

# Lifeways Community Care Limited

# Unity House

## Inspection report

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County Durham  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

# Summary of findings

## Overall summary

### About the service

Unity House is a care home providing personal care for people living with a learning disability and people living with mental health needs. The service can provide support for up to 21 people in 15 residential beds and six individual flats. At the time of the inspection 16 people were using the service.

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

People were observed to be happy and had formed good working relationships with their care team. Staff knew the people they were supporting well and respected the choices they made about their care. People's independence was encouraged. When people became distressed staff used various techniques to support people to regulate their emotions before physically intervening. However, the provider was in the process of working with staff to improve how they recorded information about incidents and ensuring the associated policies and procedures were robust.

Although care plans provided detail about how to work with people when they were distressed they did not provide staff with pictorial guidance on what holds to use for each person if they needed to physically intervene. At times, staff acted as a response team, but records did not show what this team were supposed to do in relation to each person or in their role as part of this intervention. Staff had received training around how to work with people when they became distressed and how to use physical interventions.

Throughout the home there were various keypads installed on corridor doors and some communal areas. The regional manager discussed how through their review of restrictive practices they had been looking to see that the number of keypads were reduced. We discussed new technology with staff and keypads that had sensors, which automatically release when people with a matching key-card approached. The deputy manager agreed to discuss this innovation with the provider.

Staff looked after people's monies appropriately. Additional checks had been completed following concerns being raised around how staff handled people's money. However, the provider recognised that their process for completing a monthly audit and check of account balances needed to recommence. The provider was in the process of setting up individual accounts for each person, as currently all the money was in one account.

Staff understood the procedures they needed to follow if they suspected abuse might be taking place and told us they were confident the management would act on any concerns.

Concerns had been raised that people were not supported to eat and drink enough. The provider had thoroughly investigated this matter. Although they found no evidence to support this concern they were introducing additional systems the registered manager could use to ensure people were not neglected.

People told us there were suitable numbers of staff on duty to ensure people's needs were met. Each person

had at least one staff member working with them throughout the day. This staffing level led to people being able to engage in any activities they liked both inside the home and within the community.

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 Good (published 9 May 2018).

#### Why we inspected

This was a targeted inspection, based on concerns about risks raised with CQC in relation to the use of physical interventions and staff training in this area, finances, risk management and staff deployment. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we have been alerted to potential risks.

We undertook this targeted inspection to check the service was meeting legal requirements. This report only covers our findings in relation to one key question - is the service Safe? The overall rating for the service has not changed following this targeted inspection and remains good. This is because we have not assessed all areas of the key questions.

The local authority and the provider had investigated the concerns raised and where required, had also acted to ensure people continued to receive safe care and treatment.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good 

The service was safe.

Details are in our safe 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.

This was a targeted inspection to check the provider had taken suitable actions to address the areas of concern raised to ensure people were safe. This report only covers our findings in relation to those concerns.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Unity House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We observed the care provided to ten people and spoke with six people who used the service about their experience. We spoke with the deputy manager, regional manager, quality assurance team member, two team leaders, eight care workers, an occupational therapist, assistant occupational therapist, an assistant psychologist, the administrator and the cook. We also spoke with two health professionals visiting the home.

We reviewed a range of records which included five people's care records, financial records, food and fluid monitoring records, staff training records and recently developed action plans.

# Is the service safe?

## Our findings

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

We have inspected this key question to follow up on concerns that people did not receive care and treatment in a safe way. This was in relation to how the provider ensured staff used physical interventions and behavioural approaches appropriately, managed people's money, adopted risk management strategies and staff deployment.

At this inspection we found the provider had investigated and where required, had acted upon the areas of concerns to ensure people continued to receive safe care and treatment.

The service remained rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse

- People told us they were kept safe. Comments included, "This is the best staff team I have ever had, and I have never found any of them to be unkind or rough" and "My staff are good. They are always nice to me and I like it here." The registered manager is in the process of reshaping the resident and staff forums so they provide more opportunities for people to air their views about the staff practices and culture in the home.
- Staff were appropriately trained to use physical interventions and these approaches were implemented as a last resort. Various alternatives were used to assist people to regulate their emotions. These included diversion, distraction, safe spaces where people could vent their frustration and ignoring a behaviour if this was not causing harm to the person or other people.
- Care records detailed how staff were to work with people when they were distressed. The provider had found from their and other professional's investigations that the incident recording needed to be improved and they had introduced example records in each person's file to assist staff to make the necessary changes.
- The regional manager and deputy manager acknowledged that pictorial guidance outlining how to use physical interventions needed to be re-introduced. Also, the policy needed to be reviewed and further information needed to be produced to assist staff to understand their role when they formed a part of the response team.
- The provider had completed a review of restrictive practices and works were to be completed to reduce the number of keypads on doors. The regional manager and deputy manager acknowledged that the current type of keypads led to people not being able to independently use communal areas and slowed the response team down when they tried to get to an incident. They were going to investigate new technology such as keypads with sensors to improve access around the home.
- People's monies were managed appropriately. Previously team leaders completed monthly audits and regularly checked the balances matched. This practice had stopped over time, but the deputy manager was to re-introduce this safeguard.

Staffing

- There were always enough staff on duty to meet people's needs. Each person had at least one staff member assigned to work with them throughout the day. This led to people being consistently engaged in activities and if they became distressed staff were at hand to assist them to regulate their emotions.
- Agency staff were used but the deputy manager told us they kept this to a minimum and requested the same staff to ensure people received a consistent level of care.
- Appropriate action had been taken when concerns had been identified around staff practices. The registered manager had introduced measures for monitoring staff practices and ensuring staff adhered to expected best practice guidelines. Where concerns arose rigorous investigations were completed, which included managers from other homes and investigators coming to complete independent reviews.