

# Uniq Health Care Limited

# Uniq Health Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Uniq Health Care is a supported living service and domiciliary care agency providing care to people in their own homes. At the time of our inspection the service was not providing domiciliary care but intended to do so in future. The service specialises in providing care to adults under and over 65 years with a learning disability, autistic people and people with mental health conditions. 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 there were 6 people receiving personal care in 5 different shared supported living settings across Berkshire.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

The leadership team were not fully clear about whether the service was a homecare agency or a supported living service. Management acted to resolve this during the inspection. National guidance for supported living services was understood and embedded.

Staff supported people with their medicines in a way that promoted safety. The service had not fully implemented procedures to manage controlled drugs safely. This was acted upon during our inspection. We have made a recommendation about this. The service did not consistently act to ensure people were supported in safe, clean and well-maintained environments. We have made a recommendation about fire safety.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. We have made a recommendation about staff training standards about reducing restrictive practices. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and achieve their aspirations and goals. 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.

### Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. One previous incident was not reported to CQC as required. Management acted to address this during the inspection. We were notified of all other events appropriately.

Staff recruitment checks were not consistently robust to promote safety. Management took immediate action to reduce any potential risk to people. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service used training to help staff physically disengage from unwanted physical contact from people. National guidance recommends this type of training is usually for administrative staff who do not support people directly. We sign-posted the service to staff training standards.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People and those important to them, including advocates, were involved in planning their care.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 12 November 2020 and this is the first inspection.

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We have made recommendations about the management of medicines, fire safety and staff training.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### 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 

# Uniq Health Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and one Expert by Experience carried out the inspection. 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

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### 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 that the provider or registered manager would be in the office to support the inspection. This was also because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 2 February 2023 and ended on 20 February 2023. We visited the location's office on 6 and 7 February 2023 and people's homes on 7 and 9 February 2023.

#### 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. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We met and spoke with 2 people in 2 different settings about their experience of the care provided. We observed staff interacting with 1 person who could not talk with us to help us understand their experience. We provided a questionnaire to 1 person who did not wish to speak with us, which they decided not to complete.

We spoke with 5 people's relatives and 8 members of staff, including senior support workers, support workers, service coordinator, clinical lead, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further 9 staff members, 3 people's relatives and 8 health and social care professionals by email.

We reviewed parts of 5 people's care records. We reviewed 3 staff recruitment files and a number of management records such as policies and procedures and quality checks and audits.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The service did not consistently manage the safety of the living environment. For example, a person's bath panel was broken and window blinds in their bedroom and the communal lounge were broken, without a timescale for repair. The registered manager told us they would improve communication with the landlord to arrange the repair of these fixtures. Another setting we visited was well maintained to promote people's safety and comfort.
- Staff told us internal doors were routinely propped open at the same setting to improve ventilation. This was against the fire risk assessment which stated doors must be kept closed. We reported this to the registered manager who acted to remind staff and told us they would liaise with the landlord about fire door safety.

We recommend the service considers current guidance on fire safety and acts to update their practice.

- Records showed regular fire drills were completed and staff knew how to support people in the event of an emergency evacuation.
- Staff spoke knowledgeably about how they supported people to reduce risks in relation to choking on food, diabetes and self-neglect. However, the service had not routinely assessed or recorded the risk of the misuse of cleaning products. We found the impact of this on people was minimal due to support and supervision from staff who understood risks to people. Staff explained that where a risk was known, toxic cleaning products were not accessible to people. The clinical lead and registered manager assured us they would review and document the risk of chemical or substances hazardous to health (COSHH), to ensure new and temporary staff understood how to support people safely.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, one person showed us visual reminders they used and told us this helped them to be safe.

### Using medicines safely

- Staff assessed the support people needed to take their medicines safely. However, recorded assessments did not always consider the storage of medicines to promote privacy and independence. The registered manager told us they would take action to review this with people. In practice, people were supported in other ways to develop responsibility for their medicines safely.
- We found controlled drugs (CDs) were stored securely as required. However, the service did not implement their policy and procedure to ensure a CDs register was in place. The registered manager said this was an oversight and took immediate action to implement this.

We recommend the service considers current legislation and guidance on managing medicines in the community and acts to update their practice.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. People and their relatives told us they were involved in regular medicines reviews with their GP.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service supported people to seek advice from prescribing clinicians about the risk of contra-indications when people chose to use homely remedies.

#### Staffing and recruitment

- Staff recruitment processes such as employment references, reasons for leaving employment and recent photographic identification were not always robustly implemented. The nominated manager took immediate action to address this. For example, we saw evidence a missing employment reference was followed-up and up-to-date staff photographs were obtained and added to staff personnel files.
- People and their relatives told us there were enough skilled staff, with comments such as, "[Persons' name] is safe with two-to-one staff, they look after them and keep them safe", "Consistency in staff, knows them all. Has two-to-one daily, one night-time staff" and "No staffing issues. Consistent, ladies at all times."
- The rota showed the service planned enough staff, including for one-to-one and two-to-one support for people to take part in activities and visits how and when they wanted.
- Managers arranged staff shift patterns to promote continuity of care, so people were supported by staff who knew them well. At the time of the inspection, the service only used one member of agency staff who worked exclusively for the service.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Where people were assessed as unable to manage their own finances, staff followed protocols to protect people from financial abuse.
- People we spoke with and those who matter to them told us the service was safe and they were involved in meetings about safeguarding concerns. Relatives said, "[Family member] is really happy where they are, I can tell they're safe" and "Incident and Safety plan is in place so [family member] does not open parcels alone. This has been agreed by [family member], social worker and mental health team. They are safe. Make the effort to understand [family member]. Helping them with coping strategies."
- Records showed the service worked well with other agencies to protect people from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

#### Preventing and controlling infection

- The service did not consistently advise visitors about hand hygiene or health screening to reduce the risk of catching and spreading infection. Additionally, the service had not considered safer alternatives to fabric hand towels in communal toilet facilities. We reported this to the registered manager who told us they would take action to address these areas. This was implemented the following day which we observed at another setting we visited.
- Staff cleaning schedules were in place, however, at one setting we found a person's bathroom environment had a malodour and presence of mould. The registered manager told us they would arrange a deep clean.



Other areas of the settings we visited were clean and hygienic. People and relatives told us the service supported people to keep living environments clean and hygienic.

- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service supported visits for people living in their home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The management team told us they reviewed and acted upon every accident and incident although this was not documented on the report documentation. However, other records showed that multi-disciplinary meetings were held with relevant health and social care professionals to review people's care when things went wrong. The registered manager and nominated individual told us they would amend the report template to ensure actions were clearly documented.
- The service monitored and reported the use of restrictive practices. At the time of the inspection people's care plans did not include the use of physical restraint as less restrictive interventions were successful in supporting people safely.

# 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.

Staff support: induction, training, skills and experience

- The registered manager told us the organisation's policy was not to use any forms of restrictive practice such as physical intervention to restrain people and they did not have a training plan for this. Based on this policy the service did not accept any referrals where this was an indicated need. We queried how the service planned for people's changes in need. The registered manager told us, and staff confirmed, that some staff had completed training in techniques to disengage (non-restrictive) from any unwanted physical contact for example a grab or a hair pull. National guidance recommends these types of techniques are usually for administrative staff or short term until more robust training is implemented. We sign-posted the registered manager to current best practice training standards.

We recommend the provider consider current guidance on staff training standards and acts to ensure staff complete mandatory learning disability and autism training.

- Plans were in place for staff to complete mandatory learning disability and autism training as required. Staff we spoke with demonstrated good awareness of mental health, learning disability and autism needs and described people's diagnosis and support needs, which aligned with information contained in care plans.
- Staff told us positive and proactive ways of supporting people were successful, which meant they did not need to use any restrictive practices and they felt people's and others safety was currently well managed.
- People were supported by staff who had received relevant and good quality training in evidence-based practice including, positive behaviour support, communication tools and human rights.
- The service checked staff's competency to ensure they understood and applied training and best practice. For example, records showed staff medicines competencies were checked annually and in response to learning needs.
- Staff received support in the form of robust inductions, continual supervision, appraisal and recognition of good practice.

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

- The service completed detailed initial and ongoing assessment of each person's physical and mental health including protected characteristics, such as cultural or religious preferences. One person's sensory needs were not included as part of this assessment. However, we found in practice staff anticipated and responded to their specific sensory needs because they knew the person well. The registered manager agreed to review sensory needs with input from relevant healthcare professionals.
- Staff completed functional assessments with input from social care professionals for people who needed

them and took the time to understand how to meet people's needs.

- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.
- People's oral health was assessed and captured in care plans. Staff we spoke with demonstrated that they understood how to support people and worked with healthcare professionals to access dental services.

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

- People received support to eat and drink enough to maintain a balanced diet and in line with their cultural preferences and beliefs.
- People we spoke with told us they were involved in choosing their food, shopping, planning their meals and cooking meals in their preferred way. One person told us, "The food is much better here" when comparing it to a previous placement. A relative told us, "Staff help and support [family member] with healthy food, drink and snack options. Buy diabetic biscuits. They have lost weight with the help of the GP and diabetic nurse."
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. People we visited showed us they had plenty of access to food.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in support plans to improve people's care. For example, the service worked closely with the community Intensive Support Team to reduce the need for the use of restrictive practices, inpatient services and out-of-area/residential placements.
- People had health actions plans and hospital passports which were used by health and social care professionals to support them in the way they needed. Records showed that where people were able, staff supported them to write their own health action plans.
- We received feedback from health and social care professionals that staff were strong advocates for people who could not always advocate for themselves, to understand their rights to reasonable adjustments in order to access services.
- Staff had received guidance from the pharmacy about how to operate equipment to monitor a person's health and shared this information with the GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. We observed staff consistently sought people's permission before providing care and respected their choices.
- Staff we spoke with showed a good understanding of what MCA meant in practice and knew about people's capacity to make decisions.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- For people who lacked mental capacity for certain decisions, staff recorded assessments and any best interest decisions. A person's relative told us, "They include [family member] in all regular meetings, a best interest decision was held to discuss what was the best way to inform [family member about sensitive information]. They talk it all through with [family member], talking round things. The staff must all come from loving homes, such lovely people."
- During our inspection the nominated individual agreed to make a small amendment to their templates to ensure the service consistently documented the views of those involved in best interest decisions.
- The service liaised with commissioning teams to apply for legal authorisations where people's liberty was deprived. Staff had acted and requested a review for one person who staff had observed to regain their mental capacity for certain decisions.

# 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 kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff understood the importance of building trust with people.
- People's relatives told us staff treated people with dignity and respect, "[Staff] always say please and thank you. When we are visiting they leave us, but say you know where we are if you need us", "[Family member] is very comfortable around the staff. I visit and see them altogether. Good banter between them" and "Staff are very chatty to family. They show kindness."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. One person told us when they had requested certain staff member to support them, this was listened to and met as far as possible.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory perception and processing needs.
- People we spoke with felt valued by staff who showed genuine interest in their well-being and quality of life.

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

- Staff supported people to express their views using their preferred method of communication. However, we found that one person's communication tool was not consistently accessible to them or staff supporting them. The registered manager acted to ensure this was addressed.
- People we spoke with expressed they felt listened to and valued by staff. We observed that people were given time to listen, process information and respond to staff and other professionals.
- Records showed numerous examples where people were empowered to tell staff and health and social care professionals what was important to them and how they wanted to be supported.
- The service supported people to access advocacy services and advocates had been appointed where people did not have other representatives.
- Relatives told us, "We work together and they thank me for my input" and "They are open to views on things and listen. We come together at crisis point. Care co-ordinator says what can we do next?"

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. The registered manager acted in response to broken window blinds that we found during our visit to protect people's privacy.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. For example, people were consulted and chose who they lived with.
- A person told us, "I'm very happy with the staff here. They give privacy. Some things I have problems with

and staff help me with that. They will knock on my bedroom door. They open my door at night to check without waking me up or disturbing me."

- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us staff supported them to access a mobility car which meant they could go to more events in the community. Staff told us about several examples where they had supported people to develop skills to take greater control of their health appointments and finances.
- People's care plan included their strengths, goals and aspirations and supported them to achieve greater confidence and independence.

# 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People we spoke with described how their preferences, likes and dislikes were understood and acted upon by staff. For example, the preferred gender of staff was identified and appropriate staff were available to support people.
- People's relatives told us, "[Staff] talk to [family member] if they're worried. They say WE can work it out. I like that attitude", "No restrictions on bedtimes or getting up. Their choice", "[family member does get bored easily and therefore the staff do ensure that they're kept busy so not bored too often. They do what they can to keep [family member] occupied" and "Staff know [family member's] likes and dislikes. They have a sensory box brought in place by the autism lady. Weighted blanket etc. Staff know and prompt them to use it." Staff described how they supported people with sensory sensitivities in a way which was comfortable to them.
- Staff were creative and made reasonable adjustments to ensure goals were meaningful and to achieve better health equality and outcomes for people.
- One person told us, "I have key worker sessions to plan the week. Planning helps me." Another person said they did not like to plan their meals and so staff supported them day to day, which is what they preferred.
- People had positive behaviour support plans where these were needed. Records showed people were involved in writing these plans to help staff understand how to meet their needs and avoid restrictive interventions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. People showed us their visual aids, which they said helped them to plan ahead and manage their own feelings and emotions.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- We saw numerous examples of how the service adapted written and verbal information to meet people's individual receptive and expressive communication needs. For example, we saw an easy read social story for

a person to help them prepare and access medical treatment in hospital.

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

- Staff were committed to encouraging people to undertake voluntary work, employment, and vocational courses in line with their wishes and to explore new social, leisure and recreational interests. People attended college and were supported by staff to seek employment opportunities.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff supported people to think and research new activities and experiences to broaden their horizons and meet their goals.
- People were supported to stay in regular contact with friends and family through visits and via telephone and social media. People told us enthusiastically about lots of social events with friends supported by staff.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Two people spoke with us about how the service responded well to concerns that were important to them.
- Records showed the service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. A relative commented they had never had to complain but knew the name and contact number if needed. Another relative told us the service had responded to a complaint and records showed other social care professionals were informed and involved in agreeing a resolution.

End of life care and support

- The service was not providing care to people at the end of their lives at the time of our inspection.



# 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 nominated individual and registered manager worked hard to instill a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Management and staff put people's needs and wishes at the heart of everything they did.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Relatives commented, "The care and support provided to my [family member] is always person centred; they are always treated with dignity and respect as an individual who is much more than just their diagnosis. Positive risk taking is regularly reviewed with [family member] at the centre and the involvement of the multi-disciplinary team", "[Family member] would not want to change a thing. I am led by them. They are there for me when I am struggling. I feel so confident in them", "I don't know if they are well led. I've never met the manager. Don't know if they're a he or she" and "Manager is contactable. She answers straight away."
- Staff told us they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture, with comments such as, "Uniq is one of the best place to work for and I can see my future as a staff member. They take care of clients with zero tolerance of harm. People are happy and improved a lot, living their life to the full", "Working environment is very good and healthy and also seniors and management team are very helpful for staff" and "I have never had an ethos like Uniq before in any of my previous jobs. The management team are always available when required during the day or night. I feel supported during my role and have the right training to develop my skills further."
- Managers promoted equality and diversity in all aspects of the running of the service and staff felt able to raise concerns with managers without fear of what might happen as a result.

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 leadership team understood their responsibilities and legal requirements and knew when to apply the duty of candour where appropriate.
- Staff gave honest information and suitable support and the service apologised to people, and those important to them, when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since registering with CQC the service had taken on a more active role in arranging supported living accommodation with landlords as part of people's care package. The registered manager had not notified CQC they were providing supported living in addition to being a homecare agency to ensure correct service types were reflected. Management acted to resolve this during the inspection.
- The leadership team had a clear understanding of people's needs and oversight of the services they managed. The registered manager did not always recognise when to notify concerns of abuse to CQC as required, which meant one previous incident was not reported. They took action to rectify this retrospectively and we found in practice they had taken robust action to reduce risk. We found since this incident all other events were reported appropriately.
- Regular audits were completed which fed into the service improvement plan. Audits had not always identified shortfalls in implementing policies and procedures in relation to controlled drugs or staff recruitment. In addition, training records did not always reflect all staff training such as mental health awareness. The nominated individual acknowledged these were areas for development and they were committed to providing further learning opportunities for the registered manager to get this right. The leadership team were responsive and acted upon any shortfalls we identified immediately.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff we spoke with described people with the upmost respect. We observed the service coordinator to be a positive role model for staff, whose interactions with people using the service were empowering and uplifting.
- Other governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The clinical lead was enthusiastic about developing the service and showed us how they were implementing agreed areas of improvement, such as a new risk assessment check list to promote safety.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One person's relative expressed they thought the service should provide more activities. We found evidence the service supported the person to regularly access the community and participate in day trips.
- Staff encouraged people to be involved in the development of the service. Surveys and house meetings were facilitated to gain and act upon people's views.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and to improve their wellbeing.
- Health and social care professionals told us, "Very reliable service. Have skilled and experienced staff team...[The person] now has had a very settled life in the community, and they are well looked after" and "A fantastic team of professionals who look after patients in a really healthy and safe way. I will be happy to recommend this service to other patients and providers." Another professional told us whilst there had been initial concerns with staff turnover and a safeguarding incident, the service had dealt with this and they were now reassured and happy with the support provided.