

Unique Superior Care Limited

# Unique Superior Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out our inspection visit on 7 December 2016 and spoke with people using the service on 9 December 2016. This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Unique Superior Care Ltd provides personal care and support to people in their own home. At the time of this inspection there were nine people using the service.

The service was last inspected on 25 January 2016. At that inspection we found that improvements had been made regarding the outcomes of safe, effective, responsive and well led to fully meet with regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After that inspection the report remained as an overall outcome of Requires Improvement. This was to allow time for the provider to demonstrate that their new systems were sustainable and robust enough to maintain an acceptable standard. At this inspection we found that previous standards had been maintained.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us that they felt safe. This was because they trusted staff and felt that they knew their responsibility to keep people safe from harm and abuse.

Risks associated with people's care had been fully assessed and managed to protect people from harm. The registered manager assessed people's needs and used this to ensure the correct numbers of staff provided care and support for people. There were improvements being made to strengthen the information for staff action.

Staff had regular training that provided them with the relevant skills they required to meet people's needs. The provider completed all appropriate background checks that ensured staff had the right skills and were safe to support people. Appropriate numbers of staff supported people appropriately following an assessment of needs.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. Staff asked for people's consent to their care and treatment.

Staff supported people to eat sufficient and appropriate meals to sustain their health and well-being.

Staff were kind and treated people with dignity and respect.

Care was centred on people's individual needs and choices,. Their care plans did not always accurately reflect their changing support needs.

The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

The provider had procedures for monitoring and assessing the quality of the service being delivered. The provider had effective procedures to monitor and assess the service in a way that assisted with continued improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe because they trusted staff and their ability to look after them.

Risks relating to the support and care people received were completed and reviewed as needed. These were being improved with additional information for staff action.

People received the support they required to take their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received a period of induction and training that supplied them with the skills they required to fulfil their role.

Staff had completed training that included The Mental Capacity Act (2005) and safeguarding vulnerable adults.

People received support with their meals and fluid intake to ensure they had sufficient for their health needs.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people or their relatives in decisions about their care and support.

People were treated in a dignified way with due consideration for their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed and as they had chosen for this to be delivered.

People's care plans did not always reflect their current needs.

People felt confident to raise any concerns or complaints and felt these would be responded to.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was appreciated by people using the service and by members of staff.

Staff had a clear understanding of their individual role and of the standards expected of them.

The provider had procedures for monitoring and assessing the quality of the service being delivered.

# Unique Superior Care 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 was planned to check 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.'

This inspection took place on 7 and 9 December 2016 and was announced and completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We previously undertook an inspection on 25 January 2016. We found that while improvements had been made in areas relating to the service providing safe, effective, responsive and well led support and care, these new processes had not been in place long enough to show that these were sustainable. This was needed to meet the requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, we stated we would follow up at a later date to ensure the changes were robust.

We undertook an announced inspection visit on 7 December 2016 and spoke with people using the service and members of staff on 9 December 2016. This was to check that the provider had followed their plan of action, to confirm that they now met legal requirements and regulations relating to the standards under the Health and Social Care Act 2008. We also discussed the quality of the service being provided with people using the service. The inspection was carried out by one inspector.

At this inspection when we reviewed the areas for safe, effective, responsive and well led. We found that the improvements evident at our inspection during January 2016 had been sustained, however further improvements are required to further develop and improve care plans..

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with three people who used the service, three members of care staff and the registered manager. We also contacted the local authority commissioning team. We looked at the care records of four people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person told us, "Yes, I feel safe with all the staff." Another said, "I am always comfortable with the staff, I feel safe, yes. I am never worried about anything."

At our last inspection we found that new procedures and documentation had been implemented to improve the quality of the service.

We found at this inspection that the service continued to meet and maintain the previously achieved standards.

All members of staff had received training in the safeguarding of adults and they told us that they felt they knew how to keep people safe. They were also aware of what indicators to watch out for to recognise abuse of any kind. For example, staff knew that if they saw any signs of injury or anything different when providing support, they told us that they would speak with the registered manager immediately.

All members of staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They also had good knowledge of how to recognise and report signs of abuse. They were confident that the registered manager would take any concerns seriously and would take appropriate action. One member of staff said, "I would not hesitate to speak out about any concerns, the manager encourages it."

The provider had safe recruitment practices in place and these had been followed. They completed relevant pre-employment checks which ensured new staff were safe to support people using the service. They carried out all of the required pre-employment checks before a new member of staff was allowed to provide support. These included references and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services.

The registered manager continued to assess the individual needs of people using the service and ensured that the appropriate number of staff were sent to each call. This had been completed on care plans that were orderly and relevant information was found easily when needed. People using the service told us that they received the correct support and staff were mostly on time. One person said, "Usually they come on time. If they are late, they always ring to tell me." Another told us, "Oh they come when I need them, the [registered manager] even comes out. She is very good, they all are."

At our last inspection we found that risk assessments had been reviewed and were fully completed with actions for staff to follow to reduce identified risks. The registered manager assured us that a new assessment and plan of care would be completed if any degree of change was identified in a person. We saw completed risk assessments for areas such as moving and handling.

At this inspection when we reviewed people's care plans, we saw that the previous standards had been maintained. The specific needs of each person were taken into consideration. The registered manager told



us that only when they were assured that staff had the training and competencies to meet a person's needs was a contract agreed.

Risk assessments were completed to minimise or eliminate any risks. These supported the safety of both the staff and the person using the service. For example, that staff ensure the front door is securely locked before they leave. We discussed with the registered manager about adding further details in one section of the risk assessments, to further inform staff. The registered manager agreed with this and assured us that all risk assessments would be reviewed following this inspection.

Discussions with people using the service, the registered manager and members of staff confirmed that newly appointed staff shadowed the registered manager and were introduced to people receiving support. The manager continued this process until they were assured the member of staff was aware of the person's needs and how to provide support safely.

People were supported to take their medicines as prescribed by their doctor. Only appropriately trained staff provided this support. We saw that medicine administration record (MAR) charts had been completed. Records were signed and dated and were also up to date. We saw that if medicines were refused, then staff used the MAR chart to show this. Only staff who had completed appropriate training dealt with medicines, ensuring that staff were competent to support a person using safe practices.

# Is the service effective?

## Our findings

When we spoke with people using the service, they all felt that staff had the correct training to do their job. One person said, "They do know what to do and they do it very well." Another person said, "Staff certainly do seem to know their job and I have no doubt they are trained right."

At our previous inspection in January 2016 we found that new procedures and documentation had been implemented to improve the quality of the service and to make the recruitment process more robust.

We found at this inspection that the service continued to meet and maintain the previously achieved standards.

At this inspection we saw that recruitment continued to meet the required standards. We looked at the recruitment files belonging to three members of the staff team to see that appropriate checks had been carried out before they had started working at the service. Background checks including obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS) had been carried out. A DBS check provides information as to whether someone is suitable to work at this service. We also noted that forms that provided permission for a person to work in this country had been obtained.

The service continued to make certain that the needs of people were met by staff who had the right competencies, knowledge and skills to carry out their role. Staff training included such areas as moving and handling, infection control and the safeguarding of vulnerable adults. Newly recruited members of staff completed a comprehensive induction program which included being mentored by the registered manager and also being introduced to people using the service. Staff also received guidance from local organisations about end of life care. The registered manager told us that they were keen to ensure the support and care provided at such times was the best it could be.

All new care workers completed an induction programme at the start of their employment that followed nationally recognised standards. Care workers told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people's care records and the agencies policies and procedures. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an on-going basis.

Staff told us that they felt confident that their training was appropriate to provide them with the correct skills to meet the needs of people they supported. One said, "Yes we had training straight away and I feel I know about all the people I go out to see." Another said, "I would always ask if I felt I needed to know anything more, [registered manager] will always listen and she always discusses anything we need." The registered manager told us that staff were not trained in challenging behaviour or techniques relating to such behaviour. We found that one person had displayed behaviour that could be classed as challenging. The registered manager told us that they would review the care plan to ensure that staff had guidance to follow if the person displayed this behaviour again.

In addition staff were completing training linked to the NVQ qualifications at various levels in health and social care to further increase their skills and knowledge in how to support people with their care needs. Staff received support to understand their roles and responsibilities through regular discussions with the registered manager who also has gained additional qualifications relating to their role. This meant that people using the service were supported by staff that continued to improve and develop their skill base.

Staff supervision was completed regularly. Supervision provides staff members with the opportunity to meet with the registered manager to discuss their progress within the staff team, any concerns they may have and any comments about the calls that they undertake. This supported the progress and development of the member of staff. It also assisted with identifying any areas that may require improvement either for the service or for the individual member of staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Our discussions with the registered manager, our review of training records and discussions with members of staff confirmed that they had completed training regarding the MCA. When we asked about the principles of this training staff told us that they were aware of these. Staff knew the rights of people to make individual choices and they told us that they made certain that any support or care was delivered in the way the person preferred. People using the service told us that staff did ask if they were ready to do things. One person said "They [staff] always ask me first, they never just do things." Another said, "No, they [staff] have always asked if they can help me, always."

The service works proactively with health and social care agencies to work in the best interests of people using the service. For example, at the time of this inspection the provider was working with the local authority to further develop and improve areas of recording and documentation. The provider was working with other agencies to ensure the person who had a change in their behaviours had capacity to make their own decisions and that the correct processes were being followed by the staff to fully support them.

## Is the service caring?

### Our findings

Everyone we spoke with expressed their satisfaction with the quality of care and support they received. People using the service were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. A person using the service told us, "All of the staff are good, even the manager, she is very caring." Another person said, "I have nothing bad to say, they are very caring and kind." Staff encouraged people to be as independent as possible. One person said, "They [staff] listen if I want to do something, they are very good."

We found at this inspection that the service continued to meet and maintain the previously achieved standards.

The care plans were reviewed with the involvement of people who used the service and relatives where requested. People we spoke with using the service confirmed that their plans were reviewed and discussed with them on a regular basis. People told us that they regularly saw the registered manager and were able to discuss any issues with her. One person said, "We see [registered manager] frequently and can always discuss any little things with her. She listens and is caring."

Everyone we spoke with at this, and the last inspection, told us that the staff team respected their privacy and dignity. The members of staff we spoke with gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "We are shown by the manager how to make sure people have covering over them when we give personal care." Another example was that in one care plan a person liked one door closed when staff left. We noted that this had been written in the daily notes that we read. This showed that staff knew people's preferences and supported them to be as comfortable as possible in all respects. This also supported their dignity as they would not have to keep telling staff what they wanted at each visit. Another person using the service said, "They know me, they do exactly what I need and make sure I am OK."

People using the service confirmed to us that they were treated with dignity and their privacy was respected. One person told us, "I am very much treated with respect, the staff are very kind."

People did not hesitate to confirm that they would discuss any concerns that they had with either staff or the registered manager. Most people using the service said that they had dealt directly with the registered manager, who regularly calls on people using the service or stands in for any staff absences.

Everyone we spoke with at this and the previous inspection said that the registered manager was very good at dealing with things and taking action. One person said, "I only wanted some small things changed initially and [registered manager] listened and sorted things out. She is really caring." This showed us that the service respected the individual wishes and preferences of people using the service.

The provider and staff had a person centred approach. People we spoke with felt that staff and the registered manager knew them well. One person using the service said, "I have no grumbles, they know what

is required. They are always happy, chatting and I like that."

## Is the service responsive?

### Our findings

People using the service told us that staff knew their needs. They said that staff stayed with them for the required period of time and did not rush them at all. They told us that the care and support they received was centred on their individual needs and on the way they had chosen to be supported. One person using the service said, "Staff know how I like things to be left, they always ask if I am comfortable before they leave."

At our last inspection we found that people's care plans did not always accurately reflect the care and support that people needed to receive. While some did, others needed further development. We also noted that some files did not have the detailed notes from the local authority or the initial assessment that Unique Superior Care had completed when the person had been referred. The registered manager was aware of these details and passed this onto staff during their introduction the new person using the service. However, records did not reflect these detailed needs. These details were necessary to provide full information for all members of staff who may have been needed to undertake the call for any reason.

At this inspection we saw that care plans had been re developed and contained the required information for staff to know a person's requirements. For example, records contained sections for such detail as "What makes me happy" "How to communicate with me" and "What upsets me." Such information provided staff with an insight into the feelings of the person, enabling them to be sure to respond in the best possible way at all times. For example, one record stated that the person usually liked toast and a drink for breakfast but directed the member of staff to, "Ask what they would like for breakfast." Another prompted a reminder for staff to, "Offer a shave."

Care plans were regularly reviewed by the registered manager. The plans were reviewed with the involvement of people who used the service and relatives where requested. Some people had also had a social worker or care manager present. Everyone we spoke with gave positive comments and told us that they were satisfied with the quality of care and support that they received. However, we had discussions with the registered manager relating to one person whose behaviour had changed dramatically and had become challenging for staff. While the care manager was involved with reviewing this placement with the provider, we noted that the current behaviours were not fully explained on the person's care plan. There were no directions for staff to follow in challenging situations and the registered manager told us that the care plan was being reviewed to reflect this recent change. Recently the person using the service had to be prevented from striking a member of staff, this could have been seen as restraint which requires regular review, training and a full understanding of the restrictions used by each member of staff.

The registered manager said that a meeting was to take place with the care manager who was allocated to the person using the service. They also felt that an alternative and suitable provider needed to be found. At this time the registered manager did not want to withhold support and care from the person using the service until an alternative provider had been allocated. We therefore advised that staff had clear direction as to how to deal with any further challenging behaviours and that the care plan also reflected these required actions. The registered manager assured us that this would be completed the same day.

The registered manager told us that members of staff were matched to the people using the service to ensure people were comfortable with who provided care and support to them. For example, the age and the character of the staff member were considered when calls were allocated. The registered manager also spoke regularly with people using the service to ensure they were happy with the member of staff and that care and support had been provided as the person had chosen. One member of staff said, "We do get to know the person by going out with the manager before we go out alone. We know if they would accept us giving them support." Two people using the service said that if they felt uncomfortable at all, they would let the registered manager know. No person using the service had needed to make a complaint.

People using the service did not hesitate to say that they would discuss any concerns that they had with either a member of staff or with the registered manager. Most people using the service said that they had dealt directly with the registered manager either by phone or in person. One person said, "The manager always listens and calls to talk about anything." Everyone told us that the manager was very good at dealing with any matters and also getting back to them as soon as possible. We were told that the registered manager, "Went out of their way to get things sorted, no matter how small." This showed that the service respected the individual wishes and preferences of people using the service and was person centred. The members of staff we spoke with all told us that they knew the personal preferences of the people they supported. One person said that, "Staff work together well, we really get to know the people we go out to."

The registered manager confirmed that there was always someone on call and that with the newly appointed assistant manager, this would mean that an additional person would be added to this rota. One person using the service said, "There is always someone on the end of the phone, usually [registered manager] and she always listens and deals with things quickly."

The provider's complaints procedure was issued to every person using the service and explained the process in detail and included timescales of dealing with any concerns or issues raised. People we spoke with had not raised any concerns but complaints but they told us that they felt all staff and the registered manager would always take any necessary action. One person said, "I have never made a complaint, I know that when I speak to [registered manager] or the staff, they will do it. they are very supportive."

## Is the service well-led?

### Our findings

People using the service felt that the service was well led. People were very complementary about the registered manager who was described as being, "caring and always ready to discuss anything." One person said, "I would not worry about ringing up if I wanted help with something, [registered manager] is really good." We found at this inspection that the service continued to meet and maintain the previously achieved standards.

At our last inspection we found that although monitoring systems were in place, shortfalls had still been identified. For example, care plans required further development and more detailed instructions for staff to follow. Also, the times of the calls staff had made to people's homes had been monitored and improved, but there were still times when staff arrived at the wrong time.

At this inspection we found that improvements had been made to address these issues in line with the action plan that was sent to us by the registered manager.

The records relating to any support provided with medicines were regularly audited and the registered manager ensured these had been appropriately completed.

Care plans were now regularly reviewed and contained personal details about the history of the person using the service. Records also contained the choices and preferences of the person and how they wanted their care and support to be undertaken. Improvements had also been made to personalise the care plans to show that the person using the service had been involved in the development of this document. However, we found that when a person showed changing and challenging behaviours, the care plan did not immediately reflect these changes. This was needed to fully inform all staff of how to appropriately support the person as well as to show the actions that the service had taken to address such changes. This then supported the health and wellbeing of both the person using the service and the members of staff providing care and support.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager made contact with every person who received a service on a regular basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise concerns. The registered manager explained that visiting people on such a regular basis helped strengthen relationships with people using the service.

People's needs were known to the registered manager who organised all home care visits and monitored staff regularly. The registered manager told us that a full assessment was completed before any agreement was made to provide care and support to people, records also confirmed this. One person said, "She is very approachable and is very kind." Another said, "I can always get hold of her and she always has time. This meant that the provider made certain that any equipment necessary was in place and staff would be trained to use this before the service started. Staff we spoke to confirmed that they would not use any equipment they were not trained to use. Therefore any person using the service could be confident that their needs



would be appropriately met.

People's needs were known to the registered manager and this information was used when organising appropriately skilled staff to undertake visits. This also showed how many staff members were needed at each call and staff were appropriately allocated in line with this assessment. This showed us that people had access to the registered manager and were also confident that they would be appropriately supported. One person using the service said, "They check what I want, it helps a lot." Everyone we spoke with also said that staff were punctual. The registered manager told us that she would go out to a person if there was an emergency of any kind and staff were unable to attend.

There were clear values and processes that were set out in the policies and procedures. Each member of staff had a copy of these to refer to when needed. A member of staff told us, "I feel we work together and we the manager is always available to talk to us." All members of staff we spoke with had confidence in the registered manager and would not hesitate to bring any issues to their notice.

There were effective systems in place to monitor the quality of the service. The registered manager regularly called on people using the service to discuss their opinions. There were also unannounced spot checks on staff to observe the quality of their work. People using the service confirmed that this monitoring took place. Regular checks were also in place to review medication records and the recording on daily notes that were kept in the home of the person who was receiving support. the frequency of calls made by staff and their punctuality was monitored and checked with people using the service and against the daily records.

Questionnaires were regularly issued for people to give feedback about their experiences. People using the service also told us that the registered manager provided support and care when needed, again giving time for full discussions about the service. The registered manager told us that this was an opportunity to talk about the persons' experiences and gather their opinions of the service that was being delivered.

We found one incident that required a notification to be sent to CQC and the local authority safeguarding team for review and consultation. A statutory notification contains important information about certain events that the service are legally required to inform relevant external organisations of. We later noted that the manager had completed these notifications as stated.