

Unity Care

# Unity Care

## 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

This inspection took place on 21 June 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in November 2013 and was rated as meeting all the standards.

Unity Care is a registered care home providing accommodation and personal care for up to three people with learning disabilities and other mental health diagnoses. At the time of our inspection there were two people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed and managed appropriately.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location.

People's right to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service

provided, to ensure that people were benefitting from a service that was continually developing.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

### Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their concerns.

### Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# Unity Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection; we also looked at the Health Watch website, which also provides information on care homes.

We spoke with one person, one relative, two staff members and the registered manager. We looked at the care records of two people, staff files of three staff members as well as the medicine management processes, and records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

A person we spoke with told us they felt safe in the home and we saw that they looked relaxed in the company of staff. A person we spoke with said, "I'm happy in this place [location], it's nice and quiet. If I have any problems or worries I talk to [manager's name] but I don't have any problems really". They continued, "Staff make sure I'm safe, nothing bad happens to me". A relative we spoke with told us, "I'm confident that they keep him [person using the service] safe and that they have his best interests at heart". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us an example of different types of abuse and how they would recognise some of the signs and symptoms. An example they gave was when a person might avoid or be reluctant to engage in conversation with another person or member of staff.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments were completed annually, although they were vigilant in identifying any daily concerns that may arise. A member of staff we spoke with told us, "We carry them out as and when something new arises". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff explained to us, "We evacuate people to the fire assembly point and dial 999".

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A person we spoke with told us, "There's always someone [staff] around. Different staff during day and night shifts". A staff member told us, "There's enough staff, we have no problems seeing to their [people using the service] needs". The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed. Records we looked at showed that this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relative's we spoke with told us they had no concerns with the administration of medicines. A

person we spoke with told us, "They [staff] do my medicines properly". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.



# Is the service effective?

## Our findings

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with said, "Staff seem well trained, they know what they're doing". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member we spoke with told us, "We have regular training". A relative we spoke with said, "They're [staff] trained and qualified, I've got no concerns". We saw that the manager responded to requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

All of the people living at Unity Care were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us, "They all communicate well and have no trouble getting their views across". Throughout our time at Unity Care we saw good interaction between people and staff. The person we spoke with told us that they were able to speak openly to staff about how their care and support needs. A person we spoke with told us, "Staff are good to talk to, they understand if I'm not happy. If I'm not smiling they know something's wrong".

Staff told us they had regular supervision and appraisals to support their development. A staff member we spoke with said, "We [staff] have supervision once a month and we [staff and manager] talk all the time anyway". The manager told us, "We have regular supervision, but there's an open door policy here anyway". We saw staff development plans showing how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

All of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. An example being when we observed staff asking permission before entering people's rooms.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were not restricted and moved freely around the home. People were also free to leave the home unattended. A person we spoke with told us, "I go out and have fun. I go all over the place".

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage

in order to keep people safe. One member of staff gave us an example of how they supported a person. They told us, "I let them [people using the service] have time to calm down, let them have their own space, in their room or wherever they want to be". They went on to explain how they referred to behaviour charts in people's care plans to identify behaviour triggers and people's likes and dislikes. We saw that people's care plans included information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at Unity Care. A person we spoke with told us, "The food's nice, [staff member's name] make's it [meals] professionally, he's very good". A relative we spoke with said, "The food's varied and culturally specific". We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished. A person using the service told us, "They ask me what I want to eat and we go out and buy it from the shops. I eat different food every day and I can help myself to snacks". We saw that staff and people using the service had weekly meetings to plan menus.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. A relative we spoke with told us, "They [staff] explain healthy options to [family member's name] so that he doesn't eat junk food all of the time". A staff member told us, "We provide a balanced diet. They [people using the service] have fruit and snacks and we do check their weight. We eradicate fast food and provide good home cooking". They explained that all staff had received training in healthy eating and nutrition.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "We [people using the service] go and see the doctor, we have appointments. [Staff member's name] takes me". A relative told us, "They're [provider] very proactive arranging appointments with GP's and are very quick to respond to his needs". They continued, "They [provider] take a genuine interest in his [person using the service] condition". We spoke to the manager who gave us in-depth information of how they had done extensive research on how to support people's specific health needs. We saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

## Is the service caring?

### Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff, they were relaxed in their presence and living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A person said to us, "They [staff] care for me and I care for them a lot. I'm a happy man getting on with life". They continued, "They [staff] look after me properly". A relative we spoke with said, "I think the care and support is excellent". A relative said, "[Person's name] is considered part of the family, he goes with them [staff] to all sorts of events".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's needs. A person using the service told us, "Staff listen to me, they don't ignore me they listen to what I've got to say. They talk to me about my care needs". A relative we spoke with told us, "His [person using the service] care needs are met from all angles. His level of functioning can vary and they [staff] adjust to his needs". A member of staff told us, "We have one to one sessions to see how they like things to be done". They also explained how staff refer to people's care files and have conversations about their likes and dislikes. People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted. A person we spoke with told that their faith was an important part of their life and that they regularly attended a local church. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, how they liked to go out for walks and enjoy the views and sites around the city. During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms.

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We [staff] make sure they [people using the service] have their own space". We found that people could spend time in their room so that they had privacy when they wanted it. A person we spoke with told us, "I like my room, and they [staff] always knock before they come in".

Staff we spoke with explained to us the importance of ensuring that people's right to confidentiality were maintained. Staff we spoke with told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager.

Everyone we spoke with told us there were no restrictions on visiting times. A relative told us, "Visiting's very flexible, it's like a home from home, I can turn up anytime I want, they've [staff] never turned me away. And if we [relative and person using the service] want to talk in private, he's got his own room".

Staff told us how they supported people to be as independent as possible. A person we spoke with told us how they helped around the house with household chores and tidied their own room. They also said, "I pick my own clothes, I got to the shops and if I like something, I buy it". A member of staff we spoke with said, "We try to support their [people using the service] independence as much as possible. They do their own personal care; we just offer support or encouragement when needed". A relative we spoke with explained how encouraging their family member's independence had had a positive effect, "He's [person using the service] come on in leaps and bounds with his; personal care, general living skills and confidence around others".

## Is the service responsive?

### Our findings

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative we spoke with told us "We're [relatives] involved in care planning, and [manager's name] lets me have updates over the phone. We talk a lot". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support. We observed staff responding to people's needs promptly when required throughout the day. We saw a staff member and a person going into the kitchen together to discuss the evening meal.

We saw that all people living at the home had their own rooms and choose whether to stay in them or join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I like my room it's nice and I keep it tidy".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A person we spoke with told us about the type of films and music they liked to listen to and play. A staff member told us how they had supported a person who enjoyed singing to attend song writing and singing classes. We saw that people took part in a variety of social activities, including college courses and events at the community centre.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us; "I don't really have any complaints but I could talk to [manager's name] or [staff member's name] if I needed to". A relative told us, "I've got no concerns but I'd talk to the manager or CQC if I needed to. If I had any issues with them [provider] I'd have taken him [person using the service] out of there a long time ago". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. The manager told us and records we looked at showed that there had not been any complaints made about Unity Care since our last inspection. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider held family meetings to share information with relatives when required. Relatives we spoke with told us that they could contact the manager at any time for information about their family member. A relative we spoke with said, "We get surveys periodically, in fact I'm doing one now".

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people and staff were involved in how the home was run. For example; activities that people were involved in, menu planning and daily tasks around the home. We saw that there was a good relationship between the manager, people using the service and staff. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they were happy with the way the location was managed and that the manager was approachable and that they felt that they were listened to and valued by the manager. A staff member told us, "I get praise from [manager's name] and I'm supported. The place is run well and I enjoy working here". A person we spoke with said, "The staff are happy here and I like how things are done". A relative told us, "It [location] seems absolutely fine. They have a good staff rota system and policies and procedures". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member. A relative told us, "Staff are great, there's a good feel about the place, it's really homely".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. For example; discussions with the manager from another care provider and the local authority commissioning service. Unity Care is also involved in a number of local enterprise partnerships, including; the West Midlands Combined Authority, The Birmingham Care Consortium and the Birmingham Care Development Agency. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.