

Unique Quality Care Ltd

Unique Quality Care Ltd Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We 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.

About the service

Unique Quality Care Limited is a domiciliary care service providing personal care and support for people living in their own houses and flats. The service is registered to provide support for children, younger adults and older people who may live with physical or sensory impairments, mental health conditions, dementia or eating disorders. The care agency can also support people with a learning disability and autism.

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 our inspection there were 35 people using the service.

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

Right Support:

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the systems in the service supported this practice.

To enable people to have as much control over their own lives as practicable care workers encouraged people to be as independent as possible. This support helped people to remain living in their own homes. Care workers understood the importance of listening to and respecting people's choice.

People were supported with their medicines when needed and the provider ensured checks were made on care worker competencies to deliver this support safely. Care workers had training on infection control practices and Personal Protective Equipment (PPE) such as disposable face masks, gloves and aprons were readily available and used.

People had care plans and risk assessments to identify risks they faced and how staff should manage these. Staff were knowledgeable about the content of these risk assessments and supported people safely.

Right Care:

People were supported with kindness and empathy. Care workers understood and responded to people's individual care and support needs and wishes. Care workers knew how to protect people from harm and were trained to recognise and report instances of poor care or harm.

The provider ensured there were enough appropriately skilled care workers to meet people's needs and help keep them safe. The provider assessed people's needs and monitored the care to help ensure people received the care they needed at the right time.

Care workers respected and promoted people's privacy and dignity. The management and care team worked with external health and social care professionals to help maintain people's well-being wherever possible.

Right Culture:

The registered manager updated care workers on guidance and legislation updates. The registered manager was aware of, and supported people in line with the guidance Right support, right care, right culture.

Care workers received the training they needed to support people safely. This included training about supporting people with a learning disability or autism.

Incidents and accidents were documented, and action was taken when needed to reduce the risk of recurrence. Audits were undertaken to monitor the quality of the service.

People's quality of support was underpinned by the provider's quality assurance system. Surveys were sent to people, or their relatives where appropriate, to ask for feedback on the service provided.

People were supported by care workers who understood best practice in relation to supporting people with a learning disability. The provider ensured people were supported by staff that had the right skills and training.

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 us on 23 August 2021 and this is the first inspection.

Why we inspected

This inspection was based on the service being unrated since the new provider registered with the CQC.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 23 January 2023 and ended on 06 February 2023. We had a video call with the registered manager on 24 January 2023 and a further video call to give feedback from the inspection on 06 February 2023.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from 2 people and relatives of 6 people who used the service about their experience of the care provided. We received feedback from 14 care workers and reviewed a range of records relating to the management of the service, including care plans and risk assessments, care worker training records, evidence of monitoring staff practice and overall governance. Three external professionals shared their views and experiences of the service.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Care workers provided people with safe care and support. This was confirmed by relatives of people who used the service. For example, one relative told us they were confident the person received safe care and support because they felt care workers were trained and knowledgeable and the registered manager closely monitored the service provided.
- The registered manager was aware of their responsibility to report safeguarding concerns to the appropriate external agencies and had a system to help ensure any concerns were shared promptly. At the time of this inspection no safeguarding concerns had been raised.
- Care workers received safeguarding training and demonstrated they were clear about how to raise an alert or any concerns they may have with the appropriate authorities. One care worker told us, "It is very easy to raise concerns at this company. I always feel heard, and they are dealt with promptly." Another care worker said, "When a concern is been raised, the manager deals with it as quickly as possible. They ensure the right of the client is preserved and the necessary steps are taken."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- As part of assessment and care planning, any risks to people's health and welfare were identified and actions taken to mitigate the risk. Risk assessments were reviewed regularly to help ensure they remained relevant and effective in promoting people's safety and wellbeing.
- The registered manager ensured learning was shared from complaints, incidents or accidents that may occur. Learning was shared with care workers during team meetings. For example, minutes of a team meeting demonstrated a review had been undertaken of recent falls with a view to identifying lessons to be learnt. The outcome was enrolment on a fall's prevention course for some of the care team.

Staffing and recruitment

- The service had recruited enough care workers to meet people's needs and to manage any changes as a result of staff sickness or annual leave. The registered manager operated a robust recruitment process which included appropriate checks to help ensure care workers were suitable to work in a care setting. Criminal record checks and references were sought before care workers started to work with people.
- Relatives told us newly recruited care workers were introduced to people before they began to provide people with their care and support. One care worker confirmed this by saying, "When I began working here, I shadowed colleagues so that I got to know people and their needs as well as how the care workers worked and provided care for people. I have also done a lot of training and our (registered) manager is happy to send us for any training we request if we think it will be useful in the care we provide."
- People's relatives told us care workers were punctual. One relative said, "Care workers are generally punctual, they can be unexpectedly delayed but they do contact us and let us know in that instance."

- A care worker told us, "I have the time I need to support people safely. Sometimes the package of care people have on discharge from hospital may not be sufficient to meet their care needs initially. I speak to management about it, and they liaise with the person's social worker and other members of the multi-disciplinary team such as physiotherapist and occupational therapist to increase the call times to allow for safe and effective care."

Using medicines safely

- Care workers were trained to safely administer medicines; their competency was assessed, and regular monitoring took place to help ensure people's medicines were managed safely.
- People's relatives confirmed people were supported to take their medication in a safe and kind manner.

Preventing and controlling infection

- Care workers received training in infection prevention and control and had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care workers were clear on the actions they should take to promote good infection prevention and control. They were confident of the training and equipment they had to help them care for people safely.
- Infection control procedures were observed during care worker's competency assessments and spot checks. This included, the correct use and disposal of PPE, hand washing and drying and infection control procedures when providing personal care.
- The registered manager ensured they remained up to date with current national guidance to help ensure care workers were working 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.

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

- People's care needs, and preferences were assessed before people started to receive support. This helped to ensure people's needs and preferences could be met. Pre-service delivery assessments were robust and detailed and formed the basis of people's care and support plans.
- Where appropriate, goals had been identified with people for them to regain mobility or independence. For example, one person's goal was to be able to transfer in and out of bed with just one care worker for support instead of two and to be able to make their own breakfast once more. People's care plans identified these goals and how care workers could help support people to achieve them.
- The management team remained in regular contact with people and their relatives to help ensure the planned care packages worked well. An external professional told us, "Unique Quality Care provide excellent care and support for people in an outcome focussed way such as making contact with people and/or their families where appropriate to actively involve them in developing a plan that reflects their personal choice."
- People received the support they needed. For example, a care worker gave an example where a person's mobility was gradually declining, and they could no longer support with transfers. The care worker said, "I told my manager who called the occupational therapist to assess the person. We learned that having more physio and doing exercises with the person would help to increase their mobility. We did this and not long after the person was able to mobilise better."

Staff support: induction, training, skills and experience

- Care workers received training relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. One care worker told us, "We have more than enough training; support and supervision is also provided. Last month I had a supervisor check my practice and told me what I could improve on. I found that helpful."
- Care workers completed a full induction including classroom-based activities and online training. The registered manager ensured care workers received regular supervision and competency checks. One care worker said, "I have had all the necessary training required to carry out my role safely. This includes moving and handling and medication competency training, which management supports us to update regularly."
- Care workers received supervision to help ensure their practice was safe. One care worker told us, "I also have the right supervision as appropriate. For example, when I first started work, I shadowed a colleague for a few weeks on all care visits before I was left to work on my own. My standards of practice are also checked by management in the form of spot checks and my performance discussed during my appraisals."
- People and their relatives told us care workers were knowledgeable and skilled.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care workers supported people to maintain their health and well-being and to access relevant health support, where required. Care workers knew what to do if people became unwell or needed additional support.
- Care plans identified people's health history, conditions or past illnesses they had experienced which could affect their wellbeing.

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.

- People's consent to care was sought and recorded before care workers supported the person. This was a recorded in people's care plans in relation to receiving care and the sharing of information.
- The registered manager ensured people had mental capacity assessments completed when needed and care workers had received training in the Mental Capacity Act.

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 told us care workers provided kind and compassionate care. A relative told us, "My [relative] feels very safe with one particular care worker, even allowing personal care which was impossible for years. I believe that is achieved with [care worker's] tone of voice, just a connection, gentle and caring way of talking and encouraging."
- Care workers spoke about people respectfully and understood people's diverse needs which had been assessed and included in their care plans appropriately.
- Care workers took action to cheer people up and bring some light into their days. A care worker told us, "A lot of people are on their own and lonely. As I am quite high energy and a bubbly person, I love offering companionship to people, it makes a big difference. Though I have helped many to begin mobilising again and regain their independence, I think making people smile also has a significant impact on their day to day lives."
- The registered manager regularly sought feedback from people to satisfy themselves people received kind and compassionate care and support.

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

- People and their relatives, where appropriate, were involved in decisions about the care and support they would receive. Relatives told us they were able to access 'real time' information about the care and support provided. They told us this gave them reassurance the person was receiving the care and support they needed.
- There was regular communication between the management team, care workers and people. Any information gathered was used to develop individual care plans where appropriate, and to assess how the service delivered care.
- Skills set and personalities of care workers were considered helping to ensure the right match for the person receiving care and support. This meant care workers could build good working relationships and help people to maximise their independence.

Respecting and promoting people's privacy, dignity and independence

- Care plans included detailed information about how to promote people's privacy and dignity, tailored to people's individual needs and preferences. For example, people's preferences of male or female care worker was assessed prior to service delivery starting, recorded in their care plans and adhered to.

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's care plans would benefit from further consistent detail to enable care workers to support people consistently and according to their individual needs. For example, to use one term to refer to a specific piece of equipment so all people involved understood. The registered manager undertook to review the content of care plans in this regard and amend accordingly.
- People (and their relatives where appropriate) could access their electronic care records through the provider's on-line platform. One relative told us, "I live at a distance from [person], but Unique Quality Care have enabled me to be able to read the care notes on the [name of computer programme]. The twice daily report in real time lets us know how [person] is, and what care has been provided at each visit. So we know they are receiving appropriate and safe care."
- Care plans recorded people's decisions, the areas they required support with and their preferred daily routines. Care plans identified areas where care workers encouraged people to maximise their independence. For example, encouraging people to regain their mobility which, in turn, increased their independence and feelings of self-worth.

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.

- The registered manager was aware of the accessible information standard and people's communication needs were explored during the initial care needs assessment. Any adaptations, equipment or specific approaches required were recorded in people's care plans.
- The registered manager advised information could be made available in different formats if this was required.

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

- Care workers supported people with their interests and social activities where this was requested. For example, some people were supported to go shopping, to visit cafes or to visit the hairdressers. Others were supported in their home to enjoy pastimes including knitting and enjoy pampering such as having their nails painted.

Improving care quality in response to complaints or concerns

- The registered manager recorded and monitored complaints to help ensure they could identify any action required or if there were re-occurring issues. At the time of this inspection just one complaint had been received in relation to lateness of staff, upon investigation it was found this had been due to the temporary closure of a major road in the area.

End of life care and support

- Care workers supported people at the end of their life according to their wishes and preferences. Care workers received training to enable them to support people to stay in their own home if they chose to do so. Additional support was provided as needed from external health professionals such as the palliative care team and district nurses.

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 was open, honest and positive. The vision and values of the service were clearly set out, understood by care workers and reflected in their working practices.
- Feedback we received from people, their relatives and care workers was positive. A relative told us, "I would like to commend [registered manager] on the management of the team and of the service. [Registered manager] has been excellent in contacting relatives when needed, and I have every confidence in recommending Unique Quality Care to any person looking for care and support in their own home."
- Care workers told us the management team had an inclusive, person-centred approach and they enjoyed working for them. One care worker said, "I would recommend this company as they take pride in offering high standards of care and they ensure we as staff are well trained to do so. As a result, many of our clients are happy and they get better quite quickly. Many clients recommend their friends and family members to us too which is nice."

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

- The registered manager had a clear understanding about the duty of candour and told us they encouraged care workers to be open and honest in their feedback.
- The registered manager and care workers understood their roles and respected the impact their roles had for people.

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

- People and their relatives gave positive feedback about the service and how it operated. One relative said, "Overall, I would like to commend [registered manager] on the management of the team and of the service. They have been excellent in contacting me and the family when needed, and I have every confidence in recommending Unique Quality Care to any service user." Another relative told us, "I would recommend them - they have never let us down. There have been challenges on both sides, but the care manager and I have talked through these."
- Feedback was sought from care workers via satisfaction surveys and face to face meetings with the management team. Care workers were positive about working for Unique Quality Care Limited. One care worker said, "Unique Quality Care is a very kind-hearted company, filled with compassion and love. All the

care workers really look after people like they are their own family and we have nursed so many people to good health."

- Regular feedback about the quality of the service provided was gathered from people and their relatives. Feedback was gathered via satisfaction surveys or welfare phone calls and face to face visits from the registered manager.

Continuous learning and improving care; Working in partnership with others

- The registered manager was a member of a local care provider's association. They had arranged training for themselves and the care worker team and attended some local business network meetings to help keep themselves up to date with changes in the care sector and legislation.

- External professionals gave positive feedback about Unique Quality Care and how the service supports people. Feedback included, "Their whole approach has been to enable people in the best possible way and take a flexible approach to ensure people are able manage independently." Another professional told us, "I have not had professional concerns or worries about the care which is being provided for people under care of [registered manager] and the team. I have not had any safeguarding concerns with Unique Quality Care. [Registered manager] and the team are very professional, nurturing and compassionate, they provide person-centred care."

- The registered manager worked in partnership with people's relatives to help ensure people received good care and support appropriate for their needs and preferences.