

Unique Options + Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Unique Options+ Limited is a domiciliary care service. It provides personal care to adults with a range of support needs who are living in their own homes. 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. At the time of the inspection the service was supporting six people with personal care.

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

People were very happy with the care they received, and they told us they felt safe when receiving care from the service. There were enough staff employed to ensure people received consistent and timely care. People told us they knew which staff would be visiting them, staff arrived at their agreed times and stayed and provided support for the agreed length of time.

Recruitment processes were in place and checks were completed before staff started working at the service. Some improvements to record keeping around recruitment were discussed, and these improvements had started to be implemented by the registered manager and provider. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection.

Staff knew how to safeguard people from the risk of abuse and other identified risks to people were assessed and mitigated.

Before people started using the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. 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 to eat, drink and maintain a balanced diet. People were supported by staff who received training and supervision to ensure they had the right knowledge and skills to support people effectively.

People were treated with respect by staff who were kind and caring. Care plans recorded how people were involved in their care. Their views and wishes were at the centre of their support. Care plans provided detailed direction to enable staff to deliver care which respected people's privacy and dignity. Daily notes recorded how staff encouraged people's independence.

People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

The service had an open culture. Staff at all levels displayed a desire to provide good quality, person-centred

care to people. The registered manager regularly sought feedback from people to ensure the service was tailored to their needs and preferences. There were systems in place to monitor the quality and the safety of the service provided. However, some monitoring and staff record keeping needed to be more structured, embedded and sustained to ensure they remained effective.

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 CQC on 12 May 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Unique Options + Limited

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. 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

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

Inspection activity started on 4 October 2021 and ended on 11 October 2021. We visited the office location on 7 October 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We also spoke with five social workers or advocates of people who use the service. We contacted and received feedback from two members of staff and met and spoke with the registered manager and a support worker. The registered manager is also the registered provider for this service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and training. 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Appropriate checks were carried out to protect people from the employment of unsuitable staff. Due to some documents being held in a paper format and other documents held electronically on the day of inspection the registered manager was unable to locate references for two staff. These were forwarded to us the day after inspection. The registered manager acknowledged the confusion and shortfall of the current system and told us the measures they had in place to improve all record keeping.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People and relatives told us care and support was provided by a consistent group of carers. Comments included, "I have the same group of three care staff, I know them all," "The carers who come are excellent, they have time, they never rush off" and "Staff are excellent, they come on time, they were only late once but [named registered manager] let me know they would be a little late so I had no worries."
- The registered manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Relatives and people said, "I think [name] is safe and very happy with the staff who support her" and "I feel very safe, staff use the key code to get in and they come on time and there are no strange faces, I know and trust them all."
- The provider had appropriate systems in place to safeguard people from abuse.
- Staff received training about their responsibility to protect people from abuse.
- All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. All staff were confident the registered manager would act on any concerns they raised, to ensure people were safe. Staff comments included, "We have had training on safeguarding adults and children, and I understand how to address a safeguarding issue. If I witnessed an incident that I thought was abuse/neglect I would inform the management team. I am very confident they would act on my concerns."

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service.
- People's care records included assessments of specific risks posed to them, such as risks arising from their

home environment, falls and the risk of malnutrition and dehydration.

- Care records contained enough guidance for staff about how to support people safely, to reduce the risk of avoidable harm.

Using medicines safely

- Medicines were managed safely, and people were supported appropriately. There was clear guidance and policies for staff to support people with medicines. Staff had completed training and had their competency checked to ensure people were safely supported
- There were audits in place to ensure safe and consistent practice.
- People told us they had their medicine when they needed it and they trusted the staff to support them.

Learning lessons when things go wrong

- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.
- Records showed the registered manager regularly monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE). People told us staff always wore PPE appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started to provide any care and support. The registered manager visited people at home to assess whether they could provide an appropriate service. A care plan was created following the assessment process, so staff knew what care people needed and when. People and relatives told us, "We have been really involved in planning [name] care. We spent nearly two hours formulating their care plan with the manager and care coordinator" and "[Name] and the close family were involved in the care plan at the initial stage and also the subsequent reviews."

Staff support: induction, training, skills and experience

- Staff were supported to develop the right skills, knowledge and experience to deliver effective care. They completed training in a range of different subjects. Staff told us they were happy with the training they received. A relative told us, "The staff seem really skilled at their jobs, they are supportive and inclusive and promote [name's] independence."
- New staff completed an induction to ensure they were competent before they started delivering care to people. The induction process included shadowing more experienced staff.
- Staff received effective support from the provider and registered manager. All staff told us they felt very well supported in their roles. The registered manager had planned regular supervision meetings for each staff member, though this system was not yet embedded at the time of this inspection.
- Spot checks of staff's practice, training and supervisions were recorded on individual staff files. However, there was no overview of all this information on one file which meant it was harder to track when each staff members training, supervision or spot check was due. The registered manager took immediate action to introduce a system to allow them to monitor staff's competence on an ongoing basis.

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

- People's care plans contained information about the support they needed to eat and drink, so staff knew what support to offer people and if people had any dietary preferences.
- People were happy with the support they received with food and fluids. A person told us, "Staff are actually working with me to develop a varied and balanced menu, so I am not just eating ready meals."

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

- The service worked alongside other professionals involved in people's care, as and when required. Health and social care professionals we spoke with were all very positive about the service and how they worked alongside, and with them, to ensure people received a high standard of care and support. One professional

told us, "The manager and their team recently supported a person with very complex needs. The manager went the extra mile providing hands on support in the first instance, to ensure that staff were clear of how to support [named person]."

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.

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.

- There were systems in place to ensure people consented to their care, if they had capacity to do so. The service was working within good practice guidelines.
- The registered manager had a good understanding of the MCA and staff received training to support their practice in this area.
- People told us staff asked them what care they wanted at each visit, which helped to ensure people consented to care delivery on an ongoing basis. Comments included, "Staff always, always ask before doing anything."

Is the service caring?

Our findings

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

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

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

- People were treated well. People and relatives told us staff were kind and caring. Comments included, "The staff are lovely, all of them, the manager, the carers, nothing is too much trouble, they are so kind and caring" and "All the staff are really lovely and caring."
- The service had measures in place to support people to feel comfortable with staff. People told us, "The manager always brought staff with them to introduce them to me" and "All the staff who have visited me I have known. They came with the managers to meet me; it is really good, so we know each other before they start giving any care." Feedback was regularly obtained from people about individual staff, to ensure they were compatible with each other. A relative said, "Me and the manager speak probably every week, they always ask how things are and how we are getting on with the staff."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned. People told us, "We have regular reviews of my care, this is arranged and can include my social worker and the manager" and "I am really involved in how I am cared for."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and there were systems in place to ensure people's personal information was protected. Comments from people were really positive they said, "The staff at Unique Options are very caring and for the first time for years, I feel like a person again, I am hoping to work with the carers to try to improve things further," "Staff are really respectful" and "Staff spend time with me and listen, I am treated with dignity and respect."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which met their needs. Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported. People were fully involved in the assessment and care planning process to ensure their care was tailored to their own preferences.

- People told us they received the care they needed, when they needed it. People and relatives said, "[Name] needs changed, they needed support with medicines and the care plan etc were immediately amended and an increase in visits sorted. We think the service is really adaptable" and "My care plan was written with me, so it included all my own choices in how I like care and support to be given." A care professional told us, "The service has been very accommodating and flexible with the care they have provided."

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's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

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

- The risk of social isolation was considered during the assessment process.
- People we spoke with told us about their activities and social interactions with friends and within the wider community. People were supported to maintain relationships with family members, if this was their choice.
- The registered manager told us how the service planned to promote social inclusion and organise some social events for people who use the service to attend if they so wish.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to by the provider and registered manager. The provider had a robust complaints procedure in place, which was followed by the registered manager and staff.
- People and their relatives told us they knew how to complain and felt able to raise any issues or concerns with the registered manager and staff. A relative said, "If I had any worries, which I don't, I would speak with

[registered manager] who is approachable, and I know it would be sorted."

End of life care and support

- The service was not providing end of life care at the time of this inspection. The registered manager said they would start additional training in this area over the next few months or if it should be needed. Staff said "We haven't received palliative training yet, but we currently don't care for anyone who needs this support. We receive training based on the new client's needs which we do as an addition to our basic mandatory training."

Is the service well-led?

Our findings

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

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

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

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person-centred, inclusive and empowering culture.
- All people, relatives and care professionals we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them. Comments included, "I would hundred percent recommend this service. This is how care services should be run," "I cannot praise this agency enough," "The quality of staff from the carers to the management is outstanding," "We are so happy with the agency and the social worker who helped us organise this agency" and "I would recommend the service hands down."
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with.

Continuous learning and improving care

- There were systems in place to monitor the quality and the safety of the service provided. However, some staff records could be improved and need to be more structured, embedded and sustained to ensure they remained effective. Some records are paper held some electronic. The registered manager took immediate action in response to our feedback and introduced new systems. The registered manager said they were recruiting someone to help with administration, they hoped this support would be in place within the month.
- The provider used an electronic care management system to support close monitoring of care delivery so they could quickly identify any potential issues.

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 provider had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.
- The provider promoted staff's knowledge of the duty of candour through training sessions and sharing information about it in staff meetings.

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

- The service was managed by an experienced registered manager who was also the registered providers nominated individual. Staff were clear about their roles and responsibilities and they received support to deliver a good quality service.
- The registered manager understood the types of incidents that need to be reported to CQC and had notified us appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views were sought through direct contact from the registered manager and other senior staff.
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service. Staff said, "I find the manager very supportive, approachable, understanding, and fair. I feel like we have a good team. I wouldn't want to work elsewhere" and "I love working with Unique Options, the management team are well organised and understanding. All staff members are on the same page and caring, it really feels like one big family."
- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- Care professionals we contacted and spoken with during inspection were very positive about the service. One care professional said, "The communication between us is brilliant."