

Care Unique Ltd

Care Unique Limited

Inspection report

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Date of inspection visit:
18 June 2018
19 June 2018
20 June 2018
21 June 2018

Date of publication:
13 July 2018

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

Care Unique Limited is a domiciliary care agency, providing services for people who require care and support in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. Not everyone using Care Unique Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Care Unique Limited specialises in providing care and support for people of South Asian, African Caribbean and Eastern European backgrounds. At the time of our inspection, the service was providing care and support for 59 people.

At our last inspection in September 2016, we rated the service 'good' overall and 'requires improvement' in the well-led domain, with one breach of Regulations relating to good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'is the service safe' to at least good. At this inspection we found the evidence continued to support the rating of good overall, the well domain had improved to good, with no breach of Regulations, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Two registered managers were in position, one of whom was the registered provider and the other was employed as the care 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.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines were managed so that they received them safely.

Assessments were in place to reduce risks to people's health and welfare and any accidents/incidents were documented with outcomes and actions to prevent reoccurrence. Staff liaised with a range of health care professionals to ensure people's health care needs were supported.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. A robust recruitment and selection process was in place and staff received training and updates in a variety of subjects. This ensured staff had the right skills and were suitable to work with vulnerable people.

The service was working within the legal requirements of the Mental Capacity Act (2005). Staff had received training and the registered manager understood their legal responsibilities under the Act. People are

supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives confirmed most staff were caring and looked after people well, treating them with respect. Staff had a good understanding of people's needs. People were provided with the care, support and equipment they needed to stay as independent as possible.

People's needs were assessed and plans of care put in place which were reviewed regularly, including the person or their relatives wherever possible. People's preferences were considered when devising plans of care.

Staff we spoke with understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. The service liaised with health and social care professionals to develop plans of care to ensure their passing was comfortable, pain free and as peaceful as possible.

A complaints procedure was in place. Complaints were taken seriously and investigated. Less formal concerns were documented and actions taken as a result.

Staff spoke consistently about the service being a good place to work. The management team were constantly looking at ways to improve the service. The registered provider worked in partnership with other organisations and took part in good practice initiatives designed to further develop the quality of services in the local area.

Quality assurance systems were in place to monitor and drive improvements within the service. People's opinions of the service were sought through quality questionnaires and annual surveys. Regular staff meetings were held to share best practice and help improve the service provision.

As a result of our inspection, we concluded the service met all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service has improved to Good

Quality improvement systems and checks were in place.

The management team were keen to implement improvements within the service and share best practice.

People's opinions were sought through telephone quality checks, quality visits and annual survey.

Care Unique Limited

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 inspection took place between 18 and 21 June 2018 and was announced. We gave the service short notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We spoke with people who used the service on the telephone on 18 and 19 June 2018 and interviewed care staff on the telephone on 18 June. We visited the office location on 20 and 21 June 2018 to see the registered managers and office staff; and to review care records and policies and procedures.

The membership of the inspection team consisted of one adult social care inspector and an assistant inspector.

Before the inspection we reviewed the information we held about the service. This included contacting the local authority contracts and safeguarding teams and looking at information we had received about the service as well as any statutory notifications the registered manager had sent us. We usually request the provider completes a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not requested this from the provider.

During our visit to the provider's office we looked at elements of six people's care records, some in details and others to check specific information, six staff recruitment files, training records, medicines records and other records relating to the day to day running of the service, such as quality assurance checks.

During the inspection we spoke with the registered managers, company secretary, and care co-ordinator. We carried out telephone interviews with 18 people who either used the service or their relatives on 18 and 19 June 2018 and eight care staff on 18 June 2018.

Is the service safe?

Our findings

From speaking with staff, people and their relatives and reviewing records, we concluded the service remained safe.

People told us they felt safe with the support provided by Care Unique Limited. Comments included, "They're okay", "Certainly do (feel safe)", "Yes, we think [relative's] safe", "Yes. It's usually the same carer. [Relative's] quite safe with her" and "I know what they're doing, I can leave the room and leave it to them."

Systems and processes were in place to keep people safe. Staff had been trained to recognise and report signs of abuse and we saw appropriate safeguarding alerts had been made to the local authority and the Commission. Assessments were in place and plans of care drawn up to mitigate risks to people's health and welfare. Where accidents or incidents occurred, we saw documentation in place to show probable cause and actions taken to reduce the risk of reoccurrence.

The service only provided medicines support to one person at the time of our inspection. We saw the medicines administration chart (MAR) was well completed, with explanation provided for any signature gaps, and information about the medicines was contained in the care records. We saw the MAR was returned to the office once completed and checked for any discrepancies by the care co-ordinator. Staff had received training on the safe administration of medicines.

Records confirmed staff were recruited safely and correct procedures were followed. Sufficient staff were deployed to keep people safe and ensure care visits were completed with consistent staff wherever possible. A feature of the service was how the management team aimed to match staff with similar backgrounds to the people they were supporting, thus meeting the need to communicate with people in their own language.

We reviewed call logs and saw people received calls at similar times daily and generally stayed for the allocated time, although some people told us this did not always happen and they were not always informed if staff were going to be late. One person commented, "No complaints about it at all" and another told us, "It varies. On the whole, they're fairly regular. Sometimes they're not sure. Sometimes they're a bit early. Other times they're a long time. Overall, they're alright." Our review of call logs confirmed staff completed all tasks during visits and the registered manager told us staff could leave in these circumstances and if the person was happy for this to happen. They told us staff should ring the office for the management team to contact people if there was a delay getting to the call. We saw these areas were regular items on the staff meeting agenda and the care manager confirmed they would be raised at the staff meeting planned for the following week.

Stocks of aprons and gloves were held at the provider's office and during our inspection we saw staff called to collect these. This meant procedures were in place for the prevention and control of infection. We saw infection control was a regular agenda item at staff meetings.

Is the service effective?

Our findings

Our review of systems and interviews with people and staff meant we concluded the service remained effective.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of domiciliary care agencies, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager told us they had not needed to make any applications to the Court of Protection. From our discussions we concluded the registered manager understood their legal responsibilities under the Act and any decisions made for people without capacity were in their best interests.

People told us consent was sought prior to staff providing care and support. People's ability to make choices was assessed and records indicated people had signed their consent for areas such as holding keys, carer and support and authorisation to view records.

Most people told us staff who visited them knew what they were doing and were well trained. Comments included, "The carers are good. Yes, they've had good training. They're fully trained", "Yes, they provide the right care" and "They just get on with it." We saw most staff training was up to date and an outside trainer was booked to ensure all staff had completed required update training. Some staff were being enrolled on National Vocational Qualifications and further video training was also available for subjects such as behaviours that challenge. Staff told us the training they had received had equipped them for their role.

New staff completed an induction and probationary period, during which training and shadowing an experienced member of staff took place, according to their previous experience. Staff new to care were enrolled on the Care Certificate. This is a government-recognised set of training designed to equip staff with the skills necessary to provide safe, effective care. Staff were subject to regular supervision, spot checks and annual appraisal to discuss their performance, training needs and any concerns.

Where the service supported people with nutritional needs, we saw appropriate risk assessments in place. Where people were assessed at nutritional risk, referrals were made to the GP, nutritional supplements put in place and food/fluid intake monitored. People told us they were happy with the support provided.

The service liaised with a range of health and social care professionals to ensure people's healthcare needs were met. Staff could give examples of liaising with people's GPs, district nurses and families to ensure

appropriate health care support was provided. During our inspection we heard conversations between the registered manager and outside organisations which evidenced effective partnership working to provide people with the best possible support and care outcomes.

Is the service caring?

Our findings

From speaking with people and staff and our review of records, we concluded the service remained caring.

Most people told us staff treated them with kindness, compassion and respect. Comments included, "As far as I'm concerned, the nurses are alright", "Some are nice and friendly. Yes, they change [relative], wash [relative] and sometimes shower [relative]. Change [relative's] pads and clothes. (With privacy and dignity?) Yes", "The carers are friendly", "They're really good", "Generally speaking, looking back, we're very fortunate that our carers are pretty conscientious and caring", "Yes, we like the carers" and "[Relative's] happy and content, so that's good." However, other people told us some staff were not as polite and used their mobile phones during visits. We spoke with the registered manager and registered care manager who immediately put this as an agenda item for the upcoming staff meeting.

Care was provided by a consistent staff team due to the low staff turnover. This meant staff knew people who they supported well including their likes, dislikes and care and support needs. Our telephone interviews with staff confirmed this. Information about people's preferences was recorded in care records and mirrored what staff told us.

Staff gave examples about how they treated people with respect and dignity, covering people up and closing curtains and doors when providing personal care. People we spoke with confirmed this took place. One relative sent a letter of thanks to the service, stating, 'Staff delivered it (care) with respect and compassion, whilst always maintaining [relative's] dignity.'

The staff team were from diverse backgrounds, matched wherever possible to people from similar backgrounds. This meant staff could communicate with people in their own languages, understood their culture and religious beliefs, which people told us was important to them. We saw examples of this during our inspection, when the registered manager liaised with health care professionals and staff to provide appropriate end of life care and emotional support by communicating in a south Asian language.

Staff could give examples of how they worked within the requirements of different cultures. For example, one member of staff told us a person required a shower on a Friday since this was part of their cultural tradition. We saw effective staff deployment was highlighted in many of the compliments the service had received from people. One of these commented that Care Unique had fit their relative's needs, 'providing a tailored package which fully took into account [person's] social, religious and cultural background.' We heard the registered manager spoke with people on the telephone in a variety of languages to facilitate communication as well as discussing people's religious needs, such as which mosque they wished to attend. Service information, such as the complaints procedure, was available in a variety of different formats and different languages and staff had received equality and diversity training. This showed the service was working within the principles of the Equalities Act 2010.

Records showed people and/or their relatives were involved in making decisions about their care and support where possible. People we spoke with confirmed this. One person told us, "We had a meeting just

last week."

Is the service responsive?

Our findings

From speaking with people and staff and our review of records, we concluded the service remained responsive.

People's needs were assessed to ensure the service could provide the required care and support. The registered manager told us they turned down care packages if unable to meet the person's needs and we saw this happened during our visit to the service's office. People told us they had meetings to assess their care and support and a care plan was devised as a result. One person told us, "We write the care plan; they ask what we need in the care plan and that's all done."

Care records were clear and contained information about people's preferences and the tasks staff were required to complete at each visit. People and/or their relatives told us these were carried out, which was confirmed by our review of people's daily call records. These were reviewed annually, or when people's needs changed. For example, we saw some people's call times were altered for religious feasts or periods of fasting. People and/or their relatives were involved wherever possible to review the care provided and told us changes were made as a result. For example, one person told us, "[Relative's] hair obviously – we like it put in pigtail plaits. They were putting it in a ponytail. [Relative] dribbles a lot so it's not good. Now they do it how we want." This demonstrated people received personalised care that was responsive to their needs.

We saw people's end of life needs were taken into consideration when planning care. The service liaised with health and social care professionals to ensure people received a comfortable, dignified and pain-free death. On the day of our inspection, we heard the registered manager speaking compassionately with the family of a person who was nearing the end of their life, arranging extra visits to ensure the person received as much support as possible throughout this time. Several compliments had been received from relatives about the end of life support their loved one had received, praising the compassion and care of the staff involved. For example, one compliment received from a person's relative stated, 'I am so glad that my [relative's] last days were taken care of by your staff. They were so careful with [person], treating [person] with kid gloves. The kindness that they showed was wonderful; I could not have wished for any better.'

We looked to see how the service worked within the principles of the Accessible Information standards. Staff had received training about how to communicate effectively with people who had communication difficulties and people's communication needs were assessed at the commencement of their care and support package. Service handbooks and guides were printed in a variety of different languages and were available in accessible format if required, such as easy read or large print.

Most people told us they could raise any concerns with the office and it would be dealt with. Comments included, "Yes, definitely. My [relative] has raised concerns in the past with some of the younger carers not staying for the full amount of time or spending time on their phones. [Registered manager] had a word with them", "Yes. If we need something we just ring [registered manager] and she solves the problem straight away" and "Yes, I don't see why not. I've got a list of phone numbers for different people." The registered manager documented concerns as well as complaints and took actions as a result. We saw more serious

complaints were treated seriously, investigated and actions taken as a result to reduce the risk of reoccurrence.

Several compliments had been received by the service about the level of care provided by Care Unique. These included, 'You gave us the gift of having [relative] around for many years longer than we initially thought possible' and 'We appreciated [staff member's name] kind manner and her care and attention of [relative].'

Is the service well-led?

Our findings

At our inspection in September 2016, we found a lack of quality assurance processes in place to check daily records of care and care records. This meant the provider was in breach of Regulations. At this inspection, we found improvements had been made. A care co-ordinator had been employed to monitor systems and drive improvements within the service as part of their role. From our review of care records and daily records of care, we concluded the service was no longer in breach of Regulations.

Most people were complimentary about the management of the service and knew who the registered manager was. The registered manager told us, "Everyone knows me and knows [care manager] now." Comments from people and relatives included, "It's just positives really, I've got nothing really to say about them. I wouldn't change companies. I was with a different company before. It was awful. The care wasn't great. Moving over to these has been a lot better", "They're really good. [Registered manager's name] as well. Really helpful", "[Registered manager's name]. Yes, she is approachable. [Relative] has her number and [relative] can give her a ring. [Registered manager] has told [relative], if [relative] has any problems, just give her a ring", "Yes, I think she's called [registered manager's name]. She's lovely. [Relative] has been in hospital recently so she's been checking up on [relative]. She's got good communication", "I think she's a great manager" and "Yes, she [registered manager] is always approachable."

A range of quality checks were in place to monitor and drive improvements within the service, including checks of care records, medicines administration charts, daily records and staff checks to monitor the care delivered. We saw actions had been taken as a result of these; for example, speaking with staff where completion of daily records or medicines administration charts had fallen below required levels.

People's views about the quality of the service were sought through telephone questionnaires, quality assurance visits and annual questionnaires, the latest of which had just been sent out. When we looked at results from the previous year's survey, we saw results were mainly positive. The registered manager confirmed results were analysed and they responded where any concerns were raised. They told us they would ensure this was documented to reflect actions and improvements made as a result. We saw the registered manager, the care manager and the care co-ordinator visited people in their own homes either to discuss and check people were satisfied with their care package, or complete quality assurance checks.

Staff told us they were happy working for the service and felt supported. Comments included, "Very understanding managers... felt supported – I can go with any problems", "I am very happy. It's a rewarding job... managers are approachable" and "[Registered manager] is always there to talk to and listen about work and the job." Regular staff meetings were held to discuss issues and concerns and staff told us they could speak up at these events. The annual staff survey for 2018 had recently been sent out and the registered manager was awaiting responses. We saw the survey from August 2017 was largely positive, with staff commenting they felt supported in their roles.

As well as taking part in local best practice initiatives and working with other providers, the registered manager had been invited to be a representative at a national best practice learning tool initiative for the

public and private sector, following the recent Parliamentary care review. The registered provider had also been nominated for a business award at the British Indian Awards 2018 in recognition of the care and support provided by Care Unique Limited to the British Indian Community.

The culture within the service was positive and staff told us morale was good. Staff within the service clearly worked within the values and aims of the service which included 'to provide a unique and diverse Home Care service, meeting culturally sensitive needs for people who live in a multicultural society.' One person's relative had commented in an email to the service, 'It is great comfort to know that your organisational culture benefitted [relative] so much... brilliant morale and values that staff clearly demonstrated on a daily basis.' The registered manager was passionate about delivering quality care and support and commented, "This niche market is crucial – it's crucial we meet these needs." They also told us, "Being part of the company... it's not just running the company, it's being part of it. Being able to communicate in different languages... personalised service is crucial with the community we serve. We've got some really good staff."