

Understanding Care (Coventry) Limited

Unique Senior Care Coventry

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Unique Senior Care Coventry is a domiciliary care service. At the time of the inspection the service was supporting 43 people with the regulated activity personal care. People receiving support from the service were adults or older people. Some people were living with dementia. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider continued to be passionate about building an outcome focused service which helped people achieve their goals and priorities. They had an extremely proactive attitude to the training and development of staff who were enthusiastic in their desire to provide the best quality care to people. The provider remained committed to sharing learning and developing best practice. They had introduced new initiatives since our last inspection to ensure the drive to improve the service and provide people with positive outcomes was maintained.

There continued to be a very strong person-centred culture at all levels within Unique Senior Care Coventry. Treating people with dignity and respect and promoting independence was at the heart of caregivers working practices. People were supported to express their views and make their preferences known.

People's needs, and preferences were thoroughly assessed before they received support from the service and were reflective of the Equality Act 2010. Caregivers described their training as excellent and said it gave them the competencies to meet people's assessed needs effectively. Caregivers monitored people's health conditions and ensured people they supported with meals had enough to eat and drink to maintain their health.

Each person had a plan of care which focussed on their personal preferences, routines and social needs. Where possible people were matched to a caregiver who had a shared common interest or hobby and shared their enthusiasms. Caregivers had received training and worked closely with community-based health professionals to provide consistent care when people were at the end of their life.

People were supported to have maximum choice and control of their lives and caregivers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The views of people, their relatives and caregivers remained central to driving forward improvement and service development.

Risks to people's health and safety had been identified and caregivers understood their role in keeping people safe. People were protected from the risks of infection and their medicines were handled safely. When things went wrong, lessons were learned and shared across the service.

For more details see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 28 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Unique Senior Care Coventry

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager, together with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 17 September 2019 and ended on 23 September 2019. We visited the office location on the 19 and 23 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff known as 'caregivers', a care supervisor, the registered manager, the acting Director of Operations, the Director of People, the Learning and Development Manager and the Brand Ambassador. We also spoke with two other directors of the provider company, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of data and records. This included five people's care and medication records and variety of records relating to the management of the service such as quality assurance, training and recruitment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and caregivers treated them extremely well. One person told us they felt 'very safe' because, "They (caregivers) are nice people and very efficient and helpful."
- Caregivers understood their responsibility to ensure the safety of people. They told us they would report any concerns people were at risk of abuse or discrimination to their managers.
- One caregiver had been given the responsibility of Safeguarding Champion' at the service to offer advice and guidance to their colleagues. They explained, "If caregivers are uncertain about a situation then they can contact me and check it out. The company work really hard at making sure there are lots of options for checking out any concerns."
- The registered manager demonstrated their awareness of how to work with the local authority safeguarding team and other agencies should any concerns be raised.

Assessing risk, safety monitoring and management

- People had an assessment of their care needs which identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist them, and the equipment used in their home.
- Caregivers knew how to minimise individual risks to people's health and wellbeing and how to use equipment safely. One person who was transferred with a hoist told us, "It is always done in a safe way."
- The provider had a contingency plan to ensure continuity of care should an event occur that impacted on service delivery. For example, adverse weather conditions or staff shortage.
- The provider had a robust approach to safeguarding caregivers as most of them worked alone. Each caregiver had a risk assessment to ensure their suitability for lone working.

Staffing and recruitment

- The provider employed enough caregivers to safely meet people's needs.
- Caregivers logged in and out of their calls using a telephone system. If caregivers were more than 15 minutes late, this created an alert which was followed up by a member of the management team to investigate and resolve.
- Incidents of missed or late calls were very low and were analysed each month to prevent re-occurrence. One person told us, "They always arrive on time, sometimes five minutes late at the most. This is usually to do with traffic or maybe a problem at their previous call."
- People received continuity of care as they were generally supported by a regular team of caregivers. People told us caregivers stayed the amount of time needed to deliver the care they required without rushing them.

- Recruitment processes were robust to ensure caregivers were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were managed safely and according to the provider's policies and procedures. Caregivers had received training to administer medicines and had been assessed as competent to give medicines safely.
- Caregivers were given information about what medicines were prescribed for, their effect on people and any foods that should be avoided. Guidance was in place as to when 'as required' medicines should be given.
- Caregivers signed a medicine administration record (MAR) sheet to confirm medicines had been given. Completed MARs were returned to the office every month for auditing so any errors or omissions could be identified quickly.
- When people were not supported with their medicines, a full list of their prescribed medicines was still recorded in their care plan. This meant caregivers had all the necessary information to share with other healthcare professionals in the event of an emergency.

Preventing and controlling infection

- People were protected from the risk of infection. Caregivers received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. One person said, "They supply aprons and gloves and they keep the house nice and tidy."

Learning lessons when things go wrong

- Systems were in place to monitor people's safety. Any accidents or incidents of concern were recorded and reported to the management team.
- The registered manager was proactive in learning from incidents and accidents. These were discussed with caregivers in supervision or team meetings and improvements made to the service as a result.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this. The provider was working towards an outstanding rating in this key area.

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

- People's needs, and preferences had been thoroughly assessed before they received support from the service. Information gathered from these assessments was used to develop individual support plans.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics, such as any religious or cultural needs.
- The registered manager made themselves aware of changes to national standards and legislation. They were proactive in using professional best practice guidance such as Skills for Care and the Social Care Information and Learning Services (SCILS) to ensure the care and support they provided was effective in meeting people's needs.

Staff support: induction, training, skills and experience

- People told us caregivers had the skills and experience to meet their needs. One person commented, "They (caregivers) are very confident with what they are doing."
- All new caregivers completed an induction programme which included learning around the Care Certificate, face to face training and shadowing more experienced caregivers. One caregiver told us the induction was, "Really good, I was impressed with the training. It was really thorough and there was plenty of time to ask questions and do the practical things like use the hoist. I was really inspired by it and felt prepared."
- The registered manager maintained a detailed record of the training required by each caregiver and worked with a wide range of local organisations and specialist training companies to ensure managers and caregivers were up to date on best practice. The training department also provided additional workshops for caregivers to help them improve their work. The provider's learning and development manager explained, "We take a very innovative approach to our learning and development. All our courses are very interactive to engage people. We use a lot of different activities."
- All the caregivers we spoke with described the training as excellent and said it gave them the confidence and competencies to do their job well. One caregiver told us, "Training is excellent. Since I have been here I have learnt so much. It has also inclined me to do some studying, so I have started a health and social care degree." Another described training as 'absolutely fantastic' and added, "You always go away wanting to know more just to extend your knowledge."
- Caregiver knowledge and learning was monitored through a system of supervision meetings with their manager and observations of their practice. Caregivers said this provided an opportunity for them to discuss personal development and any training requirements.

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

- Where caregivers provided people with nutritional support, they recorded what people had eaten or had to drink to ensure they followed a balanced diet. People's care plans detailed any particular likes, dislikes or preferences.
- Any risks associated with people's nutritional needs had been identified. For example, one person had diabetes and their care plan recorded what foods they should avoid.
- Managers had recently received training in the use of a risk assessment tool to identify those people who were not eating well. Caregivers shared meals with some people who were reluctant to eat to encourage them to eat more.
- Caregivers with limited experience of cooking attended cookery workshops so they could support people to prepare nutritious meals. One person spoke of how much they enjoyed preparing meals with their regular caregiver and explained, "We enjoy cooking together, we will make four or six dinners at a time."

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

- People and relatives told us they made their own health appointments, but caregivers would support them if needed.
- Caregivers monitored people's health conditions and reported any concerns. For example, the registered manager explained how one person was susceptible to urinary tract infections (UTI). At the first sign of a UTI, caregivers liaised with the person's GP to ensure antibiotics were available the same day. One person told us, "They are quite good really at getting health professionals in."
- The provider was proactive in ensuring people experienced good healthcare outcomes. 'Making Every Contact Count' is a government initiative the provider had signed up to. Caregivers were trained to make the most of everyday conversations to help people make positive changes to their physical and mental health by signposting them to other organisations.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Managers and caregivers worked in accordance with the MCA. People's capacity to make decisions was recorded and caregivers worked in people's best interests to ensure their rights were protected.
- People were supported to make as many of their own choices and decisions as possible to maximise their control over their lives.
- Caregivers understood the importance of gaining consent before providing support. Consent forms were held on record which had been signed by people or their representative, if appropriate.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People spoke extremely positively about the caregivers who provided their care and support. They told us they received care from a consistent team of caregivers they had built a relationship of trust and friendship with. Comments included: "They look after me very nicely indeed, and I consider them as friends. I look forward to them coming to visit", "Staff are kind and they are definitely caring" and, "They are just like family. I do look forward to them coming to see me."
- There continued to be a very strong person-centred culture at all levels within Unique Senior Care Coventry. Caregivers were extremely motivated and understood that people were at the heart of the service. A caregiver explained, "What makes me proud is the fact that as a company we can listen and understand each individual and go the extra mile to make people's life the best it can be."
- The provider continued to focus on selecting the right caregivers and ensured they had the right values through a rigorous recruitment and induction process. They only recruited caregivers with commitment, compassion and empathy. One caregiver told us, "I am just proud of Unique. I love the ethos of the company and that they don't just take on anybody to be a caregiver."
- Caregivers were always introduced to people before they started working with them. This allayed people's anxieties as they never had a stranger arriving at their home. One person told us, "This Thursday a new carer will be coming with my usual carer, there will be two visits to see how we get on."
- The provider's commitment to engaging with people as individuals had clearly been taken on board and put into practice by caregivers. For example, one person had been able to return to their place of worship with the support of a caregiver. The caregiver had learned some words and phrases in the person's first language, so they could support and guide the person through the service.
- People told us caregivers treated them with empathy and understood how their health conditions impacted on their wellbeing. One person said, "They understand that my legs are swollen and are very gentle with me during personal care."
- Caregivers understood when people needed emotional as well as practical support. For example, one person had to move into a residential care home while essential work was carried out in their home and became very anxious about it. The person's caregiver visited them regularly in the home, advocating on their behalf and providing reassurance so the person could enjoy their time there.
- People told us of occasions when caregivers had done extra things to help people to make their lives more enjoyable and comfortable. One relative told us, "When we ran into some incontinence issues they were willing to go out and get the right pads and stuff for us. They bought them at their own expense until we could square it up with them," One caregiver spent Christmas Day at a person's home cooking lunch for them and their family. This was because the caregiver understood it was important for the person to

maintain this family tradition.

- The provider had forged links with another healthcare provider to ensure a person who would be alone on Christmas Day had somewhere to go and enjoy being in a social environment.
- People were made to feel valued. Caregivers supported people to celebrate their birthdays and special events with flowers and cakes and the provider sent birthday and Christmas cards to everyone they supported.
- Caregivers continued to provide the same high levels of support to people who had protected characteristics under the Equalities Act 2010. People were respected for who they were, and caregivers understood the importance of protecting people's rights in line with equality legislation. The provider was developing an equality and diversity calendar to support caregivers to recognise and celebrate diverse events.
- Stories about the diversity of people, caregivers and managers were celebrated in the provider's quarterly newsletter so people could be assured their lifestyle choices would be respected by everyone within the service.
- Staff told us the provider and registered manager were 'very caring people' who valued the work they did.

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

- People and those important to them were involved in creating their care and support plans. This ensured people's voices were heard, and they received support that reflected their views, preferences, wishes and choices. One person told us, "They asked loads of questions to know what I needed."
- The service was extremely flexible in response to people's requests and decisions about their care. For example, one person expressed a preference for a specific caregiver to assist them in the shower. This request was met which respected the person's privacy and dignity and promoted choice.
- Office staff made regular contact with people and their relatives, so they could ensure people received the care they wanted from caregivers who had the type of personality they got on with. One person told us, "There has been a couple of occasions when I haven't got on (with a caregiver). I rang the service and they dealt with it straight away."
- Caregivers told us of their commitment to give people as much choice and control over their lives as possible. One caregiver said, "I always say 'is there anything you want us to do or you want to change'. People are fully involved because it is their care plan." Another explained, "I know what I need to do, but I won't just do it without having a dialogue with the person. It is about respecting the person and respecting their home."
- The registered manager told us if a need was identified they explored different communication tools to support people to share their views. For example, by producing information in a different format.
- The provider wanted to ensure people had the opportunity to be involved in making service level decisions. They had successfully trialled people being involved in interviews for new staff at another service and planned to introduce this at Unique Care Coventry.

Respecting and promoting people's privacy, dignity and independence

- People told us caregivers respected their privacy and promoted their dignity when they were being supported with tasks such as showering. One person told us, "The thing I'm pleased with is when they give me a shower as it could be embarrassing." Another said, "They are very good and don't make you feel uncomfortable."
- Respecting people's privacy and dignity was at the heart of the provider's culture and values. One staff member told us, "It is about respecting someone's environment, respecting their beliefs and views and how they want things doing."
- The provider followed the 'Dignity Do's' as promoted by the National Dignity Council. They encouraged staff to reflect on their attitudes and practice through completing a self-assessment audit tool. A 'Dignity

Champion' nominated fellow caregivers for a monthly dignity award.

- The provider had developed a client charter in partnership with people who used the service. This set out what standards people could expect so their equality and human rights were supported.
- The registered manager encouraged caregivers to adopt a 'promoting independence' approach in their work by ensuring caregivers had detailed information about tasks people could do for themselves.
- Caregivers took their role of supporting independence seriously by developing people's confidence in carrying out everyday tasks. For example, one person who had limited experience of cooking was being guided by staff in preparing their own meals. Caregivers told us they felt a sense of achievement when people progressed to such an extent, the level of support they needed could be reduced.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had a care plan which focussed on what people wanted to achieve based on their individual life experiences, relationships, preferences and routines. Care plans were reviewed regularly or as and when a person's needs changed. One caregiver explained, "Reading the care plans you get the background and you get to know a bit about the individual. You get to know about their interests, likes and dislikes and about their history. You can start to build a relationship because you have knowledge about the person."
- Where possible the registered manager matched people to a caregiver who had a shared common interest or hobby. For example, one person used to enjoy yoga. They were matched with a caregiver who practiced yoga who encouraged them to start doing yoga again. Another person told us their regular caregiver shared their enthusiasm for cooking and enjoyed exchanging recipes and cooking together.

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 plans took into account people's social needs and people were supported to follow their hobbies and interests and keep in touch with family and friends. Some people had lost their confidence to leave their home because of frailty or ill-health. Caregivers supported those people to enjoy going out again and visit places they wanted to. Photographs showed people enjoying meals out and trips to places of interest.
- The provider had arranged social events to encourage people to socialise outside their homes. A summer barbeque had been held at the provider's office and a venue had been booked for a Christmas party.
- Since the last inspection the provider had appointed an ambassador whose role was to build links with the local community. The ambassador identified groups and organisations which offered a variety of social opportunities, encouraging people to socialise and continue to be an active part of the local community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- People's communication needs had been assessed to ensure they could express their wishes. For example, one person's first language was not English. The provider had provided caregivers with some key phrases in the person's first language.
- People were given information in different formats to aid their understanding. For example, people had been given information on keeping safe in an 'easy read' format.

End of life care

- The provider was committed to providing high quality, person centred end of life care.
- Caregivers had received training and worked closely with community-based health professionals to provide consistent care.
- People had been asked to consider their wishes in relation to end of life care. Where people had chosen to do so, there was detailed information to ensure caregivers understood how people wished to live their final days and their spiritual and emotional needs were met.
- If people had signed a Do Not Attempt Resuscitation form (DNACPR), this was recorded within their care plan.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was given to people when they started to use the service. The policy gave people information about other organisations people could escalate their complaints to, if they were not resolved to their satisfaction.
- People told us they knew how to complain and any issues they raised had been quickly sorted out.
- There was a robust system in place to manage complaints. The provider had received seven complaints in the twelve months prior to our inspection visit. These had all been fully investigated and action taken to resolve any issues identified.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider continued to be passionate about building an outcome focused service which helped people achieve their goals and priorities, continue living in their homes and maintain their social contact. The nominated individual explained, "We have an induction programme every two weeks so we attend every one without fail. At the end of the session we sit and explain what the model is. We start with the 'mum test'."
- Managers and caregivers were all consistent when speaking of the provider's visions and values and enthusiastic in their desire to provide the best quality of care to people. One caregiver told us, "I feel a real sense of pride in the standard of care I am able to offer. I think I make a difference to people's lives. I have a smile on my face, I don't take my worries or concerns into people's homes and that makes a difference. I am able to reduce people's isolation and loneliness."
- Since the last inspection the provider had continued to develop and improve the service by introducing new initiatives. The role of ambassador had been created to identify community opportunities to reduce people's social isolation and to promote more understanding about the needs of those people who used the service.
- The provider had an extremely proactive attitude to the training and development of staff to ensure they felt valued and supported, whatever their role within the organisation. For example, the learning and development manager was a 'train the trainer' in several areas including moving and handling people, dementia care and catheter care. This enabled managers to keep their skills up to date and ensure staff implemented best practice.
- Since our last inspection caregivers had been encouraged to undertake extra training so they could take on champion roles. Champions supported the provider to drive forward improvements and share best practice in areas such as equality and diversity, medication and infection control.
- The provider had a continuous improvement action plan for learning and development to ensure training continued to skill, motivate and enthuse caregivers to achieve positive outcomes for people. Caregivers feedback from training courses fed into the action plan.
- The provider had a robust approach to the recruitment of caregivers to ensure only those with the right values were recruited. Only one caregiver was appointed from every 55 applicants. The recruitment team kept in touch with all new caregivers to ensure they were happy and confident and achieving what they had been promised within their role.
- The provider had a completely non-discriminatory approach to their staff and had signed up to the government scheme as a Disability Confident Employer. Where a need was identified, the provider adapted

training courses to ensure every caregiver achieved maximum benefit whatever their learning style or preferences. For example, one caregiver received one to one training because of their anxiety around group situations.

- The provider had introduced initiatives to encourage retention of caregivers, so people continued to receive consistent care from a motivated team. Caregivers had access to a 24 hour confidential counselling service if they needed it and were thanked when they had done something extra which achieved excellent outcomes for people. One caregiver spoke of the support they had received during a challenging time and said, "Keeping in touch with work was what got me through it, because they cared. It really made a difference because I needed that support."

Continuous learning and improving care; Working in partnership with others

- The provider remained committed to sharing learning and developing best practice. They were a member of various organisations that provide support, learning and good practice changes to the healthcare sector. This included the Social Care Information and Learning Services (SCILS), Skills for Care and local provider forums. The nominated individual explained, "We as an organisation are continually striving to do better than we did yesterday."

- The provider had joined the 'See, Hear, Act' scheme which is a learning opportunity facilitated by the local authority based on feedback from people who use services. Comments from the local authority described the provider as very approachable to feedback and ideas to improve their service.

- The provider had successfully bid for a levy funded apprenticeship contract through the local authority. The contract enabled the provider to upskill existing staff and recruit new employees as apprentices. The provider had nine apprentices enrolled on the apprenticeship programme and was proactive in promoting career opportunities available within social care.

- The provider had developed a relationship with a local university to support research in workforce development in the social care sector.

- The provider worked with other community organisations to improve outcomes for people in the local area. For example, they had recently provided a safeguarding workshop for a local charity's volunteers. They had also facilitated an equality and diversity session for a local college to support students in meeting one of the key units within their health and social care course.

- The provider explored other initiatives at local and national level to improve outcomes for people. They had recently introduced the Herbert Protocol which provides information sharing for tracing people living with dementia in the event they go missing from their home. Making Every Contact Count is a government initiative which supports the signposting of people to other organisations to support their health and wellbeing.

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

- The views of people, their relatives and caregivers remained central to driving forward improvement and service development.

- Feedback from people was gathered through surveys, quality assurance visits and telephone calls and observations of staff practice. This ensured all people had the chance to be involved in providing feedback, whatever their needs or abilities. We saw feedback from the last survey was extremely positive with 100% of those responding saying caregivers were caring, considerate and respected privacy and dignity at all times.

- Every year the provider organised a community conference to share information and learning across the group. At the last conference a person being supported by Unique Senior Care Coventry spoke to caregivers about what it was like to receive support.

- The provider had plans to further improve their engagement with people. They were creating a client forum so people could have a say in how the service could be shaped for the future.

- The provider had a 'You Said/We Did' working group to steer feedback from staff surveys. The group had representatives from the caregiver team to help develop and improve the service people received. Improvements generated from the group included changes in travel time between calls so people always received their calls as scheduled.
- Since the last inspection the provider had introduced 360-degree reports for members of the management team. Caregivers were included in completing the reports to help managers identify areas for their own personal development.

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

- There was a designated management team with specific roles and responsibilities. The provider and registered manager supported the management team to carry out their roles.
- Staff told us they received excellent support from the management team and could access support and information from managers at all times.
- The provider had robust systems and processes to monitor and improve the service. The senior leadership team met on a weekly basis to monitor the service, review the continuous improvement plan and ensure any concerns and issues had been managed and learning taken from them.
- The provider had a good understanding of duty of candour and promoted an open and honest service and led by example. They had provided us (CQC), with notifications about important events and incidents that occurred at the service and the rating of the last inspection was displayed on the provider website and at the office.