

Unique Herts Care Ltd

Unique Herts Care

Inspection report

121 London Road
Knebworth
Hertfordshire
SG3 6EX

Tel: 01438814470

Website: www.uniquehertscare.co.uk/

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05 March 2020

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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 Herts Care is a domiciliary (home care) agency. It provides personal care to people living in their own houses and flats. Not everyone using Unique Herts Care received the regulated activity of 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. There were 14 people receiving the regulated activity of personal care at the time of the inspection.

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

People told us they felt safe. Staff received training in safeguarding and knew how to report their concerns both internally and externally. Risks were managed appropriately. Staff were provided with regular guidance and support from the management team.

Staff were recruited safely and there were enough staff to meet people's needs. They received regular training and were positive about their induction to the service.

People were supported to manage their medicines appropriately. Any health needs were clearly identified in people's care plans. Staff ensured that people were supported to access health services, where required.

People and relatives told us that staff were caring. People received care in a way that promoted their dignity and encouraged independence.

Care plans were developed when people started using the service and were personalised. People told us that staff were responsive to their needs and supported them in the way they wanted.

The provider had implemented effective audits and governance systems to check the quality and safety of the care people received. This allowed for the effective monitoring of patterns and trends and for learning to take place.

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

Rating at Last Inspection

At our last inspection, the service was rated Good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may

inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Unique Herts 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 Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Unique Herts Care is a domiciliary (home care) 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

We gave the service 72 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 24 February 2020 and ended on 05 March 2020. We visited the office location on 24 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, supervisor and two care assistants, two people who used the service and two relatives.

We reviewed a range of records. This included two people's care 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they knew how to recognise abuse and protect people from the risk of abuse.
- Staff received safeguarding training and knew how to report concerns both internally and externally.
- People told us they felt safe and knew how to contact staff if needed. One person said, "I always feel safe."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were appropriately assessed. Where potential risks to people's health, well-being or safety were identified, appropriate management plans were put in place. These were regularly reviewed to consider people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- Where people had specific moving and handling needs, assessments were very thorough. Staff were provided with detailed guidance to ensure they provided safe and effective support.

Staffing and recruitment

- There were enough staff deployed to meet people's needs at their preferred times.
- People and relatives told us that staff were usually on time. If they were delayed due to traffic or exceptional circumstances, they were always informed.
- Staff were recruited safely. Each member of staff had the required checks, including a disclosure and barring service (DBS) check and references from previous employment, on file.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed 'as required' medicines, for example, for pain relief. Whilst there were no separate guidelines for their administration, 'special instructions' had been added at the bottom of the Medication Administration Record (MAR). We discussed this with the registered manager during the inspection and they agreed to make changes in line with good practice standards.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene and had access to all protective equipment.
- Staff told us, and records supported that spot checks took place. These ensured that staff were following

good practice in relation to infection control and hand hygiene.

Learning lessons when things go wrong

- Accident and incident records were completed, and evidenced appropriate action taken by staff. The registered manager gave examples of where the service had responded to incidents and applied learning, to make improvements to the service provided.
- The management team ensured that daily notes were regularly monitored. This ensured that any changes, patterns or trends were quickly identified, and necessary action taken.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before the care package was agreed.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively.
- Staff completed a robust induction programme at the start of their employment. One staff member told us, "It was the most in-depth training I've had from any company I've worked for."
- Staff confirmed that they received regular supervision and we saw evidence that competency assessments were completed by senior staff. They also felt comfortable to approach the management team if they required additional support.
- Staff told us that they had opportunities to reflect on their practice via team meetings and informal discussions

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

- Where people were assessed as requiring support with eating and drinking, appropriate support plans were put in place. People's preferences were documented.
- The registered manager told us that most people did not currently have significant needs in this area. However, if any concerns were identified, appropriate measures would be put in place. This included food and fluid charts, weight monitoring charts and referrals to the relevant professionals.

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

- Staff and management knew people well and were able to promptly identify when people's needs changed. The service accessed national guidance in relation to specific health conditions.
- Staff and the management team worked well with other agencies to ensure that people received appropriate care. People were supported to attend appointments with healthcare professionals, where necessary.

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.

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.

- Where people were deemed to lack capacity, appropriate steps had been taken, in line with the Mental Capacity Act. Staff had received training and were aware of how to apply the principles of the Act.
- Staff supported people to always be at the centre and in control of any decision making. The registered manager explained that everyone could at least verbally consent to their care plans and the majority were able to sign these.

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. 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 told us they were treated as individuals by a team of staff, with whom they had developed positive relationships. One person told us, "They [staff] are like family, they are so friendly, and I know them really well."
- Staff spoke about people with kindness and compassion. One staff member told us about a person who was initially reluctant to receive support. They said, "We have taken the time to get to know them and build up trust. Now that person wants us to stay and chat. They want to go out and socialise. It has made a difference to their quality of life."
- Relatives made positive comments about the care provided by staff. One relative told us, "They [staff] are all very friendly, without exception. We really fell on our feet, they have been wonderful."

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

- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews.
- People we spoke with confirmed that care staff knew what they liked and how they liked to be supported. One relative told us, "Staff complete regular updates to the care plan, and we get calls once a month to check everything is ok."
- Staff supported people to make their own decisions where possible. One staff member told us, "We always encourage choice. For example, when supporting someone at dinner time, I might pick out two options and show them to the person. I'll talk them through what they are and encourage them to make a choice."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respected people's privacy, such as closing doors and curtains. One person told us, "I am treated with dignity and respect all the time."
- Staff supported people to be as independent as possible and do what they could for themselves. One staff member told us, "We try to support and empower people to do things and for themselves, rather than doing it for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's care records were personalised and provided staff with clear guidance. People received care that was individualised because staff knew and understood people well. Staff confirmed that they always had the chance to meet people before they started supporting them.
- People received flexible support that was tailored to their current needs. One family member told us, "They bend over backwards to take care of [relative]."
- People's religious or cultural needs were considered as part of their initial assessment, prior to the commencement of care.

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.

- Staff ensured that people's communication needs were met by providing information in different ways.
- People's communication needs were considered during the initial assessment; however, this information was not always reflected within the care plan. Nevertheless, it was evident that staff had a good understanding of how to communicate effectively within the people they supported.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure; which people were aware of.
- People told us they felt comfortable raising any concerns with the service. One person told us, "We all chat, I know I can bring up anything with them."
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

- People at the end of their life were supported by trained staff and external health professionals to have as dignified a death as possible. The registered manager gave us examples of where staff had supported people and their families at this time.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People were at the heart of the service and the staff and management team continually strived to provide the best care and support they could. The management team were knowledgeable about the service, the needs of the people living there and where improvements were required. The registered manager told us, "We are passionate about what we do, and it is very rewarding."
- People and their relatives reported a positive, person-centred culture at the service. One relative told us, "Everyone is very approachable and supportive."
- Staff reported a positive team ethos. One staff member told us, "I think the service is well led. It's lovely, we're like a family. I have worked for bigger companies and it is better here. The management are approachable, I know I can talk to them about any concerns."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and a system of spot checks was in place to monitor standards. Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff meetings were held to support communication and cascade information.
- Staff understood what was expected of them to ensure good standards of care were maintained. They knew they could go to the management team for advice and support. One staff member told us, "The management here are approachable, I know I can go to them with any concerns."
- Audits were completed to help ensure the quality of the service was maintained. These covered areas such as medicines, care plans and staff files. The completion of audits enabled the registered manager to identify any issues and ensure appropriate action was taken.

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

- Staff felt engaged in the running of the service with regular team meetings and opportunities to catch up.
- People and their family members felt engaged and involved. People had opportunities to give feedback about their care and support. This included telephone monitoring checks, reviews and quality assurance visits.

Working in partnership with others

- The service worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals.