Lifeways Community Care Limited

Unity House

Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

Tel: 01915861427

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19 July 2021
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05 August 2021
12 August 2021

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Unity House is a residential service providing personal care for up to 22 people with a learning disability. At the time of the inspection there were 13 people living at the service. Unity House provides accommodation over two floors across one large purpose-built house and some areas of the home have been converted to self-contained flats.

People's experience of using this service and what we found
People were protected from harm as risks had been assessed and plans put in place to mitigate these. Support plans and positive behaviour support plans were in place however staff needed to ensure only current ones were kept in the file and they had always enough detail to support staff meet people's needs.

The provider had reviewed the staffing model they used across their care homes and determined more flexibility was needed. The existing model did not enable staff to leave the service if someone needed additional support when in the community or provide flexibility for staff to rotate and take breaks. Additional staff were provided on both day and night shift to resolve these difficulties.

The provider was in the process of amending protocols for staff to follow when supporting people in the community to make it clear calling the police was to be used as a last resort rather than the first action when issues arose.

Throughout our visit we found staff work effectively with people to support them regulate their emotions and they created a very calming atmosphere. Staff effectively communicated with people. People were confident the service provided met individuals' needs.

Since January 2021 two successive managers had been appointed. The current manager was appointed to the post in June 2021 and they are yet to apply to become the registered manager.

Over the last year the provider and visiting professionals had identified improvements were needed. The provider had deployed a range of additional resources, such as area managers, the quality team and positive behavioural support team to the home to support staff make the necessary improvements. All reported this action had made positive improvements to the service and people's quality of life.

Care staff, in general, adhered to COVID-19 guidance on working in a care setting. The provider needed to ensure the agency induction forms made it clear what was expected around their practice around adherence to current PPE guidance.

People were protected from abuse by staff who understood how to identify and report any concerns. The area manager was ensuring all appropriate referrals were made to the safeguarding team. Medicine management was effective. The environment and equipment were safe and well maintained.

The provider's governance arrangements had identified improvements were needed in the home. Action had been taken to resolve these issues. The manager was in the process of learning how to use all aspects of the interactive electronic system.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture. Person-centred care was not however fully embedded into practice and outcomes for people's independence and empowerment were at times inconsistent. We have made a recommendation about the need to improve person-centred care outcomes.

For more details, please 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 requires improvement (published 12 January 2021).

Why we inspected
We carried out an unannounced focused inspection of this service in January 2021 and found two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve infection control practices and governance arrangements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unity House on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Unity House

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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
An inspector completed the inspection.

Service and service type
Unity House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager who was registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We met five people who used the service and observed the care provided. We spoke with the area manager, the manager, two team leaders, six support workers and the administrator. We observed how staff interacted with people using the service. We contacted four relatives, five care coordinators following the visit and the local neighbourhood police officers got in touch with us.

We reviewed a range of records. This included three people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

Requires Improvement

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 remained the same. This meant some aspects of the service had recently been improved to ensure they were always safe. These need to be embedded and sustained.

Preventing and controlling infection
At our January 2021 inspection, the provider failed to mitigate the risks to the health and safety of people related to the transmission of infectious disease. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• People were protected from the risk of infection.
• The provider had followed COVID-19 guidance to reduce the risk of infection. Staff had received training around how to wear PPE correctly. Team leaders monitored staff compliance with infection prevention and control compliance and took immediate action, when needed, to ensure this was always met.
• The home was facilitating visits for people in accordance with the current guidance.

Staffing and recruitment
• The provider had reviewed the staffing model used across the care homes they ran and determined the current model did not provide enough flexibility. The model was based on commissioned hours per person, which meant there was not staff to leave the service if someone needed help in the community or flexibility for staff to rotate and take breaks when needed. The provider had increased both day and night shift staffing levels to resolve these issues.
• Staff reported they worked well as a team, but a lot of agency were used. This added additional pressure when supporting people. Action was being taken to recruit staff to the vacancies.
• Staff were prompt to respond to people's needs. One relative said, "I have no concerns, [Person's name] always has a staff member with them and always seems happy."
• The provider operated systems that ensured suitable staff were recruited safely. We discussed with the area manager and manager the need to ensure agency induction forms verified people's identity and made it clear what was expected around their practice. The area manager ensured this was immediately added to the form.

Assessing risk, safety monitoring and management
• The service assessed people prior to them moving to the service to ensure the service could safely meet the person's individual needs.
• Risk assessments were in place to reduce the risks to people's health. These provided staff with guidance on the actions to take to reduce the risk. At times these needed to be more detailed and cover all risks. The manager had identified this and was in the process of ensuring the relevant information was included, for example where ligature cutters could be found and who was trained to use them.
• Support plans and positive behaviour support plans were in place however staff needed to review these

and ensure only current ones were kept in the file. The provider had recently amended protocols for staff to follow when supporting people in the community, which made it clear calling the police was to be used as a last resort rather than the first action when issues arose. They were currently ensuring this change was embedded into practice and checking it was effective.
• The environment and equipment were safe and well maintained.

Systems and processes to safeguard people from the risk of abuse
• The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
• The service supports people who have marked difficulties managing their emotions and can become rapidly distressed. Throughout our visit we found staff work effectively with people to support them regulate their emotions and they created a very calming atmosphere.

Using medicines safely
• People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
• Staff had received training in medicines management, and they had been assessed as competent.

Learning lessons when things go wrong
• The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means 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 remained the same. This meant the provider has taken action to make improvements to the management, leadership and the culture of the service. There has not been a registered manager in post for over a year and the provider needed to ensure the new manager registered with the Care Quality Commission.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our January 2021 inspection, the provider failed to ensure systems and processes were in place to assess, monitor and improve the service. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

• The provider maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made.
• Over the course of the last year the provider had identified practices and records at the home, which were not being operated in line with their policies and procedures. Action had been taken to resolve these issues.
• The current manager was appointed to the post in June 2021 and they are yet to apply to become the registered manager. They were in the process of learning how to use all aspects of the interactive electronic system and undertake all the audits.
• Reports had now been sent to alert the CQC and local authorities when incidents occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Relatives were confident staff had the skills they needed to provide them with the right care. One relative said, "The staff really understand how to work with [person's name]."
• Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
• We received positive feedback from the local authority practice improvement team who have been working with the home and visiting health and social care professionals about the staff willingness to engage in making improvement.

Continuous learning and improving care
• The provider and area managers had reviewed their systems and processes used across the company. Audits had been strengthened, quality of care records reviewed, and staff were supported to carry out their roles. Action plans were used to both identify and monitor when changes are made and if these improved the service.

• The area manager critically reviewed the service to determine how further improvements could be made.

Working in partnership with others
• The service worked in partnership with the local community and other agencies to improve people's opportunities and wellbeing.
• The service had openly engaged with various partners including the local authority and clinical commissioning group to review the service. They had taken on board all advice and were working closely with all partners to ensure the service deliver effective care.