. People told us they felt safe using the service and were involved in their risk assessments. Staff recruitment was safe. People were supported with medicines safely and lessons were learnt when things went wrong.

People's needs and choices were assessed effectively. People and relatives were involved in care planning and reviews of their support. Staff received a comprehensive training package and induction to support people effectively. People were supported to eat and drink a balanced diet. People were supported to access healthcare services.

People told us the service was responsive to their needs. Care planning was built around a person's needs and wishes. People were supported to pursue hobbies and interests. People were supported with their communication needs. The provider was responsive to any concerns raised. Information was available to staff at people's homes around end of life wishes.

Some quality assurance systems could have been more robust. Actions were taken immediately to improve these processes. The provider had a person-centred approach and the registered manager was candid when things went wrong. The provider used and sought innovative means to achieve better outcomes for people. People and staff were engaged by the provider.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Unique Homecare Services (Lincoln) Ltd

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the provider 48 hours notice of the site visit to ensure the registered manager would be in the office to support with the inspection.

What we did before the inspection

We reviewed information we had received about the service. We also used the information the provider sent

us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager and five members of staff. We spoke to five people and five relatives about their experiences of the service.

We reviewed four people's care plans and risk assessments, three staff recruitment files and a range of other written records.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people were assessed and documented, but we identified two people being at risk of falls where this was not included in their care plans. The impact of this was reduced as staff we spoke to knew how to mitigate the falls risks for these people and told us that risks were also communicated internally by the management team over a secure internal communication programme. Following a discussion with inspectors, the registered manager put in a process to highlight key risks for staff when they read people's care plans and the relevant care plans were updated.
- Some staff members were unsure on aspects of whistleblowing procedures, but they understood the need to raise concerns about poor practice to keep people safe. This was discussed with the registered manager, who stated they would raise this at the next staff meeting. We saw evidence that this was raised, including the registered manager going through potential whistleblowing scenarios and the whistleblowing policy, to ensure staff understanding. Staff had received training in whistleblowing as part of their induction.
- People were protected from avoidable harm by the staff team. Staff had received training in safeguarding and safeguarding concerns were raised in a timely manner.
- People told us they were involved in their risk assessments. One relative told us, "They did a full risk assessment here with [their relatives name] at the beginning of the service and I knew we were going to be OK with them as they included [their relatives name] in all the conversations."
- People told us they felt safe using the service. One person said, "Knowing I will see them every day makes me feel safe."

Staffing and recruitment

- Staff were recruited safely, however we found some unexplained gaps in staff's employment history in their recruitment files. We discussed this with the registered manager who was able to tell us the reasons for these gaps and took immediate action to update employment history information where it was missing. The registered manager also updated their staff file requirement checklist to ensure all employment gaps were documented with reasons.
- The provider recruited safely by acquiring references and completing Disclosure and Barring Service (DBS) checks prior to staff starting in their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were appropriate for the number of people supported. The registered manager told us that they would not support more people unless they had enough staff members employed.
- People and relatives told us they received regular carers and they were informed if there was a change to who was coming. One person said, "It is who they say it is coming (on the rota) 99% of the time, but I get a

call if something happens (to the carer) and they tell me who will then be coming instead."

Using medicines safely

- People were supported with their medicines safely. Where medicines errors occurred, they were investigated, and appropriate actions taken. For example, inspectors found in the days prior to the inspection one person had not received their pain relief patch. The management team were not aware of this, as the month's medicines administration record audit had not yet been completed, so they investigated immediately. They took appropriate actions to ensure the person had come to no harm and the staff member received support around their practices as they had not followed the process of informing the management team.
- Staff completed medicines training and their practice was observed in regular competency assessments.
- People and relatives told us they received appropriate support with their medicines. One relative said, "(Carers) gave [their relative's name] their medication in the morning. They also do their creams too and it's all written down."

Preventing and controlling infection

- Staff supported people to keep safe from the risk of infection. Staff understood the need to follow good infection control practices such as hand washing.
- Staff had received training in infection control, PPE (Personal Protective Equipment) use and food safety. Staff wore appropriate PPE when supporting people to help prevent the spread of infection. One person said, ""They always have their PPE on and change it when they need to."
- Staff completed COVID-19 testing twice weekly and reported the results of tests to the registered manager to prevent the spread of infection to other staff and people.

Learning lessons when things go wrong

- There were a small number of accidents and incidents recorded with some evidence of learning lessons when things went wrong. For example, a carer brought one person some cooking oil and left this at the person's home. The person's relatives alerted the staff team the person was known to leave the hob on with oil in the pan. The management team then informed carers to not leave cooking oil at the person's home on an internal secure communication programme. The registered manager stated they would also include this risk in the person's care plan following a conversation with inspectors.
- Staff told us they knew what to do when there was an accident or incident. Staff understood the need to ensure the person was supported and they recorded and reported any information to registered manager or senior members of staff.

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

- Systems were in place to assess and determine people's needs and preferences. Care plans had a task list for carers which clearly set these out and emphasised carers to give people choice in the support they gave.
- The management team completed in depth assessments of people's needs prior to care starting. One person told us, "They asked lots of questions and seemed very thorough."
- People's support was regularly reviewed. People received quality assurance calls every three months and a full care plan review every six months. The registered manager also told us that people's care plans are updated as and when changes happen.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction, with a mix of practical and virtual training, and staff training was up to date. Staff told us they did not work unsupervised until they were comfortable to do so and benefitted from observing senior members of staff.
- The provider supported staff to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives told us they felt staff had the right skills to support them. One relative said, "(Carers) appear well trained and seem to enjoy their job."
- Staff were supported to seek further training opportunities by the provider. One staff member told us they were being supported to go on a cooking course to improve the support they gave to people.
- Staff received regular supervisions to review their practice and discuss future development. When discussing supervisions, one staff member told us, "It's nice to show off what you have done (to support people). I know [the registered manager] has acknowledged what I am saying (to them)."

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

- The management and staff team worked closely with other agencies, such as the GP and community nurses, to support people to receive effective care. For example, the registered manager told us they contacted the GP when they started care for a new person as they had the wrong medicines on their prescription. With this input the GP was able to update the prescription for the person.

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

- People were supported with their hydration effectively. One person told us, "Staff always leave me with a drink when they go whether its morning or evening."

- Staff supported people eat enough and knew to offer people choice when preparing their meals. One staff member said, "People have set food that they like, and they tell you what they want. If they are eating, I always stay in the room... and wait until they are finished."
- People were encouraged to have healthy diets. The registered manager told us, "We are getting people to make their own choices but encouraging healthy options. (We encourage) diabetes appropriate food if someone has diabetes." We saw photos of food being provided, which looked healthy and balanced.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when it was needed. Staff supported people to access healthcare professionals and services such as to the hospital and the dentist when relatives could not support with this. People also had important contact information within their care plans at their homes to contact services if they were needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The provider had completed mental capacity assessments for people when needed but these could have included more information around the questions used and answers given. We discussed this with the registered manager who took steps to update these to include a detailed summary of the assessment undertaken and put processes in place to ensure assessments were recorded in more depth in future.
- Staff understood the principles of the MCA. Staff told us that people had the right to make decisions for themselves and they understood that they may need to make decisions in people's best interests when they did not have mental capacity to make decisions.
- People told us they were involved in decisions about their care and were given choices.

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

- Staff supported people in an exceptionally kind and compassionate way. The registered manager told us they specifically recruited staff who had a caring attitude and wanted to make a positive difference to people's lives and provide the best support possible. One staff member told us, "I enjoy getting to know the people I visit. Hearing about their lives can be fascinating. It's about helping. Making a difference knowing you're making life a bit easier for them, just focusing on them. You don't know who they get to see day to day. For that one hour they know they've got companionship and if they need things doing, and as long as I can, I will do them."
- The provider gave several accounts of when staff had gone above and beyond for people they supported. The registered manager told us about a person who had been reminiscing about a poem they loved but had forgotten some of the words. A staff member decided to get the poem printed out so the person had a copy they could read from. The person had a real sense of fulfilment following this and was touched by the gesture.
- Staff were innovative in reflecting people's personal histories. One person had spoken to staff about living in another country earlier in their life. One staff member had also lived in this country previously and was due to travel there again. The staff member thoughtfully visited and took photos of the area where the person used to live to show the person on their return. The person was overwhelmed by this gesture and it triggered reciting lots of happy memories for the person and stimulated more conversations about a time of their life which they really enjoyed.
- Staff supported people to overcome barriers to maintain relationships with relatives. For example, one person was supported by staff to make a birthday video message to their relative who lived abroad. The person was visibly emotional making the video, using technology they would not have been able to access without the support of staff.

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

- The provider put great emphasis on the importance of social interaction between staff and people. Their policy for a minimum call time of 45 minutes allowed both physical and mental health support for people and was integral to their wellbeing. As presented by the registered manager, one online review stated, '[My relative] has greatly enjoyed the visits when they are able to chat with their carers, play scrabble and even do some crafting, which are all things they have missed doing. All of this has been very important for [my relative's] mental health, which we have seen improve after each visit. The care team have been extremely professional, responsive, caring and have communicated with us extremely well throughout [my relative's] time with them, which has been of great comfort as we do not live close by.'
- The staff team were focused on offering flexible support which was led by the people they supported. For

example, one person stated, "[Carers] have a list of jobs on their Smartphones [app] that they are supposed to do, but they will always do little jobs like fill up the bird feeder for me if they see it is empty." Another family member described the support their relative received, "We have organised a mobility scooter and the Carer has already asked if they can take [relative's name] to the pub or the park when it's nice."

- Staff openly encouraged people to explore what they wanted staff to do. One staff member told us, "Some people are shocked what carers can do, it's a misconception. We can take them or anything like that. It's making them aware what we can do. Giving the options to go out and do things. One person told us, "Some of the carers have really got into helping me with my puzzles and have even gone out and bought some of their own. One of them is looking out for me to see if they can find a local puzzle group. That would be ideal."
- The service used innovative ways of supporting people and relatives to remain actively involved in their care planning and reviewing the care they received. With consent, people and their relatives had access to a care planning app where they could review and recommend amendments to care plans. Speaking about people making decisions about their care, the registered manager told us, "We give them that choice. Staff taking the time to pick a couple of outfits out or going to the fridge and having a look with people. We consult relatives when it's needed, as long as the person has consented."

Respecting and promoting people's privacy, dignity and independence;

- Staff displayed exceptional sensitivity and empathy towards distress in the people they cared for. One person told us, "One of my carers called my relative the other day to tell them I didn't seem myself that day and they couldn't get it out of their head. My relative rang me and got me to open up and then realised it was because it was the anniversary of a relative's death." A staff member also told us, "This morning, I had logged out and the person [being supported] got tearful, so I did not leave them. I explained to their relative that they were a bit upset. I tried to get them to settle and leave them in a place which was happier. I knew they were OK as their relative was with them."
- Dignity and respect were embedded within the culture of the service. People consistently told us about the respectful nature of staff. One person said, "Nobody likes to have help with showering, but they (Carers) chat away to me while they are doing it and before I know it, I am done. I never feel embarrassed and they are very respectful and make sure I am covered up where I need to be." Another person added, "I just can't manage to look after myself totally now, so the Carers help me function and keep my self-respect and dignity intact."
- The provider worked closely with people and their relatives to ensure they received care and support when and how they wanted. Where people were not happy with carers who supported them, the provider took immediate steps to swap supporting staff members to ensure compatibility.
- The provider drew on their previous experiences of health and social care to take planned steps to reduce barriers, anxiety and potential stigma around receiving care. The provider implemented a no uniform policy for staff so that support could be discreet and promote people's emotional wellbeing. This put people at ease when being supported into the community, as it did not draw attention to their carer support and instead felt more like they were out with a friend.

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; 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 and relatives told us the service was adapted to people's needs and preferences. One relative told us, "They are also very flexible if I need to increase, decrease or change the days (of care). It works well for us."
- The registered manager told us that people's care was built around them and was responsive to their needs and choices. They told us, "There are no changes to care without discussing with the person or their relatives. It is led by them asking to change or if we pick up anything, then discussing and adapting this with them." People's feedback confirmed this.
- People and their relatives told us they were supported to maintain their hobbies and interests. One relative told us, "Staff and [their relative's name] play dominoes; talk about [their relative's name] love of steam trains; watch films or go out into the garden to see the 1930's railway van we have put in the back garden. They love it. We have organised a mobility scooter and the carer has already asked if they can take them to the pub or the park when it's nice."
- Staff actively encouraged people to take part in their hobbies. One staff member told us about a person they supported who liked to draw and paint, "They are an incredible painter and drawer. They still paint but they have arthritis. We helped them arrange their desk to try and make it tidier so they can reach the stuff that they need to paint."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information on people's communication needs but could have included more specific information. For example, one staff member told us that a person could become very repetitive in their communication, but this was not cited in their care plan. This was discussed with the registered manager, who updated this communication care plan and ensured processes were in place to record specific communication needs in future.
- People were supported with adjustments to access information when it was needed. For example, one person the service supported was visually impaired and required information presented in a certain way so they could read it. The registered manager ensured all information at the person's home was in their preferred font size so they could read information about the care provided.

- Staff received communication guidance within their dementia training to ensure they could tailor their support to people living with dementia. For example, staff were encouraged to adopt strategies such as leaving reminder notes for people who might get anxious from memory loss or providing reassurance and distraction. This encouraged staff to be responsive to people's needs.

Improving care quality in response to complaints or concerns

- The registered manager responded to concerns about the service and adapted the care provided when needed. They told us one person had expressed they did not get on well with a staff member providing them support. The registered manager spoke to both the staff member and the person about this and it was decided the staff member would not support that person anymore to stop any further issues.
- The provider had an up to date complaints policy in place to respond to any complaints. People also had access to information on how to make complaints.

End of life care and support

- At the time of our inspection, the provider did not support people who were deemed under end of life care but the registered manager told us they were open to this in the future. The registered manager told us they would support staff to access specific training prior to supporting people who were end of life.
- People's 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) and 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT) information was available in their homes for staff where people had disclosed this information to the service.
- We found limited information in people's end of life care plan information. The provider had recorded where people had chosen not to disclose this information. The registered manager told us it could be difficult to discuss this with people at their initial assessment due to the nature of the conversation and they would ensure a system was in place to discuss this with people again at a later date so it could be documented.

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.

Continuous learning and improving care; Working in partnership with others

- The provider had quality assurance systems in place to identify concerns and areas of improvement, however some of these systems could have been more robust such as the accidents and incidents audit. Following a discussion with inspectors, the registered manager put further quality assurance systems in place to ensure strong oversight of the service.
- The provider supported staff to be actively involved in their development to further improve care standards. Staff told us they were supported to access extra training by the registered manager and felt they could always approach them for support.
- As detailed in the safe section of this report, the provider worked closely with healthcare agencies to achieve the best outcomes for people.
- The provider was actively taking part in a media project with a local university showing a day in the life of a carer to positively promote social care and the role of a carer. The provider was hopeful this would have a positive impact on both the service and the sector.
- The provider was also a member of Skills for Care and Lincolnshire Care Association. Both organisations offered training, support and updates on best practice in the care sector.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was passionate about providing high quality, person-centred care. The registered manager told us the support they provided was based on research around dementia care and that they offered a tailored holistic approach, focused on people's exercise, diet and stimulation. The provider ensured that the minimum care call time for people was 45 minutes to allow staff to achieve this person-centred approach.
- Staff shared the visions and values of the provider. Staff consistently told us of their focus to put people first. Speaking about joining the service, one staff member said, "It's person-centred care. The 45 minute care calls was such a big thing about joining this service."
- People were supported to achieve positive outcomes. One person told us, "I am a lot stronger and more confident now having had their support since before Christmas, so I have been able to stop the evening call." A relative also told us, "I feel confident in the service's ability to keep [their relative] at home."
- The registered manager promoted the welfare and happiness of the staff team in various ways. For example, the registered manager promoted staff development, respected work-life balance and rewarded staff when they worked on bank holidays. One staff member told us, "They have been so supportive. I recently had to call in sick and they have been so supportive over this. They told me to get myself better and

there's no pressure to come back too soon."

- The registered manager told us they always followed the duty of candour and were open and transparent with everything they do. This was reflected in conversations with inspectors, where the manager engaged in open conversations about the service and where improvements could be made.
- The provider informed people and relatives when things went wrong. For example, one person told us, "There was once when my carer got involved in car accident and couldn't get to me. She called the office and explained, they in turn called me and one of them who used to be a carer came straight out to support me. It was seamless."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was involved in all aspects of the running of the service, and with the management team, frequently sought feedback from people through formal and informal means such as the use of online review surveys, meetings and phone calls. One person told us, "We have indeed chatted about how I feel about their service and they know I am very grateful and very happy that my relative found them. Long may it continue."
- People and relatives told us the management team were always available to speak to and they felt their communication was good.
- Staff told us they felt comfortable to speak to the registered manager about their role and the care being provided. For example, one staff member told us they had suggested to the management team about encouraging one person to begin to safely administer their own medicines with staff observation, as opposed to direct staff support. The management team adopted this approach and communicated this to the staff team and as a result this person's independence was promoted.
- The provider understood their responsibility to notify external agencies, including CQC, about notifiable incidents.