Unity Care

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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

The inspection visit took place on 19 November 2018 and was unannounced.

Unity Care is registered to provide care for three people. The service cares for people with learning disabilities and other mental health diagnoses. At the time of our inspection there were two people living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last rating inspection in August 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

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 kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

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

Staff sought people's consent before providing care and support. 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 treated with kindness and compassion. People's rights to privacy were respected by the staff that supported them and their dignity was maintained. People were encouraged to express their views and

be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 checked 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 was a comprehensive inspection and the inspection visit took place on 19 November 2018 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 contacted Health Watch Birmingham who provide information on care services.

During our inspection visit we met with two people who used the service and spoke to two relatives, two members of care staff and the registered manager.

We looked at the care records of two people and three staff files as well as the medicine management processes and records that were maintained by the provider 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.

Good

Is the service safe?

Our findings

People we spoke with told us that they were confident care staff kept them safe and secure. One person told us, "I like them [staff]. I feel safe around them, no problems". A relative told us, "[I have] no concerns for his safety, I never have to worry about anything like that". The provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.

Staff told us they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff said, "If I had any suspicion that abuse was happening I'd inform a senior member of staff". Staff understood their responsibilities for reporting safeguarding incidents if they suspected someone was at risk of harm or abuse.

Staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. One member of care staff told us, "Risk assessments are carried out continually throughout the day. Any issues are recorded and the manager is told about them". A member of staff gave an example of being aware of risks when supporting someone out in the community. The registered manager told us people's risk assessments were completed monthly and any changes were added to their care plans. We saw risk assessments were reviewed on a regular basis. This demonstrated that staff were aware of the risks each person might be susceptible to.

A person we spoke with told us there were enough staff around to support them during the day. A relative told us, "There's always someone around if [person] needs them". There were sufficient numbers of staff to meet people's needs. We saw the provider had processes in place to cover staff absences. They also had systems to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely. The PIR reflected what we saw at the location.

The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. These included references and checks made through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care. Information gathered on the PIR showed us the provider was adequately staffed for the needs of the service.

People received their medicines safely and as prescribed. A person told us, "I have a prescription, it's always in stock". One member of staff told us, "They're [people] generally willing to take their medicines". They explained how they watched to make sure medicines had been taken correctly. The provider had systems to ensure medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us they had received training on how to manage and administer medicines.

Staff told us they understood how to protect people by the prevention and control of infection. A person told us, "It's [location] clean and tidy, yes". A member of care staff gave some examples of how they

maintained a clean environment, "We wear gloves and clean with a multi-purpose cleaner [detergent]. There are colour coded [chopping] boards for food preparation". The provider had monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.

Good

Is the service effective?

Our findings

Staff had received appropriate training and had the skills they required to meet people's needs. A relative told us, "They [staff] know what [person] needs and how to look after him, so I guess the training's good". A member of staff told us, "I feel I have enough training for the needs of the home and to support [people's names]". They went on to tell us they could discuss any specialised training requirements with the registered manager who was open and responsive to suggestions. The registered manager responded to training requests made by staff and was aware of the knowledge and skills they needed to support people who used the service. Training plans were reviewed and updated on a regular basis.

Staff told us they had regular supervision meetings with their line manager to support their development. A member of staff told us, "We do have supervision, but we talk to them [management] all the time". The registered manager told us, that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Staff development plans showed how staff were supported with their training and supervision.

The provider had processes in place that involved people in how they received personalised care and support. Relatives told us they felt their family members' care needs were supported and that they were involved in decisions about their care. A relative told us, "They [care staff] all know [person] really well. Most of the staff have been there with him a long time, they know [person] and how he likes to live his life". Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The people living at Unity Care had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

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). People at the home had capacity therefore it was not necessary for the provider to submit DoLS applications to the Local Authority. Members of staff told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

People and relatives told us they were happy with the support they received from care staff with meals and drinks. One person said, "I like the food, it's alright. They [staff] ask what you want to eat, so I get what I like". A relative said, "[Person] likes the food and he has a good choice of what he wants to eat". There was no one on a specialist diet although staff were aware of how to ensure that people maintained a healthy diet. A

member of staff told us how they had reduced the salt content in a person's food based on a discussion with the person's doctor. This showed staff knew how to support people to follow a diet that met their health needs.

The provider supported people with their health care needs. A person told us, "The staff take me to my appointments when I need to go". One relative told us, "They [staff] get [person] to all of his [medical] appointments. If there are any health issues they deal with them really efficiently". They went on to explain that staff understood about their family member's specific health care needs and the best way to support him when required. Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. People's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

People's individual needs were met by the adaptation and design of the premises. A person told us, "I have my room decorated how I like it, I've got all of my things in there".

Good

Is the service caring?

Our findings

People and relatives told us staff treated them with kindness and compassion. One person said to us, "Staff are really nice, they're polite to me and we get on really well". A relative told us, "They [staff] are such lovely, kind people, I couldn't ask for anything better. It's like a little family there". They continued, "The care and support is second to none, I'm very, very pleased and comfortable with Unity".

People were encouraged to express their views on how they preferred to receive their care and support. A person told us, "I talk a lot to staff about what I want to do, we're always chatting". A relative said, "They [staff] listen to him [person] and take an interest in how he wants to live his life. They genuinely care". The provider supported people to express their views so they were involved in making decisions on how their care was delivered. We saw records of weekly meetings with people using the service and personalised care plans with people's input documented.

People and relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support their needs. A relative told us, "We [relative and person using the service] did his care plan when he first went there [location], and I chat with [registered manager's name] regularly, so we discuss if any changes need to be made". Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Care staff knew the importance of respecting people's privacy and dignity. A relative told us, "I feel he's [person] well respected there. He has his own room which is his space and they [staff] respect that. They knock on his door and ask [permission] before they go in. If he wants to stay in there he can, there's no pressure to do anything he doesn't want to do". A member of staff told us how they ensured people's doors were closed when showering or bathing, and how they remained outside unless they were requested to give support to the person. A relative told us there were no restrictions on when they visited their family member, they said, "There's no restriction on visiting, I know that if I want to I can pop in at any time, night or day".

People were encouraged to be as independent as practicable. A person told us, "I cook a lot ". They continued, "I help to clean the shower and toilets too". A member of staff told us, "[Person's name] makes his own bed, we [staff] help if needed, but don't do it for him. He also does his own drinks and sandwiches". The registered manager told us they had been working with the local authority to support one of the people living at the location into independent supported living. However, the person decided they preferred to stay at Unity Care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative said, "They [staff] ensure that there are good lifestyle choices for [person's name]. They encourage him to do things and enjoy his life". The registered manager explained why there was a spare room at the location. They told us that bringing another person into the home would be potentially disruptive, not only for the people already living there, but also the new person. This demonstrated that the registered manager understood the people living at the home and was responsive to their needs, over the need to take on more care packages. From our observations, we could see that staff responded to people's individual needs as and when required, for example; meal times were flexible and people chose to eat where they wanted to, either in the dining area or lounge.

Staff told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. We found staff knew people well and were focussed on providing personalised care. We saw that staff were responsive to people's individual care and support needs. A person told us, "I like going places around Birmingham. I'm going out tonight to [name of club]. We play music and I chat with friends". A relative told us, "If there's anything [person] wants to do, they'll [staff] do their best to sort it out for him". A member of staff told us, "[Person's name] likes cars, so we take him out to car showrooms, he loves sitting in the new cars. [Staff member's name] takes him out for a drive". Care plans included information about people's individual care and support needs, including activities and hobbies they were interested in.

Staff told us they had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff told us how they offered people the same opportunities and didn't discriminate on the grounds of gender, culture, race or ability. They said, "Everyone is different so we are flexible to their needs".

Relatives 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 told us, "If I have any concerns I can talk to the staff". One relative told us, "I don't have any complaints at all, they're [provider] wonderful. If I did, I'd just call [registered manager's name], he's very approachable and I know he'd find a solution to any concerns we had". The provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and these were used to improve and develop the service.

Good

Is the service well-led?

Our findings

People and staff were involved in making decisions about how the service was run. A relative told us, "I have filled out questionnaires in the past, but I chat with [registered manager's name] all the time so he knows that I'm happy with [person's name] care". We saw copies of meetings with people and staff which showed how they were consulted on how the service was run. A member of staff told us the provider listened to staff suggestions and gave an example of when they had suggested leisure activities for people living at the home and the provider had agreed to their suggestions. The provider used feedback from people, relatives and staff to develop the service.

Quality assurance and audit systems were in place for monitoring service provision. The provider had systems for reviewing care plans, risk assessments and medicine recording sheets.

At the time of our inspection 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. The provider had a history of meeting legal requirements and had notified us about events they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

A member of staff told us the registered manager and other senior members of staff were supportive and responded to their personal or professional requests. They told us, "It's a great place to work, everyone's so supportive of each other". Staff told us they felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision. Staff told us they felt they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.

A relative told us, "There's a positive feel about the place [location], everyone gets along and [person's name] is happy which is the most important thing".

The provider informed us of how they worked closely with partner organisations to develop the service they provided. They told us they attended meetings with the local authority, other service providers and healthcare professionals to identify areas for improvement and aims for social care provision in the future. Information within the PIR reflected this.

Staff told us 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.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.