

Unicaredevon Limited

# Unicare Devon

## 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

Unicare Devon is a domiciliary care service. At the time of this inspection they provided personal care to 80 people.

Not everyone using the service received a regulated activity; CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

Since the last inspection there had been a number of changes and improvements to the service. A new registered manager had been appointed and they were supported by a new office-based team. At the last inspection we found there were some aspects of the service that were not fully safe, effective, responsive or well-led. At this inspection all issues had been addressed satisfactorily. Comments from people who used the service included, "I have no complaints whatsoever. They are 'top notch'. I am so happy with them", and "I give them 10 out of 10".

Care plans and risk assessments had been improved. There was a new secure electronic communication system for staff which meant care staff were kept up to date and informed promptly. Care staff told us this was very successful and had made a big difference to the service. The electronic care plans provided detailed information about all aspects of each person's needs. Any changes to the person's needs were reviewed promptly and care plans were kept updated.

Safe recruitment procedures were followed. New staff received training at the start of their employment on all topics relevant to their jobs. There was regular updated training and opportunities to gain relevant qualifications. People received their medicines safely. Staff had the equipment and training to protect people from infection.

There were sufficient staff employed to meet people's needs. The service was in the process of streamlining rotas to give care workers more consistent visits. This was resulting in people having smaller teams of care workers who they knew and trusted. Care workers were positive about their jobs and told us they were willing to do extra hours to cover for vacant shifts when colleagues were off sick or on leave. People told us care workers usually arrived on time and stayed for the correct length of time.

People told us the care workers were always kind and treated them with respect. Comments included, "All the staff are caring - absolutely!" and "The carers are fantastic". Care workers were observant and noticed when additional assistance may be needed with tasks.

People who used the service and care workers told us the service was well-led. Comments included, "The

management team are brilliant! If I ever need them, they are always happy to talk" and "It's a good organisation to work for". The providers had improved their monitoring systems to enable them to quickly identify any areas where improvements were needed and ensure actions were taken to address these.

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

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

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 1 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was 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 ●

# Unicare Devon

## 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

#### Service and service type

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

#### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 February 2020 and ended on 12 March 2020. We visited the office location on 28 February 2020 and we visited three people in their homes on 4 March 2020. We spoke with care workers and people who used the service on the telephone on 12 March 2020.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. They had completed a PIR before the last inspection, and some of the information was still relevant to this inspection.

During the inspection-

We visited three people in their homes to find out about the service they received. We also spoke with four people who used the service on the telephone. We spoke with the registered manager, two providers and three members of office staff. We met one member of the care staff team who also had responsibility for training staff. We spoke with nine care workers on the telephone. We also met one health professional during our visits to people.

We reviewed three people's care files, three staff files, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and instructions on how to protect people from the risk of abuse. A member of staff said of online training, "It's a brilliant course". The service was planning to provide a refresher course for staff on this topic.
- There were systems in place to reduce the risk of financial abuse. Where staff handled cash on behalf of people, for example when carrying out shopping, each stage of the transaction was logged and the person signed to agree the amount given, the receipt, goods handed over and change.
- There were safe procedures in place to protect people who had key safe access. Key safe numbers were provided to care workers via their mobile phones just before visiting a person. Once they had entered the property, they no longer had access to the number.

Assessing risk, safety monitoring and management

- People told us they felt safe. Comments included, "I have no complaints whatsoever. They are 'top notch'. I am so happy with them".
- At the last inspection we found risk assessments were not always in place where people were living with health problems that may deteriorate without the right care. At this inspection we found risks had been identified and care plans contained detailed information for staff on how to support people to minimise risks. Where people's needs and risks changed the care plans were updated promptly to ensure staff were aware of any new instructions.
- Where people were at risk of pressure ulcers the care plans had been improved to ensure staff had sufficient information on the risks and how to support the person to prevent skin damage. Following this inspection, the registered manager showed us new procedures they will be following in future to strengthen their skin care prevention measures.
- The service worked closely with local GPs and community nurses to ensure people received prompt assessment and treatment from health professionals where risks were identified.
- At the last inspection we found the safety of staff was not assessed for every home visit they might attend. At this inspection a range of new systems had been implemented to address this. Care plans contained information on lone working and highlighted any risks staff must be aware of. Where risks were identified they had put in place measures such as seeking agreement with the person on how the risks to staff could be minimised, or by allocating a second member of staff on visits to people.

Staffing and recruitment

- There were sufficient staff employed to ensure people received care at the times they had requested. People told us staff were not rushed and usually arrived at the expected times and stayed for the correct length of time.

- People told us the care workers always arrived roughly at the right time and stayed for the right amount of time. If care workers were running more than 30 minutes late, they were expected to contact the next person to let them know they would be late. People told us the service was reliable and they had never experienced a missed visit. Comments included, "The carers ring if they are running late. They are not usually late."
- New staff had been carefully recruited. Staff had completed application forms and interviews had been carried out. Pre-employment checks had been carried out to ensure applicants were suitable for the post. References were obtained from previous employers and Disclosure and Barring Service (DBS) checks were completed to ensure applicants had no relevant previous convictions and had not been barred from working with vulnerable people.

#### Using medicines safely

- Care plans contained information about each medicine prescribed to the person and any specific risks or administration instructions. They received information from people's GPs on current medicines prescribed and this was updated by the GPs when prescriptions were changed.
- If people regularly refused prescribed medicines the service sought the person's consent to contact their GP to request a review of their medication.
- Staff completed computer medicine administration records (MARs). These could be monitored easily by the registered manager, provider and office staff to ensure all medicines were administered in accordance with the prescriber's instructions.
- MARs were audited every month by the registered manager or senior to identify any potential problems or concerns.
- All staff received training at the start of their employment on medicines administration.

#### Preventing and controlling infection

- Policies and procedures were in place regarding prevention and control of infection.
- Staff received training at the start of their employment on infection control. Monitoring visits were carried out by senior staff to ensure staff were following safe infection control procedures.
- Staff were provided with supplies of protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- At the last inspection the provider was unable to show us how they had learned from incidents and accidents. At this inspection the provider and registered manager told us there was a 'no blame' culture. All incidents and accidents were reviewed, and actions were taken to minimise the risk of recurrence.
- We were given examples of how the service had reviewed incidents when they occurred and considered actions to prevent recurrence. For example, when a medicine error occurred the reason for the error was investigated. Actions were put in place to prevent recurrence. Support, guidance and reassurance was given to the member of staff. Checks were carried out to make sure the new measures were working. Risk assessments were adjusted to highlight the risk and measures to be taken in future to prevent recurrence.
- If an issue or error occurred, for example medication or manual handling, staff received further training immediately.



# 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 Requires Improvement. At this inspection this key question has now improved to 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

- Improvements had been made to the assessment and care planning procedures in the last year. A member of staff held responsibility for carrying out assessments with new people before they began receiving a service. They visited the person to gather a wide range of information on all areas of the person's needs. This information was used to draw up and agree with the person a plan of their care needs. The care plan was drawn up the same day and available to care workers electronically. A paper version of the care plan was placed in the person's home as soon as possible.
- Care plans contained a wide range of information on all areas of needs. The care plans were personalised and provided information on the person's preferences and daily routines.
- Daily care notes were completed by care workers electronically. Where a person's needs changed, the care plan was updated immediately to ensure care staff had access to accurate care plans at all times.
- Care plans were reviewed with the person at least annually and more often if the person's needs changed. This meant that care plans were kept up to date.
- Since the last inspection a new secure communication system (known as SLACK) was put in place for care workers. Care workers told us this system had brought about a significant improvement in communication and ensured important information about people's changing needs was shared with colleagues immediately. Care workers also used the system to obtain prompt advice and guidance from colleagues. This meant they were able to deliver care effectively, at all times.
- Most people we visited or spoke with told us they knew the names and times of visits from care workers for the following week. Some people received a timetable by e-mail, while other people relied on care workers letting them know who would be visiting them in the following days. People told us they really appreciated this information.
- The agency used a computer system to plan visits to people and ensure care workers received accurate and regular rotas. Care workers were expected to log into the computer on arrival and before leaving each visit. We looked at the computer records of a random sample of visits over the previous week and saw that most visits were within a few minutes of the expected arrival time.
- The registered manager was in the process of making further improvements to rotas to give people better continuity of care from a regular team of care workers. Where this meant changes to people's visit times or staff team, they planned to discuss proposed changes with each person and agree the changes. Most people we spoke with told us they usually received care from a small team of care workers they knew and trusted.

Staff support: induction, training, skills and experience

- Care staff received good training and regular updates. Training was provided in various ways, including

classroom based and through e-learning. A senior care worker had responsibility for providing direct training to staff. This was either through training sessions held in the agency office or working alongside care staff providing direct care, for example with new staff who were undergoing induction training.

- Training methods had improved since the last inspection. Care staff told us induction training was much more thorough and no longer felt rushed. New staff received training on essential topics at the start of their employment. They were given the time they needed to learn the job, shadowing experienced staff until they were confident to work on their own.
- Care staff received training and regular updates on a range of topics the provider had identified as essential. These included basic life support, infection control, medication and moving and handling.
- Care staff were also supported to obtain relevant qualifications and to complete training courses in topics they were interested in and felt would benefit people who used the service. A care worker told us, "They are always asking if we want more training". Courses some care workers were undertaking at the time of this inspection included mental health and dementia.
- All staff received regular one to one supervision and an annual update. Care workers felt they were well supported. Care workers who lived and worked in the Newton Abbot area also visited the agency office regularly and felt they could visit or call the office for advice or support at any time. The providers had set up other ways of supporting staff who lived and worked in other towns. For example, a venue for regular meetings was offered for staff working in the Teignmouth area.
- A member of staff told us, "I think we are all working really well as a team. That rubs off onto the carers and the clients as they know we are all working together. I feel very supported".

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

- Those people who needed assistance to prepare meals told us they were satisfied with the support they received.
- Care plans contained information about people's dietary needs and preferences. Care workers told us they knew how each person wanted their food and drinks prepared. For example, a care worker told us about a person with poor communication, "She takes one sugar and one sweetener. This is very important to her".
- The agency provided a range of additional services at their office premises. The ground floor offered a café style meeting place where people could meet, and where group sessions could be held, for example on Fridays they held 'Cookability' sessions.

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

- The agency worked closely with local health and social services professionals to ensure people received an effective service. They liaised with local GPs and community nurses to ensure people received the treatment and advice they needed.
- A person told us. "I received wonderful care from hospital to coming home".

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. Care plans contained evidence of people's ability to make decisions for themselves. Care plans contained copies of mental capacity assessments. These ensured care workers recognised and understood people's ability to make important decisions about their daily lives. They also understood when 'best interest' decisions needed to be made on behalf of people where they lacked capacity.
- All staff had received training and information on the MCA. Care workers understood the importance of giving people choices and asking permission before carrying out any care tasks.

# 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 Good. At this inspection this key question has now remained the same. 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. Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- People told us the care workers were always kind and caring. Comments included, "They are so lovely", "They are really good", "All the staff are caring - absolutely!" and "The carers are fantastic."
- Care workers were observant and noticed when additional assistance may be needed with tasks. For example, a relative told us, "They know him and understand the things he cannot do because of his stroke. If they see anything that needs doing, for example a dirty skirting board, they will do it. They are observant and caring".
- Care workers were passionate about their jobs. They felt valued by the providers and there was strong teamwork and care for their colleagues. They supported each other through difficult times. For example, during our inspection the agency was experiencing a higher than usual level of sickness. Care workers we spoke with told us they were very busy that week providing cover for colleagues who were off sick. They were all happy to do extra to make sure people received the care and support they needed.
- Care workers were positive and understood how important it was to be cheerful and smiling when they visited people. A care worker told us they liked to make people smile, as they knew how much that lifted their spirits.
- Care workers were thoughtful and knew the things that were important to people. They recognised the little things that might make a big difference to people. For example, a care worker told us about a person who was confined to their bed had been unable to see their garden or other parts of their house for a long time. The care worker had set up a link between the person's television in their bedroom and the care worker's video camera. They walked around the person's house, enabling the person to see every area of the house and garden.
- A care worker also described how they had realised that a person with poor mobility was unable to see out of the window from their chair. The person had been unable to see out of the window for a long time. The care worker realised that by moving the chair a little distance the person was able to see out of the window once again. This was a small thing that made a big difference to the person's daily life.
- When a moved into a care home they stopped receiving a service from Unicare. However, care workers recognised the person missed contact with the outside world. They continued to visit the person in the care home, and they also took the person out regularly for swimming sessions.
- The provider worked closely with a local organisation called Proud to Care which covers the Devon area. The organisation works in partnership with the NHS and local councils to recruit, train and educate care

workers in Devon. One of the providers was a member of their focus groups often helping and advising other providers. They had promoted Proud to Care and had six 'ambassadors' who had attended events to promote the industry.

- A person had become isolated following bereavement. The provider looked at ways of helping the person get out of the house and participate in the local community. They did this in various ways, including supporting the person to take part in filming for a recruitment campaign run by the Proud to Care organisation. The person really enjoyed this experience, meeting the filming crew and sharing stories.
- People told us the care workers always treated them with respect and promoted their dignity. For example, a person told us the care workers always offered them a towel to cover them up when providing support with bathing and personal care.
- People were involved and consulted about the service they received. They were asked to give their views on the service through questionnaires, care plan reviews, and through telephone calls from the agency office.

# 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 Requires Improvement. At this inspection this key question has now improved to 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

- Systems had been improved since our last inspection to provide a smaller and more consistent team of care workers visiting each person. This meant staff knew the people they visited and understood how they wanted to be supported and cared for. A person who used the service said, "They are very good". Carers know what I need help with".
- Care plans had been improved and reviewed since the last inspection. Care plans contained detailed information on each person's needs. People were involved and consulted about the information in their care plans. People told us they were happy with the information in their care plans. A relative told us, "He had a care plan and he was happy with it".
- Care plans were reviewed regularly with the person and kept up to date. A person told us a member of the management team visited a few weeks ago to check they were happy with the service and to check their care plan was correct.
- Care plans were provided electronically for staff, giving them easy and instant information about people's care needs. People also had a paper version in their homes. The plans contained information about the person's daily routines, detailed instructions about care tasks to be carried out, and information about the person's preferences. Care workers told us they were happy with the care plans and level of detail. Comments included, "The care plans are ok – they have good information".

Meeting people's communication needs

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

- People were given information in a format suited to their individual needs. For example, some people received information electronically by e mail. Care workers also supported people to read documents if requested.

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

- The providers recognised there was a need in the Newton Abbot area to offer a variety of opportunities for people to get out of the house and socialise. On the ground floor of the agency offices they had set up a café where people could meet and participate in a range of activities such as cooking sessions on a Friday and a social club on Wednesdays. They had recently raised funds for an interactive table which people could use

for games and relaxation. They also took people on outings to local places of interest in the south west. They also offered specialist shower facilities for people living in the community who were unable to access a bath or shower.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they were confident any concerns would be taken seriously, investigated and acted upon. People we spoke with told us they had no current concerns or complaints. However, if they had experienced any problems in the past they were always dealt with quickly and satisfactorily. For example, a person said, "I called the out of hours team once because the carer was late. Their car had broken down, but they were on their way". The person was happy with the response and reassurance they received.
- Another person told us a member of the senior staff team had visited recently, "She assured me she is happy to speak anytime if I have a problem".

End of life care and support

- At the time of this inspection there were no people receiving end of life care. However, the service was ready and prepared to care for people at the end of their lives if required. Four care workers had received end of life care training for from a local hospice. These staff would be responsible for end of life care when the need arises.
- End of life care plans were drawn up and put in place when people were close to the end of their lives. These covered a range of needs including social and cultural needs.

# 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 Requires Improvement. At this inspection this key question has now improved to 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

- Since the last inspection a new registered manager and senior staff team had been appointed. Care workers spoke positively about the providers, registered manager and senior staff. They told us they were well supported and valued. Comments included, "I think [registered manager] is one of the best managers I have ever worked with" and "The management team are brilliant! If I ever need them, they are always happy to talk" and "It's a good organisation to work for".
- At the last inspection we found management and quality assurance systems were not effective. At this inspection we saw and heard evidence of significant changes and improvements in all areas of the service. People and care workers told us the service was running smoothly. A care worker said, "Things have improved a lot in the last few months. There is a new office team. They have been really supportive of me".
- The provider, registered manager and management team had an open-door management style. They encouraged care workers to visit the office whenever they wanted. They listened to care workers views and feedback and took action to address issues where possible. For example, care staff had told them they felt very frustrated when they tried ringing the office but could not get through. The provider installed more telephone lines into the office. They also drew up a policy of "Three rings maximum" before the telephone was picked up. This meant care workers could contact the office quickly and easily.
- The providers also set up a secure on-line communication system for care workers known as 'Slack'. A member of staff told us, "Communication between the office and carers is much better now. It's fantastic. Slack has made a big difference. For example, if a carer's car has broken down, they can help out immediately. We are all gelling and working together".
- The providers recognised and promoted good care practice. A care worker told us they had been nominated for the Care Worker of the Year in 2018. They were awarded the silver award for the Devon and Cornwall area.

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 provider and management team recognised the importance of openness and honesty. They had notified the care Quality Commission and other relevant agencies when things went wrong. They had sought advice and guidance from other agencies to ensure problems were resolved and actions were taken to prevent problems recurring. The registered manager told us, "We hit a bump. We look at what's caused the bump. We look at what we need to do to smooth the bump out"



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

- The providers had strengthened and improved their quality monitoring and improvement systems in the last year. They had regular checks and monitoring systems on key areas of the service.
- Care plans had been improved to provide a greater range of information and better detail which meant people could be confident care workers understood their care needs. There were systems in place to ensure reviews were carried out regularly, and systems were improved to ensure care plans were updated promptly when needs changed.
- There had been a change in management style with greater emphasis on teamwork and working together. Monitoring visits were carried out regularly to observe care workers' practice – these were no longer called 'spot checks' and instead were called support visits. Where they noted practice could be improved training was provided promptly to staff.
- Policies and procedures were in place and regularly reviewed. Care workers could access these on-line. A care worker told us, "I know where to look for policies and procedures if I have any queries or concerns".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The providers had sought the views of people who used the service, relatives and staff to help them identify where improvements were needed. They had sent out questionnaires to people and they had collated the responses to help them improve the service. They had also sought people's views and comments through regular visits to review their care, and through telephone calls. People told them they wanted smaller and more regular teams of care workers. The service was in the process of changing care workers rotas to address this.
- There were strong links with the local community. They had identified isolation and loneliness as an issue and decided to set up the café and facilities on the ground floor of their office building. This gave people a place to socialise, and to learn new skills.
- The providers recognised that all care workers in Devon experienced severe car parking difficulties when visiting clients. The providers worked with other members of the Proud to Care organisation to lobby the local authority to implement car parking permits for care workers. This had recently been introduced. The providers told us "We are very proud as so many people, and not just Unicare Devon, have benefited. This is for the clients who now can get care when they live on a road with no parking through to the care teams who would previously get a parking ticket". A member of Unicare staff helped to launch the car parking badge on the local television news programmes. Care workers told us the new car parking permits had been a huge help to them when visiting people where parking was difficult.
- Unicare also worked with Proud to Care to run a competition to gain more ambassadors in the all care services in Devon.
- There was an emphasis on learning. Care workers were encouraged to gain relevant qualifications and participate in training courses that would benefit people who used the service, such as dementia and mental illness.

Working in partnership with others

- The service worked closely with other local organisations and professionals. This included the local authority, local community groups, GPs and healthcare professionals.
- The service had worked with the local authority to enable care managers to have secure access to care plans. Social workers and key social services staff could log in and carry out their own reviews and checks to ensure people were receiving the care and support they needed.
- Since the last inspection the service had worked with the local authority Quality and Improvement Team (known as QAIT) to make improvements to the service where needed.

