Lifeways Community Care Limited

Unity House

Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

Tel: 01915861427

Date of inspection visit:
10 April 2018

Date of publication:
08 May 2018

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 10 April 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Unity House accommodates up to 21 people with a learning disability who require personal care. The service had 15 residential beds and six individual flats. At the time of our inspection, there were 15 people using the service, 11 people in residential beds and four people living in the flats.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like 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.

This was the services first rated inspection under the new provider.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed. Improvements with the counts of medicines were put in place on the day of inspection.

The home was clean and suitable for the people who used the service and appropriate health and safety checks had been carried out. At the time of the inspection fire drills were not taking place for all staff. The registered manager rectified this immediately and arranged two fire drills the day after the inspection. We have made a recommendation about fire drills.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff were suitably trained and received supervision and a yearly appraisal.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

The interactions between people and staff showed that staff knew the people really well. Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported.

People who used the service and family members were complimentary about the standard of care at Unity House. Staff helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests, and to help meet their social needs.

People who used the service and family members were aware of how to make a complaint; the service had received three complaints in the last year, which were fully investigated and acted upon.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. The provider continuously sought to make improvements to the service people received. The provider had quality assurance processes that included checks of the quality and safety of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and relevant checks had taken place for new staff.

Fire drills were not taking place, this was rectified immediately. We have made a recommendation about fire drills.

Accidents and incidents were recorded and investigated, and appropriate risk assessments were in place.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Medicines were stored and administered safely. Improvements were made on the day of inspection to the records for counting medicine stock.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence

was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

Care records were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

Unity House

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 10 April 2018 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eleven people who used the service and three family members. We also spoke with the registered manager, the occupational therapist, the occupational therapist support, the cook, a team leader and six support staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff and records relating to the

management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People and family members we spoke with told us they thought Unity House was a safe place. A person who used the service told us, "I feel safe, there is always staff here and they always come." Another person said, "I am happy because I am not worried." One relative we spoke with said, "[Name] is safe, yes, I trust all the staff." Another relative said, "My [Name] likes to do things and staff supervise them to make sure they are safe and they do not hurt themselves."

We saw risk assessments were stored in people's individual care records alongside support plans. These included the risk of self-neglect, smoking, self-harm, choking, behaviour, communication and understanding and moving and handling. Each risk assessment recorded the identified risk, who might be affected, how they might be affected, what measures were currently in place to reduce the risk and whether any additional measures were required.

Regular maintenance and health and safety checks were carried out and were up to date. Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including bath hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements. The passenger lift, Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place. However, fire drills were not taking place regularly, only seven staff had received a fire drill in the last year. We discussed this with the registered manager who started to rectify it immediately. The day after the inspection we received information to show 31 staff and 14 people who used the service had taken place in a fire drill that day. One of the drills took place on a night to cover night staff.

We recommend the provider puts regular fire drills in place to cover all staff and eventualities.

We saw regular checks were carried out of firefighting equipment. The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service, if needed. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Accidents and incidents were appropriately recorded. Monthly audits were carried out to identify any trends and lessons learned. For example, one person was prone to falls due to their manner of walking, the person had a falls pathway assessment and now used a walking frame which had reduced the falls.

The service had an alarm system that staff could use in the event of an emergency. Each staff member carried a fob and if they pressed one of the buttons on the fob other staff attended immediately. We tried this system and at least five staff were by our side within one minute. Staff could also use the fob system to

section part of the building off if needed. For example, if one person was struggling and their behaviours were escalating, staff could prevent other people who used the service accessing that part of the building, at that time.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were to be raised.

Staff recruitment records showed that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. Proof of identity was obtained from each member of staff.

People were supported by a consistent staff team; this promoted people's well-being and made them feel safe and well cared for. Staffing levels were sufficient to enable staff to meet people's needs in a person centred way. On the day of the inspection there were 15 support workers on duty, one senior care worker, a team leader plus the occupational therapist (OT), OT support and assistant psychologist. This meant that staff worked on a continuous one to one basis with people. Staff, people and relatives all confirmed there was always enough staff on duty.

The majority of staff worked longer days covering 12 days a month. The registered manager explained that the people who used the service were becoming anxious at handover times and also having to leave activities to suit staff hours. The longer days meant only two handovers a day and staff were available to accompany people on activities. This meant the registered manager was acting on lessons learnt.

The home was clean and there were no unpleasant odours. Appropriate hand hygiene gel and personal protective equipment (PPE) were in place and in use.

We looked at the management of medicines and saw medicines were safely stored inside a locked room. The temperature of the room was recorded to ensure medicines were stored at a safe temperature. Staff who administered medicines were appropriately trained and received annual competency checks.

Medication administration records (MARs) we saw were not always accurate and up to date. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Medicine's supplied in original packs were counted on a daily basis. However, these counts were not always correct. We found that staff were completing two records, the MAR and a stock balance record. Staff would record on the stock balance record and not complete the MAR. We discussed this with the registered manager who changed this system immediately and started just using the MAR to document everything. We were provided with evidence of this

We saw controlled drugs [drugs liable to misuse] were stored and administered safely.

One staff member said, "I have had training on medication and I do feel confident giving it although I am not

a nurse."

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. One staff member said, "I am very clear on my role."
Staff we spoke with said they felt they received plenty of training and were suitably trained to fulfil their roles. One staff member said, "I had updated training a year ago." Another staff member said, "We do have service users with challenging behaviour but we are very well trained to deal with it and it is very detailed in their care plan as to how we should deal with it." And another staff member said, "I have completed a range of training including the mandatory training plus medication training, diabetes, mental health, autism, and Deprivation of Liberty Safeguards (DoLS), I can request any other training I think I need."

We saw the majority of staff mandatory training was up to date and where it was due, it was booked. Mandatory training is training that the provider deems necessary to support people safely and included health and safety, fire safety, first aid, food hygiene, infection control, moving and assisting, safeguarding, and hand hygiene. Staff also received training on positive behaviour support (PBS), epilepsy awareness and the General Services Association (GSA) model. The GSA model is the process of using physical skills to either disengage from or restrain an individual who is being physically aggressive.

New staff completed a thorough induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The induction included a pre induction which was welcome letters, a number of learning tasks and an orientation meeting. A core induction which was delivered over five days and included a shadow shift on the third day. This was followed by a post induction which provided further training in moving and handling, epilepsy with Buccal (administering epilepsy medication), safe swallowing and physical intervention.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions were also delivered in three supporting elements which were job chats, group supervisions and unplanned or ad hoc supervisions.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People had access to a choice of food and drink throughout the day and were happy with the food provided. We observed lunch and saw staff supporting people who required assistance and providing prompts when required.

One person who used the service said, "I love the spaghetti bolognese." Another person said, "I love toasties and fruit salad. I have a file which I can choose three healthy items from, for after breakfast." The person showed us the file which was in picture format for easy identification.

Care records described people's food and drink preferences, and the level of support they required from staff. For example, one person's record stated, 'I can hold food in my mouth for up to a minute before swallowing, if it is any longer than a minute, staff need to verbally prompt me to swallow.' One person was a choking risk and after being assessed by the speech and language therapist (SALT) needed a soft pureed diet and thickened fluids. The care records were very detailed with information on how this person's food should be prepared and presented. This person could not communicate verbally and needed support with eating. The registered manager had produced a video for staff to watch, so they knew exactly how to support this person. There were also detailed records on how the person showed they liked or disliked foods.

We spoke to the chef who explained that if a person did not like the main choice or the vegetarian choice they would make them something else. The chef said, "If someone doesn't like something they will soon tell you." A staff member said, "One person has diabetes and the chef provides a special diet for them, they [chef] can do that for any type of diet required."

The chef had information in the kitchen about people's likes, dislikes, and special equipment required, or any risks such as choking. We saw the chef organised a meeting every month with the people that used the service. During this meeting they showed pictures of the previous months dishes and asked which one's people would like to see on the menu the following month."

On the first Tuesday of every month the chef organised an alternative food night which could be a movie night with burgers and popcorn, a barbecue with a quiz or a fancy-dress theme night."

People had food monitoring logs that recorded the meals and snacks they had eaten, the amount, and any choices made. These records were up to date and at the time of the inspection used for information purposes only.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS had been appropriately applied for and a record was kept of when they had been authorised. Mental capacity assessments had been carried out and any decisions taken in people's best interests had been recorded.

Care records contained evidence of visits from external healthcare professionals including GPs, community nursing teams, opticians, dentists and psychologist. The service had appointed a staff member to be a health facilitator to support people to appointments or to hospital; this was so they would get consistency.

One person would become really anxious when they had to attend hospital for an appointment. Staff started taking the person for a drive past the hospital, then parked near the hospital until they actually managed to get the person to have a coffee in the hospital café. These steps had taken place over a couple of months to enable the person to become familiar with the hospital surroundings and hopefully minimise

the person's anxiety. The staff had built up good relationships with the hospital staff and were told this person does not need an appointment but if they manage to get them into the hospital the consultant will always see them.

People and family members told us staff were very proactive at requesting support from health care professionals when it was needed. One staff member said, "I can make a referral to an outside agency if I feel the service user needs it."

People's rooms were decorated in a design of their choice. One person's room was all about Newcastle football team and another person's room was pink fairies and unicorns, full of pink Lego and teddies. One person proudly showed us their room which was full of trains, they also liked Star Wars and Dr Who. We commented how it must take a lot of dusting. The staff member supporting this person said, "We dust and hoover together every day, we talk about each item whilst we do it." We saw the staff member showed great interest in each object.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Unity House. A relative told us, "The staff are outstanding, nothing is ever too much for them." Another relative said, "staff are enthusiastic and well-motivated."

We observed staff interacting with people at every opportunity. One person was enjoying singing with a member of staff; another person was being supported to tidy their room.

One person became distressed on the morning of the inspection. Staff responded to this with a very patient and professional manner. Staff rotated their support with the person so there was always at least two staff present but the rotation helped staff from being 'burnt out.' One staff member said, "We use verbal de-escalation and positive behavioural support then General Service Approved Techniques (GSA) which is a form of physical intervention, but only as a last case scenario. It can be mentally draining on staff so we all swap and support."

We observed another person appeared upset, a staff member walked with this person to the activity room. We saw the staff member reassured the person and talked in a low tone voice as well as signed Makaton. The person calmed and did some art work before they walked away..

People's individual choices were recorded and records described how staff were to respect people's privacy and dignity. For example, records detailed what time people prefer to go to bed and get up. For one person they were to have one to two hours unsupervised periods throughout the day, at this time this person may want to spend time alone in their room.

Staff we spoke with said, "We always knock and wait before entering someone's room, we don't just walk in."

People were supported to be independent where possible. The service had a training laundry and training kitchen. People were supported to use these rooms to encourage independent living skills. People took turns to help cooking meals and we were told that one person used to be a chef and makes a really good chicken curry. For people in their own flats they had their own kitchen, all the appliances such as the cooker could be accessed from outside the flat in case someone forgot to switch them off.

We observed one person getting ready to go out, the staff member explained that the weather was cold and they would need a thicker coat. The person put on the coat but became frustrated with the zip, the staff member then stepped in to help. The staff member said, "I want to help but you have to find the right time to step in."

People had communication support plans in place that described how people preferred to communicate and what their individual needs were. For example, whether the person understood verbal requests or signs and gestures, and whether they used pictures, photographs or symbols to aid communication. Some people

used a version of Makaton and staff knew how to communicate with these people. One person struggled to talk about how they felt so would write a letter explaining. This person said, "I write poems you know and I write lots of things about how I feel, I have done it since I was a baby." A staff member said, "[Name of person] writes happy lists to keep their mental health on track and so staff understand how they feel."

The services OT had developed a talking mat. This was a large piece of paper with a lot of pictures stuck on with Velcro. There was a box at the bottom where the OT would put a picture of a topic they wanted to discuss, for example an activity. The person would then choose a face card to show how they felt about the activity, this could be happy, sad, scared angry or excited. This supported staff to gauge how the person was feeling.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records. One staff member said, "We don't talk about things that don't need to be talked about."

People were encouraged to maintain relationships with family and friends. The registered manager had appointed a support worker to become the family liaison. Having the family liaison staff member meant families spoke to the same person all the time, they discussed the support plan and how risks were evaluated, and kept in touch to make sure all plans were appropriate. One relative we spoke with said, "I can visit any time, but I always ring first because in the summer they are often out for the day and I don't want a wasted journey."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. People had used advocacy services when needed.

Good

Is the service responsive?

Our findings

People who used the service were very much involved in creating their care plan, they also had the option to keep a copy if they wanted. One person said, "That is my care plan (pointed to a file on their bed) It has lots of pictures."

We reviewed the care plans for three people and found they were personalised and held information about people's likes and dislikes history and how to support them in the way they preferred. People's care plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand and reflected people's personalities. When reading them it was easy to gain an understanding of the person to be supported. For example, staff were to provide consistent feedback to one person when they asked certain questions. This reduced the person's anxiety.

It was clear that people's wishes, aspirations and goals had been considered and care plans were positive. They provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs. Future plans and positive achievements were documented. For example one person would like to live in their own flat with a nice girlfriend. The care plan documented what support was needed to get this. The support included emotional and behavioural support. At the time of the inspection the psychology team were supporting this person to explore their understanding of what was an appropriate relationship. Staff were also assessing this person's decision-making skills to support them with their future plans.

Support plans included mobility, personal hygiene, mental health, safety, allergies, nutrition and fluid, and dietary requirements. For example, one person really looked forward to their birthday but could also become very anxious in case people forgot. The plan had detailed information of how staff were to support the person to reduce these anxieties.

Each person had a positive behaviour plan (PBS). PBS is a behaviour management system used to understand what maintains an individual's challenging behaviour. It involves understanding the reasons for behaviour and considering the person as a whole, including their life history, physical health and emotional needs, to implement ways of supporting the person. We saw very detailed PBS plans were in place which included support strategies for staff. This included things staff could and couldn't say and signs the person was calm and relaxed this was called a green plan. If the person was showing signs of behaviours, this was called the amber plan, and there were details for staff to follow to get the person back to the green plan and stop them escalating into a red plan which could be distressing for the person. One staff member said, "Afterwards, well after anything we debrief and that really helps."

Daily care logs recorded whether people's individual needs had been completed that day and included details of food and fluid intake and details of any activities the person took part in. Records we saw were up to date.

None of the people who used the service at the time of our inspection were receiving end of life care. The

registered manager told us conversations took place with people and family members regarding their end of life needs, for example, funeral arrangements and we saw these were recorded if people were happy to talk about it. One staff member said, "We talk to people about end of life care using picture aids when they have asked us about it, sometimes they see things on the television."

We found the provider protected people from social isolation. People were able to maintain friendships with friends and family and there was unrestricted visiting in the home. The service employed a family liaison support worker, this meant that family spoke to the same person each time to maintain consistency. People were very positive about the activities available to them. One person told us, "I love going shopping for teddies and clothes, staff take me to Newcastle or the Metro Centre, I don't like Durham or Sunderland." Another person said, "I have been to Haggerston Castle." And another person said, "I like to go out and have a steak, cooked medium or fish and chips in Hartlepool or potato skins and garlic sauce."

Relatives we spoke with said, "My [Name] goes bowling, swimming, trampolining and for walks." Another relative said, "Two girls [staff] took them on holiday to Penrith, in the pictures they were smiling and I congratulate them on that."

The OT developed an eight-week activity planner. This could be changed and adapted within this time but was a guide. The OT requested staff to complete an activity record each week. This record provided information on what the person had participated in, what they enjoyed and what they were not really engaged in. This supported the OT to see how the person was responding to activities and if they were increasing their independence when doing daily living skills activities. If for example, the person was not engaged in personal care, this could be a sign of a deterioration in a person's mental health. The activity record provided information on relationships, health and wellbeing and leisure activities to name a few.

People who used the service had expressed an interest to join in a colour run, (a run where people are covered in coloured powdered paint) on finding the cost was too high the registered manager arranged a colour run of their own. They had purchased coloured powdered paint and as people ran they were coloured from head to toe in a rainbow of colours. There were lots of photos on display of people have fun during this.

The service had a number of activity rooms, such as a sensory room, an activity room for arts and crafts, games and PlayStation as well as a gym and a games room. We saw these rooms being used on the day of inspection. Everyone had made a big picture of a 'family' tree in the dining room, each person had put their handprints on the tree to represent themselves as part of the family. People who were new to the service had added their own prints when they moved in.

The service kept a monthly photo diary for each person that used the service. Photos were taken of everything a person had done that month and presented in an album. Families and the person could look at these to remember fun times.

We saw evidence of trips to the theatre to see Shrek, an Easter egg hunt, a onesie party, a Mr Blobby party and trips to concerts.

Where possible the service encouraged and supported people to gain employment. The OT was working with one person at the time of the inspection to fulfil their aspiration to find work. Unfortunately, the person became very anxious when work was found and unable to attend. The OT was supporting the person to overcome their anxiety to enable them to work and this was being done at the person's pace.

There was a clear policy in place for managing complaints and the service had received four complaints in the last year. We could see all complaints had been investigated and acted upon.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since May 2017.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff we spoke with felt supported by the registered manager. One staff member said, "The manager is very supportive, they have helped support me and are very approachable."

Relatives we spoke with said, "Ah [registered manager's name] is lovely, they really help you, they are fantastic nothing is ever too much trouble." Another relative said, "[Registered managers name] and the staff are outstanding, we have a good honest genuine relationship."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The registered manager completed a monthly management report that included checks of the building and whether there was any maintenance issues, records related to people who used the service, staff supervisions, training, meetings, spot checks and records of any visits by external commissioners and regulators. Where any actions were identified, these were recorded. The registered manager also maintained a matrix for all the people who used the service. This recorded when DoLS and reviews were due.

The registered manager told us the provider was planning a quality assurance visit to the home, however this had not taken place at the time of the inspection.

The service had good links with the local community. For example, East Durham Trust who offer voluntary and community opportunities, Haswell and Easington District Mencap, who they supported by fundraising with a charity walk. Due to this the people at the service were invited to a Christmas Carol Service at Durham Cathedral. One person who used the service said, "I raise money for charity, I have done it for Children in need, MacMillan and Mencap."

They also had links with school where they use their hydrotherapy pool. The registered manager said, "We have a network with our local MP Graham Morris who attends the service if the House Meeting request to see him. This open surgery then enables people we support to share their views with the local parliament. Some of our successes have been rallying for a new zebra crossing in Peterlee and challenging the bus companies on their disabled persons system." Each person's access to the community was different, for example, some people were well known in the local supermarket and café, others with the leisure centre and others with the library or towns further afield. The registered manager went on to say, "We also have access two evening

activities at Washington and Leechmere which can be used for socialisation and meeting people away from Unity House."

The service had a positive culture that was person centred, open and inclusive. One staff member said, "The culture of the service is very open, approachable and honest." This staff member also explained what they and the service's values were, they said, "We believe that everyone should be respected, have their privacy respected, independence encourage and to do what activities they want, all day and everyday if they wanted." Another staff member said, "I understand the ethos of the company." And a further staff member said, "The company is good to work for they are very honest and very open."

Staff were consulted and kept up to date with information about the home and the provider during daily handovers. We saw records of what was discussed at each handover which was each person who used the service and any other business related to the service. Staff we spoke with said, "We are really listened to." Another staff member said, "They take really good care of the staff."

Meetings for people who used the service took place every three or four weeks. Subjects discussed at these meetings included the menu, activities, fundraising activities, any new residents and the environment. For example, one person suggested placing some objects in places around the home and putting up photographs in certain areas.

People and staff were asked to complete an annual survey on the quality of the service. This included questions on the accommodation, staff, meals, complaints, activities and the work of the occupational therapist. Feedback suggested that people and/or staff were satisfied or very satisfied.

The registered manager said, "We acknowledge the challenge we have in ensuring people we support have their views heard effectively and with accuracy. Across Unity House this includes capturing the needs of people who have non-verbal styles of communication. We take an individualised approach to this. This can include talking mats, pictorial cards, educating staff to interpret vocalisations. We have an easy read questionnaire which captures key questions around staffing, activities and other domains. We also recognise the evidence which suggests people with learning disabilities are more likely to give feedback in an informal way than formal avenues. Therefore, to promote this, we hold fortnightly house meetings which are a coffee morning format. Within this forum we can gather the views of the people we support and utilise different strategies to get these such as talking mats and iPads."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.