

# Understanding Care (Warwickshire) Limited

## Unique Senior Care - Solihull

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Unique Care - Solihull is a domiciliary care agency providing personal care to 12 people aged 65 and over at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received excellent care from care staff who had taken extra time to get to know them well. Care staff consistently exceeded people's expectations and people were fully involved and respected. People had received care which fully promoted their independence and ensured they regained control over areas of their lives which were important to them.

People's care had been planned with them and was highly individualised to them. Care staff had ensured people got to do things they enjoyed and helped them discover new interests. People had been supported to be free of isolation and loneliness through care staff who were dedicated to promoting this.

The management team were committed to providing excellent care and were able to show how positive this had been for people who used the service. People were extremely positive in their feedback and the significant impact it had on their lives. Relatives knew their family members were in receipt of excellent care and had every confidence in the staff at Unique Senior Care – Solihull.

People received care which was safe, and staff understood how to support people to maintain their safety. People's medicines were administered as expected. The provider checked the suitability of new staff through their recruitment processes. Care staff used personal protective equipment [PPE] and supported people to reduce the risk of infection.

People were supported by care staff who were trained and supported by the management team. Care staff cooked fresh meals for people and promoted good nutrition to prevent the risk of malnutrition. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 15/10/2019 and this is the 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

# Unique Senior Care - Solihull

## **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

One inspector completed the inspection.

#### Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care coordinator and care workers.

We reviewed a range of records. This included two 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at case studies, training, and a range of quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were safe and received care from care staff who understood how to recognise signs of abuse and how to report this.
- Staff were confident they would recognise if a person was at risk or there was a change in their personality. These concerns would be reported to the management team or direct to the local authority.
- The provider had safeguarding policies in place and staff knew how to access these. The registered manager had recorded and reported any incidents to the local authority and CQC as needed.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and recorded. These risk assessments showed how staff should provide safe care and reduce the risk of harm or injury. This included guidance on managing the risks of falls, nutritional risks and supporting people safely with their medicines.
- Staff knew how to provide safe care and referred to care plans or were told about any changes to people's needs. Staff were able to tell us how they supported people to remain safe in their home

Staffing and recruitment

- People received care from a permanent, consistent staff team who were matched to their preferences.
- The provider made a number of checks before staff started work, such as police checks and previous employers' references to ensure they were safe to work with people.

Using medicines safely

- People received support from staff who had been trained to administer medicines as expected.
- Staff were confident in their skills and were aware of why people took certain medicines.
- The provider had a care staff member lead on medicines to promote staff knowledge and awareness of medicines.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing COVID-19 testing for staff.

Learning lessons when things go wrong

- The provider had analysed all incidents, accidents and near misses. Any learning was then cascaded through meetings to ensure all staff were aware.
- Changes to practice or a person's care had been made where needed, including better management of

people's medicines.



# 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 care was assessed using the provider's 'The Good life Journey'. This reflected people's needs and choices, such as personal cleanliness and comfort, cultural and spiritual needs and people having their say.
- The principles followed best practice and were reviewed to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- People knew their care staff members well and told us they knew exactly how to support them.
- Staff completed an induction, which included training and spending time working with an experienced member of care staff. One care staff told us, "[It was] amazing training and [I] did my Care Certificate."
- Staff told us they were fully supported by a passionate management team who gave them opportunities to train and develop their careers.

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

- People were pleased with the meals provided and these were cooked from fresh ingredients.
- Staff knew how to prepare the right meals to allow people the best opportunity to meet any nutritional needs. One relative told us, "They cook fresh food for [person who] has never been a ready meal type of person."

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

- People received support to access other areas of care when needed. This included contacting health professionals or accompanying people on appointments.
- Staff knew who to contact and told us they knew people well so were able to provide other health professionals with good insight into a person's health and well-being.

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.

- People made their own decisions, and these were respected by care staff.
- People who needed support with key decision making had appropriate people assisting them. For example, records showed us relatives had been consulted about some decisions.
- Records showed where people had a lasting power of attorney status in place and who this person was.

# 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 received exceptional care which focussed on both their care needs and mental well-being. Each person was able to tell us how this level of care had made a positive difference to their lives. For example, one staff member had built their relationship with a person slowly, which enabled them to regain their confidence. This led to the person having the confidence to go out for drinks which they enjoyed.
- Staff were passionate about their role and the care they provided to people. They worked closely with people and their families to really understand the person and not just the care tasks needed. People and their families had provided feedback to the registered manager about the unique way staff were able to engage and make positive change. This demonstrated how the staff had been matched to people's personalities and how this had enhanced their experiences of remaining at home. One relative told us, "On occasions they [care staff] even stay longer, bless them, just to make sure [person] is comfortable or even just to sit and have a cup of tea and a chat with them. They will go the extra mile if they can and are so kind to them."
- People received care and support from staff who knew how best to approach sensitive or difficult subjects. Staff told us about examples of when this had worked well. For example, staff had taken time to build a relationship with a person as they were embarrassed about receiving personal care. By allowing time to build relationships this was no longer a barrier for the person's care needs. The provider was able to show how compassionate the staffing team had been during these times. One care staff told us, "I get to know the whole family and one client, [person's name], tells me I am like a daughter to them."

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

- People and those important to them were fully involved in developing their care. The care plans reflected people's choices and how they had been listened to.
  - People were able to make changes to their care and support needs, which the provider responded to without delay. For example, one person requested a care staff preference for end of life care, as this staff member had developed a good understanding of how the person wanted their end of life moments to be spent. This was facilitated to ensure the person's privacy and dignity was upheld and alleviated the person's anxieties.
  - People were contacted to ensure they were happy with the care staff relationship and the care provided. People enjoyed the consistency of staff who met their needs.
  - Staff told us they were committed to making sure people had complete choice and control over their lives. One care staff told us, "It's about the personal contact with our clients and we can adapt care as we grow together."
  - Staff were keen to improve people's lives by involving them, identifying opportunities to promote well-

being and using these in delivering person centred care. One care staff told us, "[Person's name] was stuck in the chair so I started to get [person] up. [Person] no longer has sores and we have been out to the pub."

#### Respecting and promoting people's privacy, dignity and independence

- People received care which had improved their independence and the provider was able to show how many people had benefitted since starting with Unique Senior Care - Solihull. One relative told us, "[Person's name] had a fall and lost his confidence to get in the shower. Since they've [care staff] been coming [person] built their confidence back up with them [care staff]."
- The provider listened to people's request to promote their privacy and dignity and recognised the importance this had for people. People liked having the same care staff as the key relationships supported people's privacy and dignity. One relative told us, "We've only had the one lady [care staff] so far which is brilliant. We are really getting to know her."
- Care staff were able to tell us about how they ensured people's privacy was respected. One care staff told us, "I want to make a difference and I have been told by [person] I have changed his life. It's so rewarding, and I treat them [person] as I would expect a family member to be treated."

## 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider had developed a unique care planning tool to ensure personalised care was offered. People's daily tasks were assessed and scored, which was then used to identify each person's individual support needs. This assessment was frequently reviewed to see where changes or improvements had been made. One person told us, "It's an incredible package you get from them [Unique Senior Care – Solihull]. It is not just come in and make you a cup of tea; it's a genuine help."
- People's care was tailored to them and the care staff were able to be flexible around changes to care needs. One relative told us, "They are excellent. When [person] had COVID-19 they got [person] through that without [person] having to go into hospital. They [care staff] had a hospital bed arranged and everything to support [person]."
- People were able to direct and control the level of care and how this was to be delivered. One person told us, "It's the small things. So, for example, [staff] know when to hand me the towel at that precise moment and how I like things done especially how I like my hair washed."
- There were examples of how care staff had taken small steps to encourage people over time to regain skills and enhance outcomes. One person had used this to regain control of their home environment and self-care over the course of two years. As a result the person was now enjoying life and taking pride in their home.
- People were supported to express their care needs as they changed. One person had received support from care staff to identify an underlying health condition. This would have gone untreated and had the potential to cause serious health issues. The consistent and persistent support of the care staff in questioning health care professionals meant the person received the correct treatment. This had been a life changing experience for the person.

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 able to communicate effectively with staff who had taken the time to understand their communication needs and had access to any communication aids required. This included both verbal and non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People had care staff who understood their interests and took time to support them to continue with them. One care staff told us, "I found [person's] niche is dominoes. We get on well and we laugh about my accent and so they teach me elocution lessons."
- People and their relatives told us how the care staff became part of their family and they looked forward to their visits. One relative told us, "I am just really pleased I can rely on them [care staff] and I don't have to worry about [person] being on their own."
- People enjoyed the company of care staff. One relative told us, "It's so good for [person] as he doesn't get out [and] he gets to talk to different people and he really enjoys this."
- Care staff took interest in people and the things they may like to do. One care staff told us, "I spent time trying to find out [person's] likes. [We] tried knitting, jigsaws, and got to the fact they [person] liked beauty, hair, nails and once they had this done I then started taking her out. It worked so well the family have been out with us to see how I work with them [person]." Previously the person had not wanted to leave the house, but was now enjoying their local community again. One relative told us, "Even small things are important to them [management], like if there is a cross personalities [between person and care staff], the care staff are changed or if there is a really good match [between person and care staff] they [management] try and keep them together."
- The management team had taken time to think about the importance of social isolation and during the COVID-19 pandemic had ensured additional measures were in place. These included finding local pen pals for people to write to. For one person this had been a lovely positive experience and, with care staff support, had since met the person they had written to and had formed a close bond.

Improving care quality in response to complaints or concerns

- People told us they were able to raise any concerns and knew who they would speak to. People's concerns or comments were listened to and responded to.
- The provider welcomed all feedback and used this to make improvements for each person and the wider organisation if needed. For example, people had wanted support to collect medication from the pharmacy.

End of life care and support

- People had received care at the end of their lives which met their wishes, from care staff who were experienced in how to support people. Care staff had ensured any religious needs were met, including making arrangements for people to be given their last rites. For example, one person requested a care staff preference for end of life care, as this staff member had developed a good understanding of how the person wanted their end of life moments to be spent. The person experienced a private and dignified death, with care staff telling us how this alleviated the person's anxieties.
- Care staff told us how special it was to be able to support a person to have a dignified death and not dying alone. One care staff told us how they re-arranged their personal life, so they were able to be with the person when they passed as the person had requested this. The care staff member told us while it was emotional, they recognised how important it was for the person.
- The management team had ensured people's choices and requests regarding their end of life care had been discussed and recorded in their care plans. These details allowed staff to know the support needed, should the person not wish to share this information in person. One example included supporting a person with a cancer diagnosis through discussions about death and dying and how this made a difference to their experiences.

# 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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People received an exceptional level of care which they told us was tailored to meet and exceed their expectations. One person told us, "They [care staff] are superb and I can say I like them very much. I feel very lucky and would recommend them [agency]."
- People were so pleased with the care they received they happily encouraged others to use them [agency]. One person told us, "In fact [person they knew] had a fall and broke their leg and needed some extra help... I could not recommend them [agency] highly enough. Now they [person] tell me that they can't do without them either."
- Relatives felt included and knew they could rely on the care staff and management team who were always acting in their family members' best interest. One relative told us, "I know this agency would not leave mum if she was not well I was not able to get there."
- The provider was able to evidence how people had achieved good outcomes and evidenced these through case studies. These were used to share the successes and promote the provider's ethos of 'People, above all else'. People experienced improvements in their self worth, re-engaging with life where they had previously spent time in bed and regaining their confidence to cook giving a great sense of achievement.

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

- People were involved in how the service was run and were able to openly share their views and experiences. This included supporting people to achieve their dreams and aspirations, such as spa days or revisiting childhood places. People had thoroughly enjoyed these days and we saw photos of people smiling and enjoying themselves. These were shared with people so they could have new cherished memories. One relative told us, "I guess some agencies just pop in and pop out and I would say it's more like a premium agency." They explained how care staff had exceeded their expectations.
- People felt they mattered and were able to talk about their lives and feelings treated without the fear of discrimination. One person told us, "In fact I contacted [staff name] today and she came up this morning to sit through and talk to me about what it was that I needed. She couldn't have been more kind."
- All staff felt valued by the provider. They told us their achievements were acknowledged through the provider's newsletters, the issuing of certificates and in conversations with the management team. One care staff told us, "[It is] such a rewarding job and [I] never feel out on my own. I could not work for a company who did not share my views."
- The provider had developed an action plan to promote people's equality and diversity. This included

ensuring people's religious celebrations were understood and accommodated and helping them to access support organisations as needed. People had been openly supported by a member of staff who led of equalities and diversities. These included supporting Pride month, religious festivals and other celebration and awareness days.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities to ensure good care. They were passionate about people using the service and took time to know each person well. One person told us, "[Registered manager] is also very, very kind and I just could not do without them now."
- The provider had robust quality audit tools in place. These included gathering feedback from feedback, using various methods such as encouraging all staff to provide feedback on their management skills. These audit tools were used to ensure the standards of care were high and to identify and address where any improvements needed to be made.
- All staff were enthusiastic about their role and understood the provider's goals and aspirations to deliver high quality care. One care staff told us, "[Registered manager] is a passionate person... To see the way she works, I stand in awe of her."
- The provider had been successful in getting through to the final selection process of the 'Princess Royal Awards'. The award looks at training investment and how this has directly improved the staff and organisational performance. The provider was keen to demonstrate how this fed back into people receiving care from staff who were well supported and trained in their role.

Continuous learning and improving care

- The provider used continuous improvement action plans. These were aligned to CQC's Key Lines of Enquiry and linked directly to individuals' care, care staff development and overall management oversight. These had resulted in a number of improvements in people's care, including staff being able to support people with medical appointments if they wanted this.
- The provider supported the management team's development through their 'Action Learning Set Strategy'. This provided continuous professional development which aligned with Skills for Care's registered manager induction standards. The outcomes of this strategy were always used to feed into the provider's overall continuous improvement action plan.
- The provider used frequent feedback surveys and incorporated a 'You said, We did' approach to show how suggestions had been used to better meet people's expectations. Examples included moving a person's call time, so they were able to access personal care, and better matching of care staff to a person's preference.

Working in partnership with others

- The registered manager had on many occasions liaised with local services to further improve people's health. One example was to support a person to access a dentist visiting the home. This had then led to seeking a dental surgery with wheelchair access, so the person was able to access the treatment needed to relieve pain which they had suffered with before using the agency.
- The provider had named care staff given additional responsibilities to ensure local partnerships were developed to further support people's care. These care staff were named 'champions' in certain areas and had received further bespoke training to support them with this. The dementia champion was looking at ways to support families understanding of dementia and was using local services to achieve this, such as a dementia café.
- The provider had made local connections with shops, pharmacies, opticians and dentists. This was related to a joint agreement about raising awareness of older people and training for care staff. One care



staff told us, "I have worked with a [local] shop and as a community they provide people with Easter eggs and birthday cards."