

Unique Community Services Ltd

Unique Community Services Bristol

Inspection report

Ash House, 1-4 Fountain Court
New Leaze, Bradley Stoke
Bristol
BS32 4LA

Date of inspection visit:
02 November 2022

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07 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Unique Community Services is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. The service provides support to people with a variety of complex physical and mental health needs across a wide geographical area.

Not everyone who uses the service will receive personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, five people were using the service.

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

People were kept safe from avoidable harm. Staff received training and systems supported them to recognise and report abuse to ensure people were safe. Risk assessments were completed and kept up to date. Staff had a good awareness of the specific risks faced by people they supported.

People, their relatives and professionals were positive about staff. People told us they were treated with kindness, respect and compassion. Staff knew people well and respected their individual choices, preferences and routines.

There were enough skilled staff to meet people's needs. Staff were well trained, and the provider placed an emphasis on training, supporting and valuing staff to ensure they provided a high level of support to the people they worked with. Staff were positive about the service and they felt respected and well supported by managers.

People were supported by staff who followed systems and processes to manage medicines safely. We were assured that people were protected by the prevention and control of infection as far as possible.

People received support in line with support plans which met their individual needs and preferences. People and their supporters were involved in assessments, developing and reviewing plans which reflected their needs, strengths and preferences.

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.

Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality support. People and their relatives felt confident to feed back on their care and support. Lessons were learned when things went wrong, and actions taken when necessary.

There was a strong sense of culture and importance was placed on values in the organisation. Staff were motivated by and proud of the service. They worked with people, relatives and the wider team to provide a high quality service with people at its heart.

The provider worked with a range of professionals and partner agencies to ensure people received effective support. Professionals and other stakeholders all gave positive feedback about the service.

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

Rating at last inspection

This service was registered with us on 30 September 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Unique Community Services Bristol

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and was submitting an application to register with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 November 2022 and ended on 09 November 2022. We visited the location's office on 02 November 2022.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service, although one of these was with the support of a staff member. We spoke with three relatives or supporters of people about their experience of the care and support provided. We have referred to these individuals as relatives in the report. We spoke with 13 members of staff, including members of the management team, the nominated individual and clinicians. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from five professionals who worked with the service. Everyone's comments have been incorporated into the report.

We looked at a range of records relating to the management of the service. This included two people's care records. We looked at four staff files in relation to recruitment and staff support. We reviewed records relating to the management of the service, including policies and procedures and audits. We asked the registered manager to send us documents before and during the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

We considered all this information to help us to make a judgement about 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

- People were kept safe from avoidable harm. Comments included, "They help me. Very good. I feel safe" and "I totally trust the staff". However one relative said, "I have had some concerns about safety when we haven't had consistent staff".
- One person had received safeguarding information in a format which was easy to read.
- Staff received training and updates in how to recognise and report abuse and knew how to raise concerns to ensure people were safe. Policies and procedures provided guidance to staff.
- One staff member said, "We have policies to abide by and these help us do the right thing" and another added, "Safeguarding training also helped me to be confident enough to know service users are safe while supporting them".
- Safeguarding incidents were reported to relevant authorities and investigated by managers. Outcomes were shared with staff to manage and reduce future risks.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and reduce the risks involved in supporting people.
- Risk assessments were clear and helped promote people's safety. For example, there was guidance about how to manage risks relating to manual handling, medicines and changes in a person's mood. This helped staff to provide specific support in a safe manner.
- Staff were aware of the risks faced by people they supported. One staff member said, "I am always aware of the safety of service users so anything that will or potentially put them at risk is eliminated".
- Information was recorded about how to stay safe in people's homes. For example information about access, key safes and smoke alarms.
- A plan was in place to transfer care records to an electronic system in the weeks after our inspection. All records were being reviewed and updated as part of this process.

Staffing and recruitment

- The provider ensured there were enough staff, with the right training and skills, to meet people's needs. The management team were clear that they would not take on new packages of care unless they were confident they had suitably skilled staff to ensure people received safe, high quality support.
- Visits were usually long in duration, and the management team aimed to meet the needs of staff as well as the people they were supporting wherever possible. There was flexibility for absence, but people were usually supported by a core team of staff who knew them well. One relative told us, "We have one key staff member and a team of four who support [Name]. That means we have the right people and who are well matched. They are brilliant, and work as part of our team".
- There was an ongoing programme of recruitment to develop the staff team in a range of roles.

- People received care from staff who underwent safe recruitment procedures. The provider obtained employment history, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider supported some people to manage and take medicines. In most cases, other care providers were involved and took a lead role in this task.
- Systems and processes were in place to ensure medicines were managed and administered safely.
- Staff completed medicines training and their competency was reviewed in practice during regular spot checks.
- People's medication records confirmed they received their medicines as required. The system for recording medicines administration would be transferred to the electronic system in the near future. Although there were no specific issues with the existing system, electronic records will improve recording, monitoring and support medicines best practice.
- Regular audits were carried out to ensure standards were maintained and to identify and address any shortfalls.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible.
- Staff received training in infection prevention and control and the safe use of personal protective equipment (PPE).
- Staff told us they understood the importance of minimising cross infection and the spread of disease. Managers carried out regular spot checks to ensure staff followed local policy and national guidance about good hygiene and safe use of PPE to reduce risks and keep people safe.
- Infection prevention and control policies and procedures were in place and reflected relevant national guidance about coronavirus.

Learning lessons when things go wrong

- Incidents were reported and recorded in line with the provider's policy and procedures.
- The provider ensured lessons were learned by investigating incidents exploring themes. Actions were put in place to stop similar incidents occurring in the future.
- Incidents were discussed with individual staff and in team meetings and concerns were shared with stakeholders and authorities as required.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.

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 of 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

- People received support in line with support plans which met their individual needs and preferences.
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. People and their supporters took part in the assessment and developed plans which reflected people's needs, strengths and preferences. One professional told us, "They treat each person as an individual and go out of their way to learn about the person and how they would like to be cared for".
- Staff were encouraged to maintain people's independence where possible. One person's support plan stated, "My choice and being listened to is very important". Guidance was provided for staff to ensure they communicated effectively with the person to deliver support safely in the way the individual preferred.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant induction and training. This included essential subjects such as safeguarding, manual handling and infection prevention and control. Additional training was provided to ensure people could meet people's specific needs effectively. For example training was provided in manual handling, epilepsy and medicines management to ensure staff kept people safe and followed best practice. Essential training was updated regularly to ensure staff continued to be skilled and follow current best practice.
- People and their relatives were positive about staff. Comments received included, "Brilliant. I like them", "Staff are brilliant" and "We've had some great people".
- All staff told us they had the training, knowledge, skills and support necessary to support people. One staff member explained, "Unique Community Services is always particular about training. They are committed to ensuring that their service users are provided with competent clinicians".
- The provider prioritised investing in training and developing staff. For example, some staff were undertaking additional qualifications and others told us about courses they had attended including 'Making an impact' and 'Being the best version of myself'.
- Staff received support through formal and informal supervision and recognition of good practice. For example, regular supervision and spot checks took place, and staff were given financial bonuses. The organisation had recently been highly rated by an international workplace recognition programme.

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

- Staff supported some people with meals and drinks and to maintain a healthy diet. People's needs were assessed, and guidance and preferences were documented in support plans.
- Staff received additional training to be able to support people with specific needs relating to food and nutrition. For example, supporting people with percutaneous endoscopic gastrostomy (PEG) feeding

systems or swallowing difficulties.

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

- The provider worked with a range of professionals and partner agencies to ensure people received effective support.
- Staff followed healthcare professional's guidance to ensure their needs were met safely and people's health and wellbeing maintained.
- Professionals told us, "I have found the service to be accommodating and flexible to meet the needs of our organisation" and "[Staff] are very happy to attend meetings as required, even when they are required very frequently".
- Staff supported some people to attend routine and specialist health appointments to maintain their wellbeing and help them to live healthy lives. Action was taken promptly when staff had concerns relating to people's health.

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.

- At the time of our inspection, no applications had been made to the Court of Protection and no-one was considered to be deprived of their liberty.
- Some people had consented to the support provided themselves, and in other cases their relatives or supporters had given consent in the person's best interests.
- One relative told us, "One member of staff in particular is a very good advocate for [Name]. If the staff feel something isn't in [Name's] best interests, they'll say, and we'll discuss it".
- Staff receiving training in MCA and understood how to provide care in a manner that respected people's rights. Staff told us they always aimed to treat people with respect and uphold their dignity.

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 of 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 were treated with kindness, respect and compassion. Comments we received included, "They're lovely" and "It's been a very, very positive experience so far".
- Staff understood how people wished to be supported and they respected individual choices, preferences and routines. Information to guide staff in providing appropriate support was available in people's support plans.
- Staff told us they respected and treated people as individuals with diverse needs and delivered care without discriminating against diverse needs and preferences. One staff member said, "We're very interested in people. We like to know about their family and beliefs. It helps with our good relationships".
- The provider placed a strong emphasis on values and respect in the organisation. A director of culture provided support and mentoring, and staff received training in values, equality and diversity.

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

- The provider aimed to involve people and relatives in decisions about their support and care.
- Most relatives told us they felt included in planning, decision making and changes when necessary. One relative said, "I communicate regularly with the manager and co-ordinator. They have been brilliant at making sure everything is working and they are only placing the right people with us. They include [Name] in decisions too. That really stands out".
- People and their supporters felt listened to by staff and believed their views were valued. One person told us, "Any problem, I just tell them".
- The provider planned to carry out a survey to seek the views of people and their relatives about the service and support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. They told us about ways in which they asked and listened to people and demonstrated they were sensitive to people's individual preferences and lifestyle choices.
- People told us staff were respectful towards them. One person said "They're great. I just have to tell them. They're kind".
- Staff had a good understanding about the tasks each person could undertake for themselves and the support they needed. This was also described in people's records.
- The provider ensured staff maintained and respected people's right to privacy and confidentiality. Staff shared information with other health and social care professionals when appropriate.

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 of 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

- People received care which met their individual needs and preferences. People and their relatives told us, "They really help me" and "They are really holistic. Some staff really stand out".
- People's choices and preferences were identified to enable them to have control in planning their care and support. These were recorded in support plans and staff supported people according to their wishes and preferences.
- The management team made efforts to provide people with support from staff who knew them well. One professional said, "Perhaps most impressive is the commitment Unique try to make in ensuring the right carers attend this person so that the situation remains a success". One relative told us they felt some staff had not been 'the best fit' for their family member, although they added, "As time has gone on that's been better".
- People's needs and the information recorded were reviewed regularly and changes were made when necessary. This helped staff to provide people with support which met their needs effectively, safely and in line with their preferences.
- Staff told us they were kept updated when people's needs changed. One staff member said, "I find the communication to be very proactive. It makes it easy to know when there are updates".

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.

- People's communication and other sensory needs were assessed, identified and regularly reviewed. This supported staff to provide appropriate care by communicating effectively with people in a way which best met people's needs.
- One person used an electronic communication system which they operated with their eyes. This enabled them to have more control over aspects of their life and communicate with staff who had received training to ensure they had a good level of understanding to provide timely and responsive support.
- In line with the Accessible Information Standard, the provider could deliver information in different formats such as large print, verbally and easy read. We saw documents which were available as easy to read versions.

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

- Care records contained information about all aspects of people's lives, including their interests and preferred activities. Staff were encouraged to support people to engage in person-centred activities which met individual needs.
- Staff encouraged people to maintain key relationships, such as with family, community and social groups. Individual records gave information about people who were involved in the person's life.
- The provider employed a Family Care Navigator who provided additional support and advice to families and carers about issues such as housing, benefits, resources, services and activities. This helped to ensure people and their supporters had swift access to resources and information they needed to manage a range of complex issues and improve quality of life.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints. People could give feedback about their experiences in a range of accessible ways.
- People and their relatives told us they felt able to raise concerns if necessary and were confident these would be taken seriously and resolved in a timely manner. One relative said, "They are responsive to feedback and are clear and transparent to keep the person at the heart of what they do".
- One relative told us they had not received as much update information as they would have liked about an issue which had been raised, although they were satisfied that actions were taken.
- The management team told us learning from feedback and complaints was used as an opportunity for improvement and change.

End of life care and support

- End of life care and support was not provided at the time of our inspection, although some people had chosen to share and record their end of life care wishes. These were personalised and reviewed to ensure they remained relevant to the individual.

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 of 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

- The culture was distinctive and was frequently described as being family focused and values orientated. The provider's values focused on 'family, impact and teaming' and these were reflected in the approach of staff to provide the right support to empower people.
- Feedback about the service from people and their relatives was positive. Comments included, "They are brilliant" and "They are friendly, open, engaging and responsive to whatever our need is".
- Staff were motivated by and proud of the service. They worked with people, relatives and the wider team to provide a high quality service which had people's needs and wishes at its heart.
- Staff at all levels were proud of the positive and inclusive culture. They felt respected, well supported and appreciated. Within the organisation support staff were known as 'clinicians' and their skills were valued, and they were proud to achieve good outcomes for people.
- All staff told us they found Unique Community Services Bristol to be supportive. One staff member said, "I believe UCS is doing a good job when it comes to the welfare of its staff and service users, so far I have been satisfied with everything".
- Professionals told us staff aimed to achieve good outcomes with people. Comments included. "The client has made steady progress and the Unique carers have all contributed to this success", "Since discharge from hospital seven months ago we have managed to keep the person at home safely; a situation deemed unachievable in the early stages" and "Unique are very approachable and have worked with us as part of a team to help support very complex patients in the community and to help with complex discharges from hospital".
- The management team led by example and demonstrated an open and supportive approach. Managers and leaders were keen to develop the skills of everyone involved in the organisation.
- Although the services provided were geographically remote, the management team were known by people and families, and had regular contact to ensure the values of the organisation continued to be met.

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 manager was open and transparent and understood their responsibilities following an incident. They were directed by policies, procedures and ongoing monitoring.
- Systems and processes were in place to monitor the service being provided and prevent similar incidents in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were supported and received care in line with statutory and regulatory requirements.
- The manager had the skills, knowledge and experience to perform their role and understood people's needs. They had a supportive team who helped in meeting all responsibilities.
- There were clear lines of accountability, and staff felt supported by the management team. This helped them to deliver a high quality service. Feedback was positive, although one staff member noted that they would appreciate more two way communication within the organisation.
- Governance processes were effective and helped in monitoring the quality of support provided, keeping people safe and protecting their rights. Quality assurance systems provided regular checks such as audits including medicines, safeguarding and health and safety issues. This helped to identify and manage risks and drive improvement within the service.
- The manager understood and demonstrated compliance with regulatory and legislative requirements. For example, ensuring their own knowledge was up to date and relevant, communicating with other agencies and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.

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

- Feedback was sought from people and their relatives during regular calls and spot checks which were carried out by members of the management team. Feedback was used to make changes and improve the service.
- Regular meetings with other professionals and stakeholders empowered people and their supporters to be heard and hold the service to account. One professional told us, "Communication links with Unique are excellent; management have emailed me in the past, and they attend all our online MDT meetings".
- Staff were proactively encouraged to share their views and make suggestions. One staff member said, "Absolutely, every time I have reached out about anything, they have always been available to listen to whatever I had to say".
- The provider supported staff from all equality groups to engage and voice their opinions. Staff achievements were recognised, celebrated and rewarded.
- The provider used a range of tools such as social media, videos and networking opportunities to engage a wide audience in the organisation in creative ways.

Continuous learning and improving care

- People's experience and the service they received improved because the provider valued and prioritised continuous learning and development.
- A regular meeting aimed to create a continuous improvement culture which developed the service and embraced learning opportunities to ensure quality was maintained and risks safely managed.
- Accidents and incidents were reviewed to identify gaps in standards or performance and drive improvement. Learning and changes to practice were shared with staff through individual and team meetings, supervision, training and spot checks.

Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required.
- Staff followed guidance provided by healthcare professionals and families to support people with complex health needs.
- Professionals were positive about the quality of the service and the staff team. Comments included, "Overall a good experience with the team", "I am impressed generally by the Unique care staff

professionalism and ongoing commitment" and "Without Unique we would not have been able to provide care to a couple of complex cases".

- The provider organised events and fundraising opportunities to ensure it developed partnerships with other stakeholders and played a role as a member of the wider community.