

Lifeways Community Care Limited

Unity House

Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

Tel: 01915861427

Date of inspection visit:

28 February 2023

07 March 2023

09 March 2023

10 March 2023

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27 March 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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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 11 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were regularly asked for their opinions and gave them freely. People were involved in discussions about their support and given information in a way they understood. Where people had support, they told us this was flexible, available when they needed it and to the level they needed. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider understood the new electronic assessment tool required further enhancement to ensure it fully covered people's needs.

Right culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was 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 Health and Social Care Act 2008.

Inspection team

An inspector completed the inspection.

Service and service type

Unity House is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. Unity House is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually 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 spoke with 5 people who used the service, observed the care provided to another 4 people and contacted 4 relatives. We spoke with the registered manager, 2 deputy managers, 2 team leaders, 8 support workers and the administrator.

We reviewed a range of records. This included 6 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People found there were enough staff. One person said, "They are really good staff and really good workers; the deputy managers will even help you a lot".
- The provider made sure there were enough staff to meet people's needs. Previously staffing levels were based on the commissioned hours per person, which meant there was no core staff available to work flexibly to support people in the community and rotate so staff could take breaks, when needed. The provider had permanently increased both day and night shift staffing levels to resolve these issues.
- Staff recruitment and induction training processes were effective. The provider had introduced an electronic system for managing recruitment and this thoroughly covered all the legal requirements.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which in general outlined all presenting issues. Staff managed the safety of the living environment, and equipment in it.
- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.
- Staff ensured people's behaviour were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The management team were committed to driving improvement and learning. They responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. Relatives were kept informed of any changes and found the care delivered met people's needs.

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 MCA 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 Mental Capacity Act (MCA). In supported living settings, this is usually through MCA application procedures to the Court of Protection.

- We found the service was working within the principles of the MCA.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's visiting policies and procedures adhered to current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed in an open and transparent manner.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability.

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; Working in partnership with others

- The registered manager promoted a positive, person-centred culture. They, and staff, put people's needs and wishes at the heart of everything they did. One person said, "The staff are really good and I find them easy to get on with," and another person said, "The manager works hard and I love being here."
- People told us the management team were approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals care and support needs.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.