Unity Care

# Unity Care

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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 6 December 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in December 2015 and was rated as 'Requires Improvement' overall.

Unity Care is a registered care home providing accommodation and personal care for up to 5 people with learning disabilities. At the time of our inspection there were 4 people living at the home.

There was a registered manager in post at the time of our inspection. 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. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical care and support needs. People's medicines were managed and administered safely and as prescribed.

People were supported by enough staff that had been safely recruited. People and relatives felt that staff demonstrated the appropriate skills and knowledge to provide good care and support. Staff were trained and supported so that they had the knowledge and skills they required to enable them to care for people in a way that met their individual needs and preferences.

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people within their best interests. Staff were respectful of people's diverse needs and the importance of promoting equality.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs in a timely manner. People and their relatives felt they could speak with the provider about their worries or concerns and were confident that they would be listened to and have their concerns addressed.

Staff spoke positively about the provider and the supportive culture they had established at the home. The provider had quality assurance and audit systems in place to monitor the care and support people received, ensuring that the quality of service provided remained consistent and effective.

## 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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

### Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

## Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

## Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# 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 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 6 December 2016 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 and referred to the Health Watch website for any relevant information to support our inspection.

During our inspection we spent time with three people living at the home. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. People who could not communicate verbally used other methods of communication, for example; gestures. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with two people who used the service, one relative, two members of staff and the registered manager. We looked at records that included three people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.
We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people

were not able to tell us verbally.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "Yes, everything's okay, I feel safe here. They continued, "The staff love me and they know when I'm unhappy". We asked a person, who communicated non-verbally, if they felt safe and happy at the home. They gestured with a 'thumbs up' and a smile to both questions. A relative we spoke with told us, "We're confident that they [provider] look after her [person using the service] properly". We saw that the provider had processes in place to support staff with information if they had any concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with told us, "I completed some safeguarding training last week". They gave us an example of some of the signs and symptoms that might alert them to be concerned. "If there was a change in their [person using the service] behaviour, if they didn't want to socialise, were withdrawn and not communicating". Another staff member told us what action they would take if they suspected that someone was at risk of harm or abuse, they told us, "I'd inform the manager and other staff of my concerns".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments relating to people's health and living environment were completed every six months, although informal checks were done on a daily basis with any concerns being recorded. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated in care plans regularly. One of the people living at the home showed me a book they had about 'Keeping Safe' [in the community] they told us, "It's really useful".

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff we spoke with told us, "The alarm goes off and we evacuate the residents to the rear of the building, we call 999". A staff member we spoke with informed us that they were aware of which people living at the home required additional support in the event of an emergency. This information was reflected in people's care plans.

Everyone we spoke with felt there was sufficient numbers of staff working at the home to meet people's needs and keep them free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. A person we spoke with told us, "There's always one of them [staff] around if I need them". A relative we spoke with said, "Whenever we [relatives] go to visit there are always plenty of staff around". A member of staff we spoke with said, "There are enough staff here. It's a small group of residents so we're never really stretched". The residential manager explained how additional staff were used, for example, if people living at the home needed supporting to attend visits or appointments outside of the home. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care. The PIR that we received from

Unity Care prior to our inspection identified that they were adequately staffed to support people safely.

The provider had a recruitment policy in place and staff told us that they had completed a range of employment checks before they started work. Records we looked at and staff we spoke with told us that the provider had recruited them appropriately and that references and Disclosure and Barring Service (DBS) checks had been completed. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and help to prevent unsuitable people from working with people who require care. The registered manager told us that staffing levels had remained consistent for a number of years, ensuring that people living at the home received consistency of care and support from people they knew well.

People we spoke with told us they had no concerns with the administration of medicines. A person we spoke with told us, "I take my tablets in the morning, [staff member's name] brings them with a glass of water". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned to the pharmacy when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they understood people's individual communication methods to indicate if they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Good

# Is the service effective?

## Our findings

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support to people. A relative we spoke with told us, "I don't know how well they're [staff] trained but I've got no real concerns about how [person's name] is taken care of". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A member of staff we spoke with told us, "I'm happy with the amount of training we have here". Another member of staff told us, "I recently did safeguarding, health and safety and food hygiene refresher's [training]". They went on to explain how the registered manager was encouraging them to pursue higher levels of qualifications to enhance their career prospects, they told us, "[Registered manager's name] is always supportive of my development". We saw that the manager responded to requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due. We saw from the information provided on the PIR, that staff had received an appropriate amount of training, relating to their roles, enabling them to support people effectively.

Staff told us they had regular supervision and appraisals to support their development. A member of staff we spoke with told us, "We [Registered manager and staff] have monthly supervision. I can discuss anything, if I'm not happy with something I mention it. Training options are discussed, future plans and career development". They continued, "They [manager] ask me how I'm doing and how they can support me". We saw staff development plans showing how staff were supported with training and supervision. We saw that the manager held regular staff meetings and was accessible to staff on a daily basis. We saw that staff freely approached the manager for support, guidance and advice when needed.

People we spoke with told us that staff asked them about their care needs and gave them choices about how they received their care on a daily basis. One person said, "They [staff] support me if I want to go shopping in town. I know they'll help me with anything really". Not all of the people living at the location were able to verbally express how they preferred to receive their care and support. However, staff were able to explain the different ways that they communicated with people living at the home. A member of staff gave us an example, "[Person's name] will come in to the kitchen and look at the drinks if she wants one. We know her routines, if she wants 'one to one' time she'll link arms and pull you away". Another member of staff we spoke with told us how a person would show them what they wanted support with by pointing at things, for example certain foods they preferred or DVD's they wanted to watch. Throughout our time at the home we saw good interaction between people and staff and could see that they communicated effectively with each other. We saw that staff used a variety of communication techniques, including visual prompts.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance

of gaining a person's consent before supporting them with their care needs. We saw staff gaining consent from people before offering support, for example; we saw the registered manager asking a person if they wanted to use a soft ball to do hand movement exercises. A staff member we spoke with told us, "When we support people with their care, never assume anything, each day is different so I always get their consent first".

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 saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. At our last inspection in December 2015 the provider had not recognised that some of the people living at the home might be having their liberty restricted, and this was reflected in our final report. Since then we can see that the provider has addressed this issue and appropriate DoLS applications had been submitted to the local authority. From information submitted on the PIR and from our discussions with the registered manager and staff, we could see that the provider had made progress in its approach to the MCA and DoLS.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how they supported a person. They told us, "I talk through things with them [person using the service], your [staff] approach and communication methods are a key aspect. Let them take time out if they need to". Another staff member told us, "Identify triggers and try to avoid them, understand how things might escalate and give them [people] time to cool down". We saw that people's care plans included information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People we spoke with told us they were happy with the food at the home. A person who communicated non- verbally gave us the thumbs up gesture when we asked if they had enjoyed their breakfast. Another person we spoke with said, "The food's okay, I cook it myself, I like doing my own meals". A relative we spoke with told us, "She's [person using the service] always got plenty to eat and it [food] always looks good". We saw that staff supported people to make decisions about what they would like to eat. We saw that one person took a staff member to the kitchen cupboards and pointed to what they wanted to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. A person we spoke with said, "There's always plenty of snacks. I get them from the shop". We saw that staff and people using the service had weekly meetings to plan menus. A staff member told us "We [people using the service and staff] look at menus every week, there's always a good selection of veg and we make sure they get their 'five a day'". We saw that staff supported people at lunchtime. Staff were patient and talked to people throughout the meal, supporting them to eat at a pace that suited them.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake if necessary in accordance with their health care needs. A person we spoke with told us, "I don't cook as many curries now because I use too much oil and I have to watch my cholesterol [levels]". A staff member we spoke with told us, "With [person's name] diet, we [staff] have to work around what the doctor has recommended. Dieticians have been very supportive".

Everyone we spoke with told us that people's health needs were being met according to their needs. A person we spoke with said, "I went to see the doctor on Saturday, he asked me lots of questions and was fine. I'm feeling okay". A relative we spoke with told us, "If she [person using the service] needs to see a doctor, they [staff] make sure she does". We saw staff supporting people with daily exercises to enhance their mobility. A member of staff explained how they were supporting a person by walking them around the home, they told us, "[Person's name] would sit on her knees all day, so it's good to get her moving around for a bit of exercise". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly. We saw that people living at the location had annual health plans which contained information about their health care support needs.

Good

# Is the service caring?

## Our findings

People we spoke with told us that staff were caring and compassionate. A person said to us, "The staff are really kind. They really help me, I can trust them, I know they love me and they'll always look after me". The atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and they were relaxed in their presence. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. We heard people and staff referring to each other by family names, such as; mum, aunty and brother, suggesting a strong sense of family connection within the home.

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's needs. A person we spoke with told us, "If I need anything I tell [staff members name] and they do it for me". A relative we spoke with said, "[Manager's name] involves us in planning her [person using the service] care and we can talk to him about it at any time". A member of staff told us, "We talk to people about their personal preferences and read their care plans". People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "I might go out later to see my friend, I can walk there, it's just up the road". Later on in the day we saw the person leaving the home to go and visit their friend. We saw people moving around the home as they wished, making choices about what they preferred to do throughout the day. We saw records of meetings where people living at Unity Care were supported and encouraged to make decisions about things they liked and disliked.

Everyone we spoke with and observations we made showed us that people were treated with dignity and respect. A person we spoke with told us, "I've got my own room and they [staff] always knock and ask if it's alright to come in". A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We [staff] never enter people's rooms without knocking and being invited in". Another staff member told us, "When bathing people, we [staff] close the door and make sure they're covered as much as possible". Staff we spoke with explained to us the importance of ensuring that peoples' right to confidentiality was upheld. They told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager. A staff member we spoke with gave us an example, "Some people have continence issues, so we [staff] carry out their personal care in private and never discuss things in open areas".

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with said, "There's no restrictions on visiting times, we go along every few weeks". A member of staff told us, "Relatives and friends are welcome to come and visit whenever they like".

People and staff told us how independence was encouraged as far reasonably practicable. A person we

spoke with told us, "I clean my room, I like to keep it tidy". A member of staff we spoke with said, "We [staff] give them [people using the service] opportunities to work alongside staff, for example; cooking". Another member of staff said, "[Person's name] goes to college". Throughout our visit we saw that people's independence was supported by staff. For example; we saw a person answer the telephone and hand it to the relevant member of staff. We also saw a person helping around the home, asking people if they wanted drinks and fetching them for them.

Good

# Is the service responsive?

## Our findings

We saw that staff knew people well and were focussed on providing personalised care. We saw that people were encouraged to make as many decisions about their care and support as was practicable. A person we spoke with told us how staff supported them to celebrate cultural and religious festivals that were important to them. A staff member we spoke with said, "We [staff] support [Person's name] to celebrate Eid". People and relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A person we spoke with told us, "[Staff member's name] and [Registered manager's name] have meetings with me to see if I like it here, are staff okay, what do I want to do". A relative we spoke with told us "We [Relatives and provider] review her [care] plan every now and then and [manager's name] is always available if we need to talk about any changes". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. During our visit a staff member noticed that a person's eye looked blood shot. They responded quickly by making an appointment to see the doctor. A person we spoke with told us how staff were quick to recognise if she was not well or feeling upset. She said, "They saw I was unhappy, they sat down with me, gave me a hug and we talked about it".

We saw that all people living at the home had their own rooms and chose whether to stay in them or to join the communal areas. Two people showed us their rooms which were clean and personalised to suit people's preferences. Rooms were decorated how people preferred and were reflective of their individual tastes. A person we spoke with told us, "I've got my own room, it's pink and red, just how I like it".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A person we spoke with told us, "I like going on holiday and to the pictures [cinema]". We saw people and staff engaged in activities together, for example playing with a bubble blowing game and dancing. A member of staff we spoke with said, "[Person's name] likes going to the cinema, we take him twice a month, if he feels like it. [Person's name] likes sensory activities, like water play, she doesn't like to go out much".

People and relatives we spoke with 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 we spoke with told us; "I've got no complaints, generally I'm okay. I'd tell [registered manager's name] if I wasn't". A relative told us, "We've [relatives] got no complaints. We're happy with how things are going, but we know we could call [registered managers name] if there were any problems". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. We saw from the providers PIR that they monitored and assessed concerns and complaints in order to develop service quality.

We saw that the provider held monthly meetings to share information and discuss any concerns with people that lived in the home. Relatives we spoke with told us that they had completed questionnaires to inform the provider of their views on the service provided. A relative we spoke with said, "We've [relatives] attended meetings in the past, but we're in regular contact anyway. We get a questionnaire about every twelve months". Relatives we spoke with told us that they could contact the manager at any time for information about their family member.

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of 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 that 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.

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people and staff were involved in how the home was run. We saw that there was a good relationship between the manager, people using the service and staff. Staff we spoke with told us that they were happy with the way the location was managed, that the manager was approachable and that they felt they were listened to and valued by the manager. A member of staff told us, "I'm very happy working here. I feel valued, they [management] encourage my development. They trust me to solve issues and know I'll deal with them". A relative told us, "[Registered manager's name] is very nice, we can call him about anything, he manages the home really well". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member.

We saw that the provider had a whistle-blowing policy in place. 'Whistle-blowing' is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. A staff member we spoke with said, "If I had any concerns I'd tell my manager. If they didn't deal with it, I'd contact CQC". Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider had systems in place for when the registered manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the registered manager's absence.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to people and relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.