

Unity Care Solutions Limited

# Unity Care Solutions (Lewes)

## 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

Unity Care Solutions (Lewes) is a Domiciliary Care Agency (DCA) that provides personal care and support to people living in their own homes. It provides a service to adults and children who have complex health and care needs that require high levels of support. At the time of the inspection 12 people were using the service.

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

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

People received care and support that was safe. Risks to people were well managed and staff understood the risks associated with people's individual needs. This included risks associated with people's health and medicines.

Staff had been recruited safely. People received support from staff who had been specifically recruited to meet their complex needs. This meant that on occasions it was not always possible to cover staffing if there was sickness or annual leave. This was discussed and agreed with people and their family. People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns.

People's needs were holistically assessed in line with standards, guidance and the law. People's preferences were detailed in their care plans for staff to follow. People received support from trained, experienced staff. Staff received training that was specific to people's assessed needs. Training was regularly reviewed to ensure staff retained the appropriate knowledge and skills. Where required people were supported to receive appropriate nutritional support.

People were supported by kind and caring staff. They worked hard to ensure people received the care and support they needed. People received support from the same small team of staff. This enabled staff to get to know people well and understand and respect what was important to each person and their family.

People received care and support that was personalised to their own requirements. Care was planned in a personalised way and the management team carried out regular observations to check that people were receiving this care. Staff knew how people wanted to be communicated with and made information accessible to them. There was a complaints policy and complaints were responded to appropriately.

The culture of the service was positive. The registered manager had good oversight of the service and understood his roles and responsibilities. The quality assurance system helped to ensure the service was regularly monitored and identified areas for improvement and development.

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](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 March 2020 and this is the first inspection. The last rating for the service at the previous location was Good, published on 26 June 2018.

#### Why we inspected

This inspection was prompted because it was more than 12 months since the provider had made changes to their 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?

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 ●

# Unity Care Solutions (Lewes)

## **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

The inspection was undertaken by one inspector 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

We gave the service 24 hours' notice of the site visit to the office. 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 9 August 2022 and ended on 12 August 2022. We visited the location's office on 9 August 2022

### What we did before the inspection

Due to their complex health and social care needs people were unable to communicate with us. Therefore, we contacted and received feedback from the relatives of five people who used the service. We reviewed information we had received about the service. We 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. We used all this information to plan our inspection. We used all this information to plan our inspection.

### During the inspection

We visited the office and met with the registered manager, clinical lead and compliance manager. We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment, a variety of records relating to the management of the service were reviewed. The registered manager sent us information relating to staff training, supervision and staff meetings. We spoke with five staff about their experience of working at the service.

We received feedback from three health and social care professionals who supported people who used the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were protected from the risks of harm, abuse or discrimination. Staff received adult and children safeguarding training. They were able to tell us what actions they would take if they identified someone was at risk. This included reporting their concerns to the registered manager or clinical lead. local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed safely. Staff knew the people they supported extremely well. They understood their needs and the risks associated with their care and support.
- Information within care plans and risks assessments clearly identified risks. There was information for staff about how to mitigate these risks. This included risks associated with people's complex health needs. For example, some people experienced seizures. There was clear guidance about how to identify potential triggers, provide support during and after a seizure, including maintaining a safe airway. There was information about when rescue medicines should be given and what action to take if the seizure continued.
- Staff received specific training to each person's individual health needs to ensure safe support was provided. Relatives told us staff were well trained and that they knew exactly what they need to do. One relative said, "They (staff) are very skilled and well trained." Some care was shared with people's families. There was clear guidance for staff about their roles and responsibilities to ensure safe practice was maintained.
- There were systems in place to ensure equipment used by people was regularly checked and maintained. This included suction machines and oxygen cylinders.
- Environmental risks were also assessed and managed. For example, there was information for staff about what actions they should take to evacuate a person in case of a fire at the property.

Staffing and recruitment

- Before people started to receive support from Unity Care Solutions (Lewes) staff were recruited specifically to support them. This was because of people's very complex needs and staff requiring specific training, knowledge and experience to support each person safely.
- Due to the specific knowledge and training requirements of each person's staff team, it was not always possible to cover staffing if there was sickness or annual leave. This was discussed and agreed at the preassessment stage, and whilst this sometimes caused frustration to relatives, each family had a back-up plan to cover this event and to ensure continuity of safe care and support.
- The registered manager told us about individual situations where recruitment was ongoing to reduce the occasions of people not receiving support. One relative told us, "We tried to get extra staff, but it is not easy, and it doesn't happen very often."

- Staff were recruited safely. Checks were completed on staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks ensured staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse.

#### Using medicines safely

- Medicines were managed safely. Relatives told us, "(Staff) not only help with the medicines but they keep note of everything, when we are close to running out of a medicine, they notify the GP. Another relative said, "There is a follow up with everything, medication, reviews. Spot on!"
- There was information about people's medicine in their care plans and how they liked to take them. Medicine administration records were well completed. When 'as required', rescue medicines, or variable dose medicines were prescribed there was detailed guidance about how and when these should be used.
- Staff received general medicine training and specific medicine training related to people they supported. This included supervision, observation and regular competency assessments.

#### Preventing and controlling infection

- People were protected from the risk of infection through the procedures that were in place. Relatives gave examples they told us the staff fully followed the procedures to prevent infection and paid attention to wearing masks, gloves and aprons, wash their hands. One relative said, "They paid attention to everything, very conscious."
- There was information in people's care plans to remind staff of the measures in place to prevent the transmission of Covid-19 and what to do in case of an outbreak. Spot checks on staff ensured they were following the correct infection prevention control measures.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff told us they recorded and reported any concerns they identified. These were reviewed by the registered manager and clinical lead. If further actions were needed to prevent any reoccurrences. Information was shared with staff to ensure they were aware of any changes to care and support.



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

- People's needs were assessed before they started using the service. The assessment included people's care and support needs and to ensure staff had the appropriate knowledge and skills to look after people effectively. Information from the assessments was used to develop the care plan and risk assessments.
- People's care plans were reviewed regularly to ensure that people's recorded care and support needs were relevant and reflected the care and support the person required. Where appropriate reviews took place with health and social care professionals to ensure care and support continued to be appropriate.
- Nationally recognised tools were used to help assess people's needs and these were regularly updated, this included pressure damage assessment tools. There was assessments of people's oral health and guidance for staff to follow.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to support people appropriately. All relatives told us that staff were well trained and that they know exactly what they need to do. One relative said, "They are very skilled and well trained." Another relative commented, "Nursing standards are very high." Staff told us the training they received met their needs. One staff member said, "All training is provided, they wouldn't let you visit people without having done the training." Another staff member told us, "I am clinically supported."
- When staff started work at Unity Care Solutions (Lewes) they completed an induction and online training, this included safeguarding, medicines, mental capacity and oral health. They then received training specific to the person they would be supporting. For example, although staff received general medicine training they received training related to the medicines each person had been prescribed, what they were for and how the person would like to take them.
- Staff received training related to the complex care people required. Each training was specific to each person and included seizures, tracheostomy and ventilators. Training was specific to staff roles, for example, depending on whether they were a nurses or carer.
- Staff received regular supervision, and this included observation checks whilst they were supporting people. This helped to identify any areas where staff may need support or further training. Staff completed a monthly checklist to show if they had been using the skills they had been trained for, for example suction or rescue medicines for seizures. If they had not then refresher training was provided to ensure their skills and knowledge had been retained.

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

- Due to their complex needs people were not always able to tell staff verbally about their dietary choices.

Staff told us these choices were made with people's family to ensure people received food that they enjoyed.

- Some people needed support to have enough to eat and drink throughout the day. Staff were aware of people's dietary needs, this included different types of specialist diet, how food should be prepared, for example specific consistency.
- Some people received, food, drink and medicines via a percutaneous endoscopic gastrostomy (PEG) tube. This is a tube that is passed into a person's stomach by a medical procedure to provide a means of feeding or receiving medicines when people are unable to eat or drink.
- Where people required support with eating and drinking, care plans included clear guidance for staff. Staff each received training specific to each person's dietary needs

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

- Staff worked with relatives and other professionals to ensure people maintained as healthy a life as possible. Staff told us if they had any concerns about a person's health and well-being they would discuss the concerns with the person's family and the clinical lead at the service. One member of staff said, "If we have concerns about skin damage we complete the skin monitoring tool and let the nurse know. They will then decide what to do next."
- Records showed that people were supported by a number of health and social care professionals who, due to people's complex needs, were involved in their care. This included physiotherapists, occupational therapists and dieticians.

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.

- Most people were unable to verbally express their wishes and consent. This was due to their complex needs. People's choices had been established over time by families and these were shared with staff.
- Some people had legal representatives who were able to make health and welfare decisions on their behalf. We saw a mental capacity assessment for one person who did not have a legal representative. These were not individual and did not include information about how the decisions had been made. However, information within individual care plans demonstrated how decisions were made and who was involved. Therefore, the provider was working within the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives spoke very highly of the staff and the care and support provided. Comments included, "Absolutely brilliant.", "They are caring, kind and helpful." and "My [loved one] knows them so well, how could we do without them?"
- Staff spoke about people and their relatives with kindness, compassion and understanding. They spoke about the impact of looking after people with complex health needs had on relatives and understood the importance of working with them to ensure people received the support they required.
- People received support from the same small team of staff. This enabled staff to get to know people well and understand and respect what was important to each person.

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

- Due to their complex needs people's relatives were involved in making decisions about all aspects of the care and support provided. People's care plans were regularly reviewed with people and their relatives. One relative told us, "Care plans are all shared and we are fully involved in my [loved one's] care." Another relative said, "It's a communal decision, we also liaise with our GP."
- Staff told us the importance of working with people's relatives to ensure the care and support provided was what the person required and would wish for. One staff member said, "We work together with mum." Another staff member told us, although the person they supported was unable to communicate verbally, they involved them in their support by explaining about the care they were going to provide and what they were going to do next.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us how the approach of staff helped maintain their loved ones, privacy, dignity and independence. One relative told us, "What is very important is the continuity of care and this is what it has been happening." Another relative said, "I love them to death. They are so helpful. They now know exactly what we need and how to look after our [loved one]." The support staff provided also had a positive impact on people's relatives and families. One relative said, "I don't think we would survive without them."
- Staff told us how they worked with people's relatives to provide care and support. One staff member explained that sometimes people's relatives' views differed from what was best practice on how support should be provided. Staff described how they worked with relatives to help ensure care provided was safe but also ensured the person's relative was listened to and respected. The registered manager and staff worked with health and social care professionals towards helping people to live as independently as possible.

# 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 received care and support that met their individual needs and preferences. Care package details were agreed when people started using the service. These were arranged with people and their relatives.

- People were supported by a small staff team who knew them well. Staff had received training specific to the person they supported so had a detailed understanding of their needs, wishes and interests. One relative told us, "In eight years, we always had the same carers, they are absolutely brilliant." Another relative said, "It is four years they are with us. Four long years of good care." A further relative told us, "They (staff) fit around us."

- The amount of support people required was initially assessed and agreed by commissioners. The registered manager and staff worked with people's relatives to identify when the support would be required and would best suit the family. One relative said, "They fit around us. They know [name] so well."

- Before staff started to provide support to people they met with the family. Once the family and staff member agreed that they could work together then the staff member completed some shadow shifts where they worked with another staff member. This enabled them to get to know the person and their family in addition to understanding people's care and support needs. This meant people received care and support from people who knew and understood their needs.

- As part of their care package some people received support to maintain their social interests. In addition to their care needs people's care plans contained information about the person's social and leisure interests. Staff told us how they supported people to attend their social clubs and engage in activities. Care plans included information of what people enjoyed when they were at home, for example the type of music they enjoyed listening to.

### 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.

- There was information about people's communication in their care plans. People were unable to express themselves verbally and care plans provided guidance about how to engage with people. For example, some people could understand everyday language and respond through vocal sound and eye pointing. Staff told us, and care plans stated that communication with people developed as staff got to know people

better.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and we saw that complaints were responded to appropriately. One person's relative told us, "I raised a concern only once, as soon as I informed them, they immediately acted on it."
- The registered manager told us that any concerns raised with them were addressed immediately, this helped prevent them becoming formal complaints. Relatives were regularly asked for feedback and this was used as an opportunity for them to raise any concerns.

End of life care and support

- There was no information about people's end of life wishes. The registered manager and clinical lead told us these discussions would be held when appropriate to do so. There was information about plans for some people's future care if their current family support was no longer available.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive staff culture at the service. Relatives spoke highly of staff. One relative told us, "They are just fantastic. We are very pleased to have them." Another relative said, "We are so pleased they are with us."
- The registered manager and staff were focused around supporting people and their families to live their lives the way they wanted to. They ensured the support people received was assessed, planned and reflected people's choices.
- Staff demonstrated a real commitment to work with people to ensure they lived good lives. Some staff had worked with people for many years and when support for the person was moved to a different provider staff moved with the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had a good oversight of the service, he knew people, their families and staff well. Care plans were detailed and included the information staff needed to support people. As identified in the 'Effective' key question, information about people's mental capacity and best interest decisions was not always clear or easily accessible. We discussed this with the registered manager who told us this is something they would address to reduce the risk of any confusion or lack of clarity for staff.
- Audits were in place and these helped to identify areas where improvement or development was needed. Actions were taken in a timely way to address any issues identified.
- Relatives and staff were positive about the registered manager. Relatives told us communication was good. One relative said, "There is good communication with the manager and with the carers." Another relative told us, "We exchange emails anytime and if there is any problem, we contact each other." Staff said they received regular supervision. One staff member told us, "There's good support, we can go to him at any time."
- Although both relatives and staff spoke highly of the registered manager they told us they felt he needed more office support. One relative told us, "The manager is a nice guy, but he works on his own, he needs staff." We asked staff if there was anything they would like to do to improve the service. One staff member said, "The manager needs help, a co-ordinator, someone to help with the simple stuff like shift changes." We discussed this with the registered manager who told us this had been recognised and an office staff member had been recruited.

- The registered manager was aware of their responsibilities of the regulatory requirements, including those under duty of candour. Registered managers have a legal obligation to inform CQC of certain significant events that have affected their service.

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

- Relatives were regularly asked for feedback about staff who supported their loved ones. Feedback received about staff was discussed in supervisions, both to compliment staff and help develop performance. The management team made regular observations of staff whilst they were providing support. This helped ensure support provided remained appropriate and respectful.
- A recent survey had been sent out to people, their relatives and staff for feedback about the service. The provider was looking at different ways to encourage feedback about the service.
- Staff had regular meetings and minutes of these were sent to all staff to ensure they were aware of any discussions or changes that had taken place.

Continuous learning and improving care

- Provider had identified improvements were needed to the audit system. A new audit schedule had been developed which ensured regular audits across all services.
- When an incident occurred the registered manager or clinical lead investigated, and appropriate action was taken. Any learning from the incident was shared with staff, including updates to care plans or risk assessments. The registered manager told us incidents that occurred at other branches were shared, where appropriate to do so. This enabled the registered manager and staff to learn and implement steps to prevent similar occurring.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals who were involved with the care and support of people. They told us the registered manager worked well with them to ensure people received the support they needed. One health care professional told us about their experience working with the clinical lead. They said, "I found her to be very knowledgeable and professional. My recommendations were implemented effectively with her support." Another health care professional told us about their work with the registered manager and the person's family to ensure care and support was appropriate. They told us how the registered manager worked with them to look at different ways of providing support for the benefit of the person and their family.