

Lifeways Community Care Limited

Unity House

Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

Tel: 01915861427

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Unity House is a residential service providing personal care for up to 22 people with a learning disability. At the time of the inspection there were 13 people living at the service. Unity House provides accommodation over two floors across one large purpose-built house and some areas of the home have been converted to self-contained flats.

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

On the first day of our visit, some staff were not following infection control processes. Records relating to medicines required improvement. The quality improvement processes at the service had not identified the deficits in practice and records that we found.

Processes to safeguard people from abuse were followed and risks were effectively reviewed and managed. Staffing levels were safe and the service was working on a recruitment and retention plan to reduce the current high levels of agency staff used at the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of the right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was Good (published 29 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about infection control practices and staffing levels. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unity House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches of regulation in relation to infection control practices and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. We began this inspection on 2 December 2020 as a targeted inspection. Due to some concerns we found with infection prevention and control practices we looked at the key questions of safe and well-led in a focussed inspection. We undertook a second day of inspection on 7 December 2020.

This inspection took place on 2 and 7 December 2020 and was unannounced.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Unity House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A person was managing the home at the time of the inspection but this post was not a permanent appointment.

During the inspection

We spoke with 16 members of staff both on inspection and via telephone interview including the regional director, area manager, two team leaders and two support workers on site.

We reviewed a range of records. This included two people's care records and multiple medicine records. We

looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as: good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Systems were not in place to ensure there were effective and robust infection control processes at the service.
- Staff did not always wear personal protective equipment (PPE) correctly, and the policy and risk assessment regarding COVID required review to ensure the correct guidance was being followed.
- One the first day of our inspection we observed one staff member wearing an inappropriate mask, one staff member was not wearing a mask at all and another was wearing one incorrectly.
- On the second day of our visit all staff were wearing the appropriate PPE.

This meant people were not always protected from the risk of infection because staff were not following official guidance. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicine records required improvement.
- The 'as required' guidance was not always in place and hand-written entries of prescribed medicines were not double signed, which meant staff could not evidence they had checked these were recorded correctly. This meant people may be at risk of not receiving their medicine in line with the prescription.
- The medicines room was clean and well maintained and staff could explain to us how to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people and protect them from potential abuse.
- The interim manager recorded any safeguarding concerns and had reported them to the local safeguarding authority and the CQC. Where necessary, action had been taken to address the concerns.
- Safeguarding matters along with incidents and accidents were recorded on the provider's on-line monitoring system. The service was implementing a more robust system to ensure accidents and incidents were reviewed and any immediate actions to reduce any risks were implemented and embedded.

Assessing risk, safety monitoring and management

- Systems were in place to effectively monitor and review risks related to the delivery of care and the safety of the environment within the home.
- People's care records contained evidence that risks were regularly revised and updated. The provider was in the process of reviewing and ensuring all risk assessments clearly and accurately reflected how to support

people to manage and reduce risks. They had reviewed people's positive behavioural support plans and were taking steps to actively reduce the use of physical interventions when people became distressed.

Staffing and recruitment

- Staff recruitment was undertaken in a safe and effective manner. We saw appropriate checks were in place including Disclosure and Barring Service (DBS) checks.
- The service was providing staffing at safe levels. The service currently had a high number of vacancies and was using high levels of agency staff. Staff consistently told us having such a high level of agency staff increased their level of stress and some felt the agency staff did not have such a good knowledge of people, which did impact the care given. Staff reported people like consistency and familiar faces.
- The service was actively recruiting staff and was reviewing methods to improve the retention of staff. Staff reported they believed the managers were trying to recruit new staff although, at times, new starters left quite quickly because they were not sufficiently experienced to work with people who had complex needs.
- Staff we spoke with stated that one person had a huge impact on the service because of their needs and behaviour, but they felt supported by the new management team to talk and raise issues.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality systems within the home were not always robust.
- The management had undertaken a range of quality checks and audit processes. However, these had failed to identify concerns we found in the use of PPE, records relating to medicines and the staff rotas not identifying who was the first aider.

Systems to maintain quality and safety within the home were not robust, potentially putting people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had already begun an action plan to ensure the service was being improved and care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had not been consistent a manager at the service.
- Staff reported the repeated change in management did leave them feeling unsettled and worried about the continued security of their jobs. Some staff also discussed how staff morale was low at present because of staff turnover but reported they loved their jobs. Most staff were very positive about the improvements the recent area manager and project lead had made.
- Staff reported since the Covid19 pandemic they had not had regular staff meetings and felt this had led to them not being as able to share ideas on how to improve the service or keep up to date with changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was no registered manager formally registered with the CQC at the home. The interim manager in post was a temporary appointment and a recruitment process was underway for a new permanent manager.
- The area manager was aware of their responsibility under the duty of candour. There had been no specific instances where the manager had been required to act on this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought the views of people who used the service on a regular basis and involved them in planning and events within the home.

Continuous learning and improving care

- The area manager took immediate action to address the concerns we found on the first day of our visit, such as ensuring staff were wearing the correct personal protective equipment.
- The area manager explained a range of on-line resources staff could access to gain information about care matters and issues related to the Covid-19 pandemic.

Working in partnership with others

- There was evidence in people's care and support files that the home worked in partnership with a range of professionals to support people's health and wellbeing.
- Since April 2020 the provider and senior managers have proactively worked with healthcare professionals to establish consistent and effective working relationships.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were three staff members not wearing the appropriate personal protective equipment on the first day of our visit. The service had not assessed the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (2)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to as and when required medicines, controlled medicines and stock control required improvement. Systems and records to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. Regulation 17(1)(2)(a)(b).</p>