

Understanding Care (Warwickshire) Limited

Unique Senior Care - Warwickshire

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

We inspected the service on 18 September 2018. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the acting manager and the provider was available to speak with us. The inspection was a comprehensive inspection and was conducted by one inspector.

Unique Senior Care is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were 62 people who received personal care from the service.

Not everyone using the service receives the regulated service of personal care. Some people had 'cleaning' or 'shopping' visits. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

There was no registered manager in post when we inspected the service. A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. Although there was not a registered manager in post at the time of our inspection visit, the provider had allocated an interim manager to oversee the running of the service. A new manager was due to start their employment on 1 October 2018, and would begin their application to register with CQC as soon as possible.

This was the first time the service had been inspected under its current registration. The service had been rated under a different provider in November 2016 where we awarded them a rating of 'Good' overall. At this inspection we found the quality of care had been maintained and people continued to receive a service that was responsive to their needs. We have rated the service as 'Good' in all areas, giving the service an overall rating of 'Good'.

People were positive about the care they received and were complimentary of the care staff that supported them. People said they felt safe when supported by care staff. Care staff understood how to protect people from the risk of abuse and there were processes in place to minimise risks to people's safety, which included information about people's individual risks in their care plans.

Checks were carried out prior to care staff starting work, to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

All care staff had been provided with the policies and procedures of Unique Senior Care to support them to

provide safe and effective care to people. Care staff received specialist training on how to manage medicines so they could safely support people to take them.

People received a service based on their personal needs and care staff usually arrived to carry out their care and support within the timeframes agreed.

People told us care staff maintained their privacy and dignity. People's nutritional needs were met by the service where appropriate.

The acting manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before providing people with care and support.

The provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people, staff, and record checks. People knew how to raise concerns if needed. The provider acted on feedback to continuously improve their service.

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.

People felt safe with staff. People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good ●

The service was Effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People received support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good ●

The service was Caring.

Staff were described as being kind and caring. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity. The provider recruited staff who had the right values and attitudes, who built good relationships with people.

Is the service responsive?

Good ●

The service was Responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People participated in activities and interests that were important to them, where this was agreed as part of their care package. People knew how to raise complaints and

these were dealt with appropriately.

Is the service well-led?

The service was Well Led.

The provider promoted the well-being of people, relatives and staff. They ensured people were at the heart of the service, and that care was tailored to people's individual needs and preferences. People felt able to approach the acting manager and senior staff, and were listened to when they did. The provider acted to continuously improve their service. Staff felt supported and valued in their roles, and were rewarded for the work they did. The provider also worked in partnership with other organisations to receive and act on best practice. There were quality monitoring systems in place which also contributed to continuous improvement. The provider took an active role in the local community, and had been nationally recognised for its services.

Good ●

Unique Senior Care - Warwickshire

Detailed findings

Background to this inspection

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

The office visit took place on 18 September 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the acting manager and the provider was available to speak with us. The inspection was a comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at the Provider Information Collection (PIC) record. A PIC is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information was used to inform our inspection planning.

Before our inspection visit we gathered feedback from people who used the service, their relatives and some health professionals in a survey. We received feedback from 25 people, 6 relatives and 7 health professionals. We used this feedback to help plan our inspection.

Following our inspection visit we also received feedback from four people who used the service and two people's relatives. We also received feedback from eight members of care staff, and another health professional who had regular contact with the provider and people who used the service.

We spoke with two members of care staff, two care managers, two call schedulers, the nominated individual, the Director of People, a recruitment manager, a registered manager (for a different location for this provider) who worked alongside the acting manager at the service, a Director and the Head of Learning and Development. We also spoke with a qualified nurse who had regular contact with the provider and people who used the service.

We looked at a range of records about people's care, including three care files. We also looked at other records relating to people's care, such as medicine records and daily logs. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager/provider made to assure themselves people received a quality service. We also looked at staff records to check that safe recruitment procedures were in operation, and staff received appropriate supervision and support to continue their professional development.

Is the service safe?

Our findings

One hundred per cent of the people who responded to our survey told us they felt safe with the staff from Unique Senior Care. One relative told us, "We have always felt safe, they do respect us, our wishes and privacy."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff told us they were comfortable raising any concerns they had with their manager or the provider, and were confident any concerns would be investigated and responded to. Staff also understood they could report safeguarding concerns to other authorities if they had concerns.

The provider had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC. However, we found one instance where the provider had failed to recognise an incident as a potential safeguarding, and had therefore failed to notify CQC. Following our discussions with the provider we were confident that any such incidents in the future would be recognised as a potential safeguarding and CQC would be notified.

Care staff attended regular infection control training and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

People told us staff usually arrived on time. One hundred per cent of the people we surveyed said staff always completed the jobs they were assigned to do. One person told us, "All staff arrive and leave on time against an advance monthly schedule." One relative said, "The caring staff are absolutely excellent and time keeping is extremely good." The acting manager told us they employed sufficient staff to cover all their existing calls to ensure no temporary or agency staff were needed. The care managers and office staff kept their own training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were unexpectedly absent due to illness. One staff member commented, "There are definitely enough staff to be able to cover all the calls, and I get time to sit with people."

There was a system in place to record the arrival and leaving time of staff on the paper records everyone had in their home. Staff also used an electronic system to record when they arrived at a person's home and when they left. The care co-ordinators used this information to ensure no calls were missed, as an alert sounded in the office if staff were more than 15 minutes late arriving at a person's home.

Procedures were in place to record any accidents and incidents that occurred to show when and where accidents happened, and whether risks could be mitigated to reduce them happening in the future.

Risks to people's health and wellbeing were identified in the care records we reviewed. For example, where people needed assistance with their mobility, information was contained in the records about how many staff were needed to assist the person, and the equipment that was used. Records explained what the risks were and what actions staff should take to minimise any identified risks.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. In addition, DBS checks were renewed every three years. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Each person who was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed. MARs were kept in the person's home so they could be completed each time a medicine was given. There were checks and audit systems in place to ensure people received their medicines when they should.

Is the service effective?

Our findings

One hundred per cent of the relatives who answered our survey said staff had the skills they needed to complete their role and support their relation effectively. A health professional we spoke with said, "The care staff stand out for their skills, experience and abilities."

New staff members were provided with effective support when they first started work at Unique Senior Care. One member of staff told us, "The training I received before I started was thorough and included practical, hands on training." Staff completed an initial four day induction following by shadowing an experienced member of staff. This was followed by a more extensive induction and training programme which ran over several weeks and provided staff with a qualification in the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff also worked through a probationary period where their competency levels were checked, to ensure they had the skills they needed. Staff told us having an onsite learning and development team assisted them with keeping their skills up to date. One staff member explained how the provider supported them with refresher training and support to develop in their role saying, "I've had a chance to do my level 3 in health and social care with support." Another staff member said, "My training is excellent. If I need anything extra I can always ask for it and am fully supported."

Staff were supported by field supervisors to assist in their training and development, to spot check their work, and to ensure their ongoing competency in their role. A staff member told us training was delivered according to the needs of the people they supported, for example, if a person had a specific condition that affected their health such as diabetes or dementia, staff were offered training and support in how to assist and care for them safely.

The acting manager and care managers told us they continued to support staff through a system of regular quarterly meetings with their manager, and yearly appraisals. Regular meetings with staff provided an opportunity to discuss personal development and training requirements. One staff member said, "Meetings with my manager have allowed me to develop my skills. My manager is approachable and friendly. They always act quickly in response to any issues I have, for myself or my clients."

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and included discussions on each person's individual needs such as their mobility, likes and dislikes.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

People signed their own care records where they could, to consent to their care. Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to do so. One staff member commented, "My clients make decisions daily about their care." The acting manager understood their responsibilities under the MCA. They knew if people lacked the capacity to make all of their own decisions, records were required to show how decisions were reached in their best interests following mental capacity assessments.

People we spoke with managed their own healthcare appointments or relatives supported them with this. The acting manager told us the service was flexible and could support people to attend or schedule appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Where health professionals regularly visited people's homes, or updated staff with changes to people's health needs, care plans were reviewed and records updated. One health professional told us, "All the paperwork is there (in the person's home) and is kept up to date."

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were living with a health condition such as diabetes.

Is the service caring?

Our findings

People told us they enjoyed the company of care staff, and they got along with them well. Comments from people included, "They [staff] are kind and caring and do all the jobs needed. My husband and I are very fond of them", "All my carers are excellent. They monitor my wellbeing every day and will always exceed their duties" and "They are first class care staff who are a pleasure to have in the house."

A staff member said, "I absolutely love my job and couldn't imagine doing anything else. I finish each day with a smile on my face knowing that the people I help are being treated with respect and dignity and care is given in precisely the way they want it." They added, "I just hope I get this kind of care when I'm older!"

One staff member described how they went the 'extra mile' for some of the people they supported, because they enjoyed their job and wanted to spend time with people. They explained how they stayed later to chat with people, if they did not have another call scheduled straight away, and how they spent time visiting people and taking them out, as they often had extra time to complete these types of activities. These extra tasks were conducted with the person's consent.

Staff told us, and the human resources manager confirmed, they were recruited to work with people based as much on their values and integrity, as their skills or previous work experience. This meant staff had the right personal values to put people at the heart of what they did. One member of staff told us about the values and ethos of Unique Senior Care, which was to put people they supported first. They said, "We all work together to achieve this, making sure the person is respected and we treat people as we would wish our family members to be treated."

People were cared for by a consistent staff team that visited them regularly, which helped people feel secure with staff. The provider told us when new staff were recruited they were matched with the people they supported based on common interests and personalities, that complimented each other. This assisted people to build relationships with staff who visited them. One person told us, "I was introduced to the caregivers that now look after me. I am always aware that I can veto a caregiver for any reason." A staff member said, "Because we are given our own clients as much as possible, we can cater the care to the individual."

People told us by having staff from Unique Senior Care they were supported to remain independent and stay in their own home. Staff commented on how they supported people to make their own choices and stay as independent as possible, by encouraging them to do tasks they could do themselves such as moving around without assistance where they could, and respecting their decisions about their own care, for example, how they wished their support to be delivered and who supported them. One staff member said, "We take great care to allow our clients to make their own choices, this shows them we respect their view and helps us to build a good relationship with them."

Staff and the care managers understood the importance of promoting equality and human rights as part of a caring approach, including specific training in equality and diversity in their training programme. Staff told

us they were supported by the provider to work in a caring way, which focussed on treating people with equality, but also in a way that recognised people's diverse needs such as their religious or cultural beliefs and choices.

Where people had specific needs regarding their health, religion, or culture, care records detailed what support they might need. Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Information was also included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation.

Where people or staff needed support to access information, such as documents in a large print format, or in an easy to read picture format, these were supplied by the provider.

Staff and managers described how staff were valued within Unique Senior Care. They described a staff incentive scheme to help staff feel supported, which included enhanced pay for longevity of service, investments in training and development, recognition of good work and facilities to keep in touch with their colleagues through social media platforms, to exchange information and form social connections.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care and asking family or visitors to leave the room during care. One staff member said, "What goes on in the client's home is confidential. I never discuss clients in public or with other clients but will contact the office/my manager if I have any concerns."

Is the service responsive?

Our findings

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. One person said, "The carers do everything I ask of them."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. For example, information was contained in care records about what food people enjoyed, and what interests and hobbies people enjoyed. People were involved alongside family members in care planning and regular reviews of their care. The PIC confirmed the provider reviewed people's experiences of the care they received, and their care needs, two weeks after they began using the service, and every following three months to ensure people were happy with their care package. People were also involved every six months in a full review of their care.

People told us staff wrote information about all the care they had provided in the daily records that were kept in their home. This information acted as a handover of information, so other care staff always knew what care people had received. Staff told us, "All the records are kept up to date in order for us to give effective care and support."

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community. For example, staff told us about taking people out for tea and coffee, and to their local garden centre.

People confirmed they had been given the complaints policy which was included within the information guide in their homes. There were systems in place to manage complaints about the service. Where people had complained we saw issues were investigated and responded to in line with the provider's complaints policy. We saw one person had provided feedback of a recent care call, where staff had been late arriving. The person had been contacted, and it was explained the member of care staff was delayed at the previous call because of an emergency. The matter was resolved to the person's satisfaction. The provider reviewed complaints to look at whether any trends or patterns in people's feedback identified areas where improvements to their service could be made.

For those people who wished to engage with staff regarding end of life care planning, this facility was offered to people who used the service and their relatives. This process included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

Is the service well-led?

Our findings

Most people and their relatives told us the service was well led. However, one comment we received from our survey said, "The actual carers are great, however the organisation within the office has been lacking." Another relative commented they had recently raised concerns with the provider about poor communication with office staff, and they felt the issues had now been improved."

The provider told us they had recently changed their registration, as they had re-branded their organisation under a new name. In addition, the provider had made changes to the way the office was structured. The office re-structure involved recruiting more staff to schedule call rotas and more staff to support care staff whilst they were working outside the office. One of the care managers said, "Following this new recruitment of staff, things have definitely improved in the office. We can be more responsive in our scheduling of calls." They added, "This can only be improved when the new manager joins our team in October."

There was no registered manager in post at the service when we inspected. However, the provider had appointed an acting manager who was also a director of Unique Senior Care, whilst a new registered manager was recruited and inducted into their role. The provider had acted promptly to recruit a new registered manager and one was due to start at the service on 1 October 2018.

The acting manager was supported by two care managers, who helped supervise and quality assure the work of care staff. These two care managers were supported by two schedulers who oversaw the allocation of staff and people's care packages, to ensure people received care from a consistent staff team. They were also supported by three field supervisors, who regularly met and checked the work of care staff and delivered practical 'hands on' advice and support to staff.

Most of the people we spoke with were complimentary about the care they received from Unique Senior Care. A staff member said, "I would recommend Unique Senior Care to anyone who was looking for a care provider, my own family included." A health professional also told us they would recommend Unique Senior Care to people they treated. The provider based their service on a range of values that they used to recruit staff, and in how they trained staff to ensure people were put at the heart of what they did. The provider explained due to their values, they were committed to only providing care to people with a minimum call out of one hour per call, this meant staff always had enough time to spend with people and ensure they were cared for effectively.

Staff told us managers were approachable and supportive. One staff member said, "My manager is very supportive. Easily approachable, friendly but professional at the same time." The acting manager and care managers operated an 'open door' policy, where staff could call into the office if they needed to meet as a group, or with their manager. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours. In addition, each week the managers called staff to check in with them.

Quarterly staff meetings were held to discuss any changes in policy, training updates, changes to people's care, and to ask staff for their feedback. One member of staff told us, "We have regular team meetings, to

keep in touch about any changes, our trainers have also started uploading videos to our employee forum with any changes to how we do things. This is very helpful, but face to face team meetings are good to catch up to pass information on." In addition to meetings staff were also sent a monthly newsletter about the service and any changes or learning.

One staff member told us about recent improvements that had been made to how staff were informed of changes to people's care and updates to processes and procedures, via phone. They said this improvement was in part following staff feedback. They said, "Information about changes to rotas and schedules could be delivered directly via phone, which could also be accessed by people who use services." They added, "For those people who can't use an electronic update system such as this, we phone them."

To further improve staff communication links, staff were asked to complete a yearly quality assurance survey. Results from the survey were analysed by the provider to see where improvements could be made to their service. Staff were involved in the project to look at these results, reporting back to colleagues on how the provider had implemented any suggested improvements.

The provider and acting manager had a range of quality assurance checks in place to drive forward continuous improvement and included checks on staff performance. For example, the field supervisors worked alongside care staff to regularly observe their practice. Spot checks of how staff were performing care tasks were made every three months. Monthly, weekly and daily checks were undertaken to quality assure a range of information, which included checks to ensure staff were on time, the records of people's care and medicines records to ensure people received a quality service.

The provider asked for people's feedback about the care they received in regular quality assurance questionnaires, and telephone calls with office staff. Office staff called people at least every three months, to ask them about the quality service. We looked at some people's comments which showed they were satisfied with the care they received.

The provider shared information within their group of services to improve the quality of care people received at Unique Senior Care. They did this by sharing learning from other services at weekly leadership team meetings, human resources meetings, and training meetings. Senior leadership meetings included attendance with the care managers, providers, human resources, learning and development leaders, and registered managers. For example, new learning from the support of a client who had changed their gender, was being translated into how people with specific needs were supported.

The provider worked to continuously improve their service through an agreed improvement plan that was regularly reviewed and monitored to enhance their service. The continuous improvement plan had been put in place following an external audit, in Spring 2018, which the provider commissioned to measure their service against recognised standards. Some of the actions highlighted in the audit were for the provider to develop systems and procedures to track accidents and incidents. This had already been implemented.

The registered manager told us how they worked in partnership with other agencies such as health care organisations to support people, making sure their needs were fully assessed to get the right care in place. They also worked with community organisations to improve the care people received, and their service. For example, the provider was holding discussions with the local county council about using apprenticeships to attract new staff. The provider had been recognised for the quality of their service through local organisations. For example, 'Homecare', a local organisation who recognises good practices in care, had awarded Unique Senior Care with a certificate for one of the top ten care providers within the west midlands.

The provider worked with local community partners and charities to improve the lives of the elderly in the local community, and offer opportunities for social engagement to people who used their service. A local health care professional told us they worked with the provider at a local community group, saying, "The scheme works with the over 65s to reduce social isolation and depression. The provider has been a consistent and reliable member of the team coming up with innovative ideas and practical help."

The provider also worked with local partners to improve their training and development programme, to utilise local knowledge and best practice guidance. For example, the provider worked with local authorities and Skills for Care, a recognised training organisation who promotes high quality training for care workers and care managers.

The provider sent us notifications regarding specific incidents and events that occurred at the service, as required by CQC, except in one instance where the provider had failed to recognise an incident as a potential safeguarding. We were confident that any such incidents in the future would be recognised as a potential safeguarding and CQC would be notified.