

Unity Care Specialists Ltd

Unity Care Specialists

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Unity Care Specialists is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 18 people receiving personal care.

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

People and their relatives told us they received safe care. Staff understood people's risks relating to their care and managed risks well. Medicines were managed safely, and staff understood how to protect people from abuse. People received a reliable and consistent service. The provider was working on ensuring full employment histories were always obtained as part of their pre-employment checks. The service managed incidents affecting people's safety well.

Work was underway to ensure care plans were consistently holistic and person-centred. Staff had received relevant training and underwent an induction which helped to ensure they understood their role and responsibilities. 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.

Care was person-centred and promoted people's dignity, privacy, and human rights. People received support which was based around their needs, choices, and preferences and had access to information in formats they could understand. Staff worked alongside healthcare professionals to provide end of life care which was holistic, and person centred and helped to ensure people had a dignified death that was as comfortable as possible.

Governance processes were mostly effective and helped to ensure people received safe care and support. The inspection identified some areas where records relating to people's care and those relating to recruitment needed to be more robust. Whilst the provider was taking action to address this, more time was needed for us to be fully assured that these improvements had been embedded. The registered manager had a clear vision for the direction of the service and had fostered a culture where staff felt valued and where people's individuality was promoted. The provider sought feedback from people, and those important to them, and used this to develop the service. The leadership team worked effectively with health and social care professionals to meet people's needs.

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 4 March 2022, and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Unity Care Specialists

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.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC and sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We visited the provider's office where we spoke with the registered manager, care manager, 2 field care supervisors, the recruitment lead and 2 care workers. We also reviewed a range of records. Following the inspection, we spoke with 7 people using the service and another 7 people's relatives about their experience of the care provided. We also received feedback from 5 care staff.

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.

Assessing risk, safety monitoring and management

- Staff understood, monitored and managed safety well. This included people's risks in relation to falls, dietary needs and catheter care.
- Staff recognised if people were developing infections or becoming unwell. For example, 1 relative told us, "Recently the carers informed me that [family members] urine was dark, and she seemed a little confused, more than usual. They said she may have a urine infection, well she did, and antibiotics were prescribed."
- Information about new or emerging risks were quickly raised by staff to the management team via alerts generated within the digital records management system used by the provider. This allowed the concerns to be investigated and escalated to relevant professionals quickly. We saw this happened in practice.
- Staff also used a secure messaging service to collaborate with their colleagues, share concerns or make requests to be extra vigilant, if for example, a person was noted to not be their usual self.
- Staff proactively assessed and anticipated risks to people's home environment where this impacted on their safety and the delivery of care. For example, staff had anticipated the risk of flooding following a high tide and the potential for this meaning they would not be able to access one person's home to deliver their care. In response they had altered the time of the care visits not to coincide with high tide.
- The leadership team worked hard to assess and minimise risks which helped to ensure people unable to make decisions for themselves were still able to take part in the activities they enjoyed. For example, 1 person with complex needs had been supported by the registered manager, and their main carer, to visit an historic military site, even though this presented some risks. The visit was carefully planned, and the risks assessed. The registered manager told us, "[Person] walked in and their face glowed and so we knew we had done the right thing."
- The service helped people keep safe through facilitating the sharing of information via their electronic care planning platform. For example, with relevant consent, health care professionals could use a code to log in to the care planning system to see key information about a person's needs, risks and medicines.
- Family were also able to use this system and this helped to provide them with assurances about their family member's care which they really valued.

Staffing and recruitment

- Most of the required pre-employment checks had been completed, this included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- However, gaps in staff employment histories had not always been explored and accounted for. The provider was taking action to address this.
- The service had enough staff to ensure people received a reliable and consistent service that met people's

needs. Comments from people and their relatives included, "They arrive on time and stay for the allocated time slot... there have been no missed calls" and "I have regular carers so have very good continuity."

- Staff told us their schedules were realistic and allowed them sufficient time to make sure people received their planned care without feeling rushed or visits being cut short. Comments included, "Schedules have always been realistic, and they are always very careful to allow travel time between appointments" and "Where I feel more time is needed due to individuals needs changing, I have informed the office and the appropriate action has been taken to obtain the extra time."
- Staff provided support to the same group of people which helped them to build positive and trusting relationships with people and their families.
- There had been no missed visits, but if a visit was missed, or was more than 30 minutes late, then the office or on call person, received an alert, allowing them to investigate this further.
- The registered manager was very clear they would only take new referrals if they had capacity within their team to accommodate the person's needs. It was clearly important to them the business grew safely and in a manner that supported their ability to continue to deliver person centred care.

Using medicines safely

- Staff had received training in the safe administration of medicines and had their competency checked.
- The electronic medicines administration records (eMARS) viewed, provided assurances medicines had been administered as prescribed.
- The eMAR system provided alerts should a person's planned medicines not be administered allowing office staff to take remedial action.
- There had been 1 medicines error. This has been managed appropriately and learning embedded.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.
- Following changes to guidance, people were being asked their preference regarding whether staff continued to use PPE during visits, and this was respected by staff.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- An incident reporting system allowed the registered manager to have oversight of all incidents to ensure appropriate actions had been taken in response, which included escalating concerns to the GP and seeking advice from specialist healthcare professionals.
- Systems were in place to review incidents and accidents to identify themes or trends so that actions could be taken to drive improvements. For example, the review included checks as to why medicines were not administered, tasks not completed or why visits were shorter than planned.

Systems and processes to safeguard people from the risk of abuse

- Staff received relevant training and knew how to protect people from harm or abuse. The systems within the service supported this. For example, 1 staff member told us, "I feel very confident that management would address and foresee any concerns regarding safeguarding matters."
- People and their relatives told us the service provided safe care. Comments included, "Yes I would definitely say [Family member] is safe with her carers as she has regular carers that she knows and trusts" and "I have had the same carers for over a year now and we know each other very well... I feel safe and secure."
- The registered manager had worked proactively with other agencies to protect people from harm and to achieve positive outcomes.

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

- Staff had completed an assessment of each person's needs when they first started to use the service. For example, 1 person said, "The manager from Unity came to see me very promptly and we discussed the care I needed...she was very professional...I have made the right choice to use Unity as I felt confident that they would deliver what I required, and I have not been disappointed."
- Staff demonstrated a good understanding of people's needs and each person we spoke with told us they received person centred and effective care that met their individual needs.

Staff support: induction, training, skills, and experience

- People were supported by staff who received an induction, shadowing opportunities and relevant training which helped to prepare them for their role. This included training in areas such as dementia care, diabetes, first aid, equality and diversity, food hygiene and health and safety.
- Staff had undertaken training delivered by specialist practitioners to help ensure they were suitably skilled to care for people with conditions such as Huntington's disease.
- The registered manager was committed to encouraging staff to develop within their role and to complete health and social care qualifications.
- More advanced training was made available to enable staff to become specialists or 'champions' in particular areas. For example, 1 staff member had just completed a falls prevention course to equip them with the knowledge needed to become a champion in this area and to share this with their colleagues.
- Staff received regular supervision, felt well supported and were positive about the training provided. For example, 1 staff member said, "Induction online training is vast. Shadowing is also provided until management are happy and new staff are comfortable."
- Another staff member said, "I do feel we have the right training and support to manage the needs of the service, I feel the support we are offered is outstanding."

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

- People were supported to eat and drink in their preferred way.
- Staff monitored people's weight and information was shared amongst the team about those that were losing weight so their dietary intake could be encouraged and monitored.
- One person was noted to be gaining small amounts of weight as staff were being mindful to spend any spare time sitting with them whilst they ate, gently encouraging them to eat.
- Monthly meetings were held with a dietician for another person whose dietary needs were more complex to try and promote good nutrition. The dietician had praised staff for their professionalism and for their

efforts in supporting the person to gain weight under difficult circumstances.

- Care plans and visit information gave some guidance on people's dietary requirements and preferences although there was room to expand on this to make the plans more personalised.

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

- The service worked collaboratively with health and social care professionals to support people with their healthcare needs, their medicines, to promote rehabilitation and provide good end of life care. This was demonstrated by 1 family member who told us, "The carers have worked closely with the rehab team to understand the exercises and other routines that have been put in place to enable his mobility to improve."
- Staff recognised if people were unwell and took action to ensure their health and wellbeing. For example, 1 relative said, "They are on the ball with observations and have the skills and knowledge to recognise when [Family member] is not well."

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.

- Staff empowered people to make decisions about their care and support. This was evident from the visit records completed by staff each day but also came across clearly in the feedback we received from staff. For example, 1 staff member said, "Mental capacity is important daily. The people I support are grown adults who have the right to make choices, be shown respect and treated with dignity."
- Staff were knowledgeable about the MCA and the relevance this had to providing people with effective care. One staff member said, "This is relevant to my daily role as we often have to ask permissions from our clients for things such as administering medication.... it is important that we assess whether the person has the capacity to make the decision, retain the information and weigh up the pros and cons."
- Staff demonstrated best practice around consent, for example, consent had been sought for key decisions such as sharing of information, relatives having access to the persons digital social care records and for the use of CCTV.
- Staff had assessed people's mental capacity and undertaken inclusive best interests' consultations.
- Care plans also included an assessment of whether there were any restrictive practices being used so these could be reviewed to ensure they were the least restrictive option possible.

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 care from staff who were kind, caring and compassionate, knew people well, were able to anticipate their needs, understand their mood and provided sensitive and supportive care. For example, 1 person told us, "They [Staff] know what I like and dislike, we get on very well...they cannot do enough for me and bend over backwards to please." Another person said, "[Staff] are like members of my family, so kind, I am very happy."
- Staff understood the impact isolation could have on people's mood and wellbeing and did all they could to compensate for this. For example, 1 relative told us, "The carers are very chatty and will ask [Family member] about the photos on display, encouraging her to remember and talk about family and places where the photos were taken, [Family member] responds well to this" and another said, "The social interaction is very good, I can hear the carers chatting away to my [Family member] and they laugh together."
- Staff maintained detailed daily notes which not only described the care delivered, but also demonstrated staff valued the individuality of the person and understood how their actions contributed to the person's wellbeing and promoted their dignity.
- When assessing people's needs, staff ensured people's personal histories and cultural or spiritual beliefs were explored. Where people and their care worker did not share the same cultural or religious beliefs, the registered manager ensured that this was openly discussed and carefully planned for.
- The caring culture within the organisation was embedded at every level with the registered manager role modelling an approach which focused on providing staff with care that was compassionate and kind and made a difference to their lives and to their wellbeing.

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

- People confirmed they were involved in making decisions and staff understood the importance of enabling people to direct their own care. This approach was central to the values of the organisation.
- A staff member gave an example of this describing how during their induction, they had shadowed a field care supervisor. They said, "I was happy to observe the carer address a client formally and introduce me to them as I entered their home. She gave the individual choices about tasks and activities she wanted to complete that day and followed her preference. While out shopping, the carer prompted the individual to make her own choices and carefully avoided influencing any of her decisions. She occasionally highlighted an unreasonable/ unpractical item, but this was delivered as information not direction and they respected any choice made by the individual."
- Staff advocated for people with healthcare professionals to ensure their voice was heard and their needs prioritised.

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

- Each person told us staff put them at ease while they received personal care and they felt respected. Comments included, "They treat me with dignity and respect at all times" and "The carers are wonderful and so kind and respectful."
- Staff demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence. Feedback from people and their relatives assured us this approach was used in practice. For example, 1 relative told us, "They ask her what she would like to eat and drink and will include her when making meals so that she feels she is still able to do these tasks" and another relative said, "Despite [Family member] being very slow the carers will spend time encouraging him to wash himself and do things for himself instead of taking over, they support his independence, and he is very happy with the care he receives."
- Where CCTV was in place, the registered manager had completed a detailed impact assessment of this to ensure people's privacy and dignity was protected.

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

- Each person told us they received support which was based around their needs, choices, and preferences, for example 1 person said, "There is nothing that can be improved upon with the way they deliver my care needs."
- Relatives also told us their family member received individualised care, comments included, "Everyone that I have met are bright and bubbly and have got to understand [Family member], his likes and dislikes and the care plan works really well" and "When the company have a new carer visiting [Family member], they always arrive with a [Field care supervisor] and work with her until they know [Person's] routine and she feels comfortable with them."
- The support provided promoted a good quality of life for people and staff used person centred approaches to meet people's needs. For example, 1 relative told us, "Mum feels safe and happy with her carers as they are patient and kind and know what they are doing, they understand how to distract [family member] when she gets a bit agitated and confused as they will suggest they go into the garden that she loves and hang the washing out and [family member] helps too so she is included."
- Another family member said, "The carers have a consistent way of treating a very intelligent [Person] which is outstanding... they recognise the importance of treating him like an individual... they are super carers and the way they interact with [Family member] is valuable to me."
- Feedback from people and their relatives indicated there was a strong focus on people being empowered to make decisions about how they wanted their care and support to be provided. This ensured they retained choice and control over their care. For example, 1 relative said, "The carers all interact well with [Family member] and although she has Alzheimer's they are very inclusive, giving her choices" and a second said, "They listen to his wishes and do things how he wants them to be done."

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. For example, the provider's brochure was available in a format which was accessible to people living with dementia.
- People had communication plans that detailed how they communicated and documented any sensory needs.

- Staff had tailored the way they communicated with 1 person who had a complex health condition. This included interpreting and using body language to support the person in the best way possible.
- The digital social care record used by the service supported the use of dictation enabling staff with dyslexia to dictate their notes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- Where this was part of their care and support, people were encouraged and supported to take part in the leisure and social activities that were important to them, and we heard about staff supporting people to attend local cafes, parks, attractions, and concerts.
- A care worker told us, "Once I get to know a person through talking to them or talking to their family/people who have known them awhile, I like to bring aspects of their past selves to the support I provide them now, one lady used to be in a choir, so I regularly put music from her era on my phone and sing to it. She enjoys singing with me and it cheers her up. She opens up more and talks more confidently about her past... A gentleman used to build boats and was in the army, so our trips out have included the royal armouries, historic dockyard etc. his face lights up when I ask him questions about it."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people and their relatives told us they could raise concerns or complaints easily.
- Complaints had been taken seriously, addressed, and resolved and were used to drive improvements within the service.

End of life care and support

- Staff worked alongside healthcare professionals to provide end of life care which was holistic, and person centred and helped to ensure people had a dignified death.
- The importance of holistic end of life care was described by 1 staff member told us about a person they had cared for saying, "I made sure that at all times care was delivered with great delicacy, holding as much of their dignity as possible, making sure that pressure sores was being prevented and calling in the DNs when pain relief was due or greatly needed...I reassured, talked, laughed and held hands with the service user."
- The service had been able to provide a flexible and rapid response to ensure people were able to return home and die in the setting most meaningful to them.
- Staff were in the process of working alongside people and their families to develop end of life care plans that described their individual wishes for how and where their care should be provided in their final days.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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.

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

- Governance processes were mostly effective and helped to ensure people received safe and good quality care and support.
- Monthly audits were undertaken and included checks that visits were lasting for the correct amount of time, were not too late and that medicines had been administered as planned.
- However, some records relating to people's care needed to be more comprehensive to ensure staff had all the information they needed to meet people's needs, and some recruitment checks needed strengthening.
- The leadership team had already identified that the audit tools needed to be more robust to ensure these were providing the right level of scrutiny moving forward and new audits had recently been introduced. In addition since the inspection, the registered manager has introduced more robust procedures for ensuring that all of the relevant recruitment checks were completed.
- The senior leadership team met regularly to review matters affecting the quality of care such as complaints, safeguarding concerns and to discuss people's needs.
- The provider had recently arranged for an external consultant to undertake a mock inspection of the service. The outcome of this fed into the providers overall service improvement plan which the registered manager used to monitor progress and deliver improvements.
- People's care and support was regularly reviewed. Records relating to these were clear and showed people were being asked to comment on the quality of their care. A member of staff told us, "At all reviews it is discussed with the client how they feel their standard of care is and if we can improve in any way to support them better."
- The registered manager had a clear vision for the direction of the service and a desire for people to have the best quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- Staff told us the service was well led. One staff member said, "[Registered manager] and her team have been amazing from day one. They are all so friendly and so willing to help. On occasions when I've rung the office, I've never felt like anything is a problem."
- People and their relatives spoke very positively about the registered manager and senior team saying the service was well organised, communicated effectively, addressed any problems quickly and in a professional manner, for example, 1 relative said, "The manager is so wonderful and has made it easy for us as a family to accept having carers around by her wonderful communication and ability to make us all feel

at ease...I would give them a much higher score than 10 out of 10."

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

- Management and staff put people's needs at the heart of the service and everyone we spoke with said they would recommend the service to others and told us the care and support achieved good outcomes for people. For example, 1 person told us, "They [Staff] have helped me get back on my feet after having surgery, they have helped me get stronger by encouraging me to do more for myself but helping me if I need them to" and another said, "I have managed to do a lot for myself today, wash and dress as well as make breakfast, all due to the wonderful support and encouragement from my carers."
- A relative told us, "[Person] is absolutely flourishing thanks to the ladies, he is much improved, he had bed sores when he was discharged from hospital and with the intervention of the carers and liaising with the district nurses, they have this under control."
- In another example, we saw how staff adjusted their support when identifying that one person appeared unwell. Staff took the person to the GP and back home to collect their medicines and an overnight bag before taking the person onto hospital.
- The registered manager fostered a culture within the service where staff felt valued. For example, when 4 staff were nominated for regional awards, the registered manager ensured this excellence was celebrated and attended the award ceremony along with the staff to demonstrate their thanks for all their hard work.
- Staff in turn were clearly invested in the service and committed to delivering the best support possible.
- Comments from staff included, "I feel very lucky to be a part of the company. Every milestone I have reached is greatly recognised, [Registered manager] always praises me throughout my employment here and makes me feel worthy" and "I have been in care for a while and been to very bad companies. Unity Care was my last try in this industry. They have restored my faith in care. They are extremely kind, considerate, and caring towards their staff. They believe in our futures and more importantly the clients."

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 encouraged an open and honest culture at the service and acted in a manner that was in keeping with the spirit of the Duty of Candour.
- They were transparent with the information provided during the inspection and had published a mock inspection report of the service on their public website showing feedback about the areas they were doing well and those where they could improve.

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

- The provider sought feedback from people, and those important to them, and used this to develop the service. For example, surveys had been undertaken in December 2022. Whilst the feedback was positive, the registered manager, took on board suggestions for how the service might be improved further and there was a plan in place to help ensure this was achieved.
- Staff were encouraged to share their views, and these were listened to which helped to foster a positive culture within the service. For example, 1 staff member said, "They have always listened and took on board my concerns."
- Staff surveys had been completed in December 2022. Twelve staff had responded with all feedback being positive.

Working in partnership with others

- The leadership team and staff worked effectively with health and social care professionals to meet

people's needs. This included GPs community nurses, occupational therapists, physiotherapists, and pharmacists.

- Comments from professionals included, "We [name of pharmacy] would like to express our gratitude for the effective working relationship we have with Unity Care Specialists. Our recent experience with their team highlights their exceptional commitment to customer care" and "I have been consistently impressed by this team's approach to a difficult scenario and their drive to do things well... I have every confidence that [Registered manager] heads a confident and compassionate team and I am delighted to work with them."
- The registered manager engaged in local forums and networks to share information and knowledge and to improve care services in the local area. For example, the registered manager was involved in the delivery of training for dementia friends and signposted relatives to events and resources to support them in their caring role.