

Understanding Care (Warwickshire) Limited

Unique Senior Care - Tithe Lodge

Inspection report

The Care Office
Tithe Lodge, Little Park
Southam
Warwickshire
CV47 0JQ

Date of publication:
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Website: www.uniquecare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Unique Senior Care - Tithe Lodge is a specialist 'extra care' housing. Unique Senior Care - Tithe Lodge has 75 one or two bedroom apartments. People living at Unique Senior Care - Tithe Lodge share on-site facilities such as a lift, lounge, restaurant, laundry and garden. People who need support with personal care are free to choose Unique Senior Care or any other domiciliary care service as their provider. At the time of this inspection, Unique Senior Care supported 25 people with personal care. 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 were supported by safely recruited staff, who had the skills and knowledge to provide support that met people needs. There were enough staff to ensure people received consistent care by staff who had been trained. Medicines were managed safely, and people were protected from the risk of infection.

People received consistent care by staff that knew them well. Effective care planning and risk management plans were in place which guided staff to provide support that met people's needs in line with their 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.

People were supported by a caring and compassionate staff team and people were made to feel safe. People were supported to avoid isolation during the pandemic and were supported to continue take part in activities they enjoyed.

Effective systems were in place to monitor the service. There was an open culture within the service and staff enjoyed working for Unique Senior Care - Tithe Lodge. Concerns raised were acted on, lessons were learnt and improvements were implemented.

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

Rating at last inspection

The last rating for this service was good (published 24 May 2018)

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unique Senior Care - Tithe Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Unique Senior Care - Tithe Lodge

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 04 and 06 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection was undertaken by one inspector, one assistant 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

Unique Senior Care - Tithe Lodge provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is owned by another organisation and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. The inspection

activity started on 04 November 2020 and ended on 06 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a team leader and five care givers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that visited them. One person said, "I feel perfectly safe, it's the way they [staff] talk to me and help." A relative said, "The care is good [relative] has no complaints."
- Staff understood how to safeguard people from harm and their responsibilities to recognise and report suspected abuse. Staff confirmed they had received safeguarding training.
- Systems and processes were in place to ensure people were safeguarded from the risk of harm. These were followed in practice by staff and the registered manager.

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure their safety was maintained. One person said, "They [staff] are very nice, if I press my button [lifeline pendant], they are here in minutes day or night."
- Care plans had been devised along with risk assessments, which gave staff guidance to support people safely. One staff member said, "The care plans are in people's apartments, and in the office, they are also accessed through the app, they are detailed and there is background information about people."
- The provider had good quality recording systems in place which captured people's care. One staff member said, "We have information on our electronic system. It's a new system, it is much better, we can clock in and out online, and it has all the updates on about care plans, guidelines and changes, especially about COVID-19."

Staffing and recruitment

- The registered manager told us there were enough staff, which ensured people received the care they needed. Staff we spoke to also confirmed this. One staff member said, "We do support a core group of people, but we are on call if people press their pendant alarms, even if we don't usually work with them, we go and help and provide care if we're needed."
- Staff told us they were given enough time to support people in an unhurried way. Comments included, "There are enough staff and we have time to build relationships during care calls" and "Our calls are quite nice, and we have enough time to carry out the calls we need and really get to know people well."
- There was a system in place to ensure people continued to receive a service if staffing levels were impacted upon.
- Staff were recruited safely and confirmed they had a robust induction and training before commencing their own care calls. One staff member said, "I shadowed for three days, and I felt ready, but I could have shadowed for longer if I needed to. I did have my competency assessed before I was allowed to support on my own." Another staff member said, "We could have as much shadowing as we needed but I had about three shifts, I couldn't start until my DBS and references came back, they are very strict about that. You can

start online training at home whilst your waiting, but you don't come into the building until they are back."

Using medicines safely

- People and relatives told us staff supported them with their medicines. One person said, "They [staff] give me my medicines and do it properly." Another person said, "I get my medicines at the right time and although it's complicated, they [staff] get it right."
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines.
- Protocols were in place for 'as required' medicines. These supported staff with signs and symptoms to observe when supporting people to manage pain or when they needed cream applying.
- Staff told us they were trained in the administration of medicines, and competency assessments were carried out to ensure the medicine training received was being used by staff in practice. One staff member said, "We have our medicines training every year, we have assessments of practice."

Preventing and controlling infection

- People told us staff used aprons, gloves and masks when they provided support. One person said, "They [staff] wear gloves masks and aprons, always keeping me safe."
- Staff told us they had received infection prevention and control training. One staff member said, "I've done donning and doffing training and we get spot checks on that. There is loads of PPE it's dotted about, in store cupboards, the training room, the office, there is alcohol gel everywhere, in people's homes, on tables, in communal areas, we have individual sprays too." This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- Incidents were analysed and were acted on and lessons learnt. The registered manager told us how these were shared with staff and shared across the business, including putting them in the continuous improvement plan if required.
- The registered manager promoted a culture of openness and learning was shared with staff when things went wrong. One staff member said, "We're kept in the loop with updates and there is a weekly newsletter that outlines changes in care plans and that kind of thing, you feel like you are all one big team."
- People told us when they had raised a concern or complaint the provider had always acted on these immediately.

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The registered managers told us no one had a deprivation of liberty.

- People told us staff gained consent before they provided support. One person said, "Yes they [staff] ask permission, they are very thoughtful." Another person said, "They [staff] always ask my permission before they do anything and ask if there's anything else they can do."
- Staff and the registered manager had a good understanding of their responsibilities which ensured people were supported and best interest decisions were made in line with MCA.
- The registered manager informed us, and records showed people had mental capacity assessments completed and best interest decisions were made.

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People told us staff were kind and caring towards them. Comments included, "They [staff] are very caring and do the job properly and ask if there's anything else I want doing", "They are kind and caring, they are always so friendly" and "They are all very kind, but some try to rush me."
- Relatives told us they believed staff supported their relatives with kindness and respect. Comments included, "They [staff] are ever so good with [relative], very patient. I have heard them talking to [relative], they are respectful and kind to them", "The staff go above and beyond, they make hot drinks and take out the rubbish, they do a good job" and "[Staff name] is kind and gentle; the epitome of a carer. [staff name], goes above and beyond and is a real grafter and is efficient."
- People's equality and diversity was assessed and recorded in their care plans. These looked at the nine protected characteristics under the Equality Act 2010.
- Unique Senior Care - Tithe Lodge had an equality and diversity champion in place. The registered manager told us they held national awareness days within the service and how this was a standard agenda item for the staff meetings.
- Staff had received equality and diversity training and understood the importance of respecting people's diverse needs.

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

- Care plans were in place which gave staff guidance on people's preferences. The registered manager said, "We try and involve them in everything we do. We have a client charter in place, we hold client's meetings, invite them to things like coffee mornings, there are suggestion boxes, and we involve them in recruitment where they join us on the interview panels."
- People's care plans had involved people and their families as they detailed their past lives, what their present needs were and their future aspirations.
- People were encouraged to feed back about their care and about the service which was provided. This was done through residents' meetings and quality assurance questionnaires. One person said, "We get questionnaires and they let us know what is happening."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their relatives were involved in the planning of their care which ensured their preferences were met. One person said, "My [relative] organised my care and it works fine for me."
- Care plans were detailed and supported staff with understanding people's preferences and daily routines. One staff member said, "The care plans are good, they have enough information, you can learn their history, and this gives insight into why people are the way they are, and how they may react to things because of their past."
- People were supported to be in control of their own care. One staff member said, "I support a person who struggles with phone calls as it makes them feel really anxious. I set up an app on their iPad to enable them to book their own health appointments and request their own prescriptions. They have used it and I think it's made them feel a lot more confident."
- People had their care reviewed and care plans reflected changes when necessary.
- The registered manager told us of the importance of ensuring people's care was person centred and meaningful to each individual. They said, "We use our good life journey, this was put in so we can make them [care plans] more person centred, detailing aspirations and goals, we moved away from task orientated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported in ways that suited their communication needs and preferences. The provider was able to support people with alternative communication preferences, such as larger print.
- The registered manager told us Unique Senior Care - Tithe Lodge was connected to the library where people are able to obtain audio books.
- Staff knew people well and understood their preferred method of communication. Staff supported people with their equipment, such as hearing aids, ensuring batteries were replaced when needed and supported them to attend health appointments, including the opticians.

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

- Unique Senior Care - Tithe Lodge had a 'memory care giver' this was a member of staff who worked with

people who had mental health or dementia. They said, "My role is to try to prevent social isolation and loneliness having a detrimental effect on people's mental agility."

- The 'memory care giver' went on to say, "I see everybody once a week for a one to one session, it's tailor made to their needs and hobbies. We do name that tune, jigsaws, colouring, card games and scrabble, sometimes we'll sit and talk, reminiscence can be good, but not always. We do all sorts of things and I've had some lovely feedback, one relative fed back their relatives' dementia is progressing much slower than expected and they think it's partly because of our sessions."
- The registered manager told us of the importance of ensuring people were kept socially active. They said, "It is recorded in care plans how we can keep people socially active. We can support people to access social activities, clients can book time for example for staff to go to the library, or to the café with them."
- Staff stated the memory care giver role had a positive impact on people's quality of life. One staff member said, "You can see the difference in people, they are a lot calmer and less anxious, the residents love [name of memory care giver]."

End of life care and support

- The service was not providing end of life care at the time of the inspection. However, we saw people had been consulted with their end of life wishes and preferences had been recorded. The registered manager said, "We have brought out a specific end of life care plan, this is due to be implemented. It is a more detailed version that is already in the care plan."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People and relatives spoke highly about the service. One person said, "I would recommend it to others, they are prompt, do what they are supposed to do and cheer me up." A relative said, "I would recommend them and have done to [relative]. They are punctual, caring, respectful and trustworthy."
- Staff felt supported by the management team. They told us they were happy in their work and enjoyed working for the company. One staff member said, "The managers are really supportive, more than supportive. [Name of registered manager] is very supportive, they work really hard to boost our confidence and self-belief." Another staff member said, "The management team are supportive, they don't hide away and will make time for you, they are really busy though."

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 understood their legal responsibilities in relation to duty of candour. They said, "By ensuring everything is reported as needed, transparency, honesty, learning from those things that have gone wrong, sharing with directors and the rest of the team."
- The registered manager was open and responsive to feedback and were continually looking at ways to improve the service.

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

- The provider had an abundance of quality assurance systems in place. The registered manager ensured these were monitored and regularly reviewed.
- Audits were carried out and actions were imbedded into action plans, which ensured lessons were learnt. The registered manager said, "These are effective in driving improvement, they pick up things that could be better."
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service.
- All staff underwent support visits. These were carried out by senior members of staff to ensure staff were providing good quality care for people, including how they presented themselves, communicated with those who they were supporting and how they carried out people's care needs. Following these development actions were agreed if needed.

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

- People were able to give feedback about the service through questionnaires. Although one person said, "On questionnaires they ask 'yes/no' which things are not, it's not sophisticated enough to convey your thoughts honestly."
- We raised this with the registered manager at the time of the inspection, they said, "The quality assurances questionnaires paper work has been updated, we have added additional questions to try and draw out as much information as possible. We started using these about three weeks ago."
- Unique Senior Care - Tithe Lodge held residents' meetings, which enabled people to openly discuss concerns, improvement or make suggestions. However, due to the COVID-19 pandemic these had been put on hold.
- Staff were involved in the service and communication was shared through a dedicated social media forum and newsletters.
- Staff continued to have one to one review's and were supported with their personal development.
- The provider celebrated staff whereby recognition awards were given each month.

Continuous learning and improving care

- The registered manager stated handovers were completed on the 'IQ' system and staff were able to make suggestions or share concerns which would be reviewed by the team leaders.
- Registered managers across the organisation were involved in completing monthly compliance checks across their directorate. Action plans were devised, and best practise was shared which supported improvement across all services, resulting in enhancement to the care people received.
- Unique Senior Care - Tithe Lodge had a number of champion roles, such as, a dignity champion, and a health safety and wellbeing champion. Each role supported and improved the quality of care people were receiving. For example, the welfare champion would focus on particular themes, such as fluids during the summer, ensuring people were staying hydrated and the flu jab during the winter months.

Working in partnership with others

- The provider had developed good working relationships with a range of professionals to ensure people received consistent care.
- The registered manager said, "We have good strong community links, the team leader has a strong link with the GP surgery, district nurses and social workers."
- The registered manager told us Unique Senior Care - Tithe Lodge has linked up with the local council singing group. Staff supported people with singing sessions in their own home using iPads, accessing a social media channel where a list of songs can be accessed. The registered manager told us of the ambition was to grow this initiative and to hold small sessions with a small group of people in the future.