

Northern Life Care Limited

UBU - 67 Elland Road

Inspection report

67 Elland Road
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Leeds
West Yorkshire
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Date of inspection visit:
16 March 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 16 March 2016. Our last inspection took place on 13 January 2015 when we gave an overall rating of the service as 'Requires Improvement'. We found two breaches of the legal requirements in relation to care and welfare of people who use services and supporting staff. At this inspection we found the provider had made improvements, although we found a breach concerning health action plans which had not been kept up-to-date.

UBU - 67 Elland Road is registered to provide accommodation and personal care for up to seven people who have learning disabilities.

At the time of this inspection the home had a registered manager. 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.

Staff identified recent staffing levels had been difficult to manage due to absences. The registered manager identified two new members of staff were joining the team pending satisfactory background checks.

Staff were able to identify types of abuse and knew who to report their concerns to if they suspected a person was being harmed. Recruitment practices were safe with appropriate checks having been carried out. People's individual risks had been identified and assessed and this was reviewed on a regular basis.

Health action plans did not capture the person's current health needs and did not match information recorded in care plans. People's care plans showed health professionals such as PEG nurses, community nurses, neurology and occupational therapists were involved in their care.

People were encouraged to be part of the meal planning process and daily intake notes were completed as required. Staff were supported through an induction process and there was a programme of refresher training sessions which most staff had completed. Staff received regular supervision sessions which were effective, although not all staff had received an appraisal.

This service acted within the principles of the MCA and DoLS and staff were aware of how this affected their role. Positive interactions between staff and people were seen during the inspection. Staff were aware of how to protect people's privacy and dignity.

People's care plans were sufficiently detailed and staff agreed these were a good reflection of people's needs. Care plans were reviewed on a regular basis with the involvement of relatives. People accessed a number of activities both in the community and in the home. Where one person had become dissatisfied with a particular activity, the service had responded by changing to a different type of support which the person enjoyed.

Appropriate systems were in place to manage complaints, although none had been received since the last inspection which concerned the care provided. There was a positive culture within the service and staff felt the registered manager was approachable and listened to them. This was reflected in the quality of supervisions and staff meetings.

The service had quality management systems in place, although we saw identified actions were not always followed up. The registered manager completed weekly and monthly checks and followed up on any concerns. The area manager regularly visited the home and carried out their own audits.

We found a single breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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

Staff expressed concerns about recent staffing levels, although we saw action was being taken to recruit new candidates to the staff team.

We found the storage, administration and supply of medicines was safely managed.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified as part of the support and care planning process.

Is the service effective?

Requires Improvement ●

The service was not always effective

Health action plans we looked at did not capture the person's current health needs and did not match information recorded in care plans.

People were supported by staff who received mandatory and non-mandatory training which enabled them to provide effective care. Staff received regular supervisions, although not all staff received an appraisal.

The service worked within the principles of the MCA which staff were able to describe. Relevant DoLS applications had been made to the local authority.

Is the service caring?

Good ●

The service was caring

There was a relaxed atmosphere in the home. There were positive interactions between staff and people living in the home.

Staff were able to demonstrate how they respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

Care plans were sufficiently detailed to provide staff with enough information to deliver effective care. Regular reviews with involvement from relatives took place.

People were supported to enjoy a range of activities both inside the home and in the community.

This service had appropriate systems in place to record and manage complaints they received.

Is the service well-led?

Good ●

The service was well-led

Quality management systems were used by both the registered manager and the area manager to improve service quality, although we found actions were not always followed up.

There was a positive culture amongst the staff team who enjoyed working in the home.

The staff team spoke positively about the registered manager who was approachable. The area manager regularly visited the home.

UBU - 67 Elland Road

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 16 March 2015 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor who had a background in care for people with learning disabilities.

At the time of our inspection there were seven people living at the home. During our visit we spoke with four members of staff, the deputy manager, the registered manager and the area manager.

We spent time observing interactions and care in communal areas and looked at areas of the home including some people's bedrooms and communal rooms. One person who used the service answered simple questions but others were unable to tell us about their experience of living at the home. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at three people's care plans and seven people's medication records.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also contacted Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not have any comments or concerns about this service.

Is the service safe?

Our findings

During our inspection we found there were adequate numbers of staff on shift. We asked staff whether they felt there were sufficient numbers of staff in the home. One staff member told us, "Sometimes we can struggle. You've got some staff who will stay and go the extra mile." Another staff member said, "Not nearly enough." A third staff member told us, "We do lack staff; it's this past couple of months we've struggled."

The registered manager told us they stepped in to provide staff cover where needed as some staff had been on long term sick leave. They said over the previous two to three weekends, agency staff had been used to cover shortages. One staff member told us agency staff received a welcome pack introducing them to the home to help them become familiar with the service. The registered manager said two staff vacancies were in the process of being filled subject to satisfactory background checks.

We asked staff whether they felt people were safe receiving this service. One staff member told us, "If I didn't, I'd be the first to say so." Staff we spoke with were able to identify different types of abuse and the signs they would look for which could indicate a person was being harmed. Staff told us they would report any allegations of abuse to the registered manager who they were confident would take appropriate action. Staff also knew about the provider's whistleblowing policy and could tell us who they would contact externally to report abuse.

We saw the provider had an up to date safeguarding policy. We looked at training records and saw all staff had received safeguarding training. We looked at the recording of safeguarding incidents and found this was well managed. We saw evidence of appropriate referrals made to the local safeguarding authority.

We looked at the recruitment records for staff and found safe practices had been followed. Staff files contained evidence of references, confirmation of identity and checks with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals who had been identified as unsuitable to work with vulnerable people.

During our inspection we looked at the administration of medicines to ensure this was managed safely. We looked at the medication administration records (MAR) for all seven people living in the home. Each of the MAR's we looked at contained details of any allergies and a photograph of the person to help staff ensure they were giving medicines to the correct person. Each of the MAR's we looked at had been fully completed meaning there were no gaps in the recording. We also found the administration of creams and ointments was appropriately recorded.

At the time of our inspection no one living in the home required controlled drugs. However, we saw policies and procedures were in place to support this if needed in the future. We asked staff how they knew it was appropriate to give a person pain relief. One staff member told us, "You get to know the signs of discomfort."

The annual health check and other health appointments demonstrated medication was reviewed regularly. Staff competency in administering medicines was assessed using an online check which the registered manager then reviewed. We found evidence of safe systems in place to manage the receiving, storage and disposal of medicines.

We looked at one care plan which contained a risk assessment for a person who required buccal midazolam which is used in the event a person has an epileptic seizure. This had been signed by all of the staff team and made clear reference as to how the medication should be used and when it would be necessary to call for medical assistance.

We saw a range of risk assessments in care plans which were reviewed on a regular basis. These covered areas such as choking, being in the community and accessing activities. There was a balance between identifying risk and positive risk taking. We saw risk assessments were reviewed on a regular basis in line with care plan reviews.

Fire alarm testing took place on a weekly basis. Every month the home carried out a practice evacuation to ensure staff knew what to do in the event of a fire. One staff member told us, "They're always testing fire alarms." Staff told us they were satisfied there was enough equipment in the home to manage people's moving and handling needs.

Is the service effective?

Our findings

During our last inspection we found health action plans did not always evidence people's health care needs were being appropriately monitored and met. The registered manager had told us they would prioritise this piece of work to ensure all aspects of people's healthcare was recorded. In their March 2015 action plan, the registered provider told us health action plans (HAP's) would be updated after each appointment and this would be reviewed by the area manager on a bi-monthly basis.

During this inspection, we found HAP's we looked at did not capture the person's current health needs. We saw there was no clear link between the discussions which took place at the annual health check and the HAP. There was no active plan or review dates held on record and the HAP's did not demonstrate peoples' health needs were been reviewed regularly. They did not outline the health professionals involved in their care, whilst care plans showed health professionals such as PEG nurses, community nurses, neurology and occupational therapists were involved in peoples' care.

We also spoke with the registered manager and area manager about the need to maintain more orderly recording in health action plans. The area manager's November 2015 audit identified, 'There are medical records on the HAP but these need to be more detailed and respectful'. The area manager agreed all seven health action plans would be reviewed by the end of April 2016.

We found examples of people who had been invited to attend hospital appointments for breast screening, although at the time of the appointment this screening had been refused by health professionals as people were unable to consent to this. We found no further attempt had been made to follow this up. The deputy manager told us they would review this immediately and contact the relevant health professionals.

We found this was a breach of Regulation 9, Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following concerns about one person's behaviour, we saw the person had been referred to the specialist autism team who carried out an assessment. We also found one person had been assessed by an occupational therapist for specialist equipment to help them during mealtimes. We saw the person's care plan had been updated to reflect this.

We looked at peoples' care plans and found people were weighed as part of their annual health check. Where people were identified as being nutritionally at risk, we saw evidence of daily records being completed which recorded the person's dietary intake.

We looked at how the service helped people to enjoy a health and balanced diet. We were shown a weekly menu planner which contained a variety of meal choices including healthy options. Staff tried to involve people wherever possible and were aware of people's likes and dislikes. One staff member told us, "We go by what each person likes. If they refuse to eat, they'll be offered an alternative." We were told staff produced homemade dishes such as stews and curries.

One person used picture cards to express their meal choice and how they wanted to plan their weekly menu. We observed staff involving several people in the kitchen with the selection and preparation of food. We saw staff encouraged people to become involved in preparing meals where this was possible.

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 so that they can 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 home 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 spoke with staff who were able to demonstrate their knowledge of the MCA and how this applied to their role. One staff member told us, "Everybody has got capacity until proven otherwise." Another staff member said, "I always offer people choice." The training records we looked at showed staff had completed e-learning in the MCA.

We saw evidence in one person's care plan of a best interest decision for healthcare treatment the person needed which they were unable to consent to. The process was clearly documented with a formal assessment of capacity and minutes from a meeting involving a number of professionals. This demonstrated a best interest decision had been appropriately made and recorded as evidence of this process having taken place.

One of the care plans we looked at recorded an initial assessment had not been shared with the service by a professional as they needed to ask a family member for consent. We found the person's relative did not have power of attorney for health and welfare of their family member. Having this power of attorney gives someone the power to make decisions about health and welfare for another person. In the same care plan there was a statement which said 'my mother has signed a consent form to agree to the staff at Elland Road providing my care and treatment'. We discussed this with the registered manager and area manager who were unsure why the decision not to share this information had not been challenged and agreed to review consent for this person in their care plan.

We saw seven applications for DoLS had been made to the local authority which were awaiting authorisation. We saw evidence of further contact with the authority when staff had requested an update on the status of these applications. The staff team were able to demonstrate an understanding of this process and the safeguard it provides.

At our last inspection we found the provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care safely. At this inspection we found improvements had been made.

We were told staff received an induction which included four to six weeks of shadowing colleagues. One staff member said, "It was good. I liked how it happened." Other staff we spoke with were satisfied with the support they received during their induction.

We asked staff about their supervision sessions. One staff member told us, "You can see where you're flourishing." The registered manager informed us supervisions were carried out every month and we saw this schedule had been well maintained. We looked at samples of supervision records and found they were

two-way discussions which enabled staff to voice concerns and request additional training. Some staff members told us they had not received an annual appraisal, although we saw evidence of annual appraisals taking place. The registered provider called these 'How is it 4 U?' which was not recognised by staff as an annual appraisal.

We found staff training records were managed on two different systems. One of the systems showed us when refresher training was due, whilst the other did not capture this detail. Following our inspection, the registered manager updated the training matrix to capture the information in one place. We saw high completion rates which showed staff had received mandatory training in subjects including; fire safety, first aid, moving and handling and safeguarding. They also received specialist training to cover the administration of medicines, autism awareness, administration of buccal midazolam and using PEG feeds. PEG feeds are used to feed people directly in to their stomachs when they are unable to receive their food orally for safety reasons, such as being at risk of choking.

One staff member told us, "One of the things I do like about this company is the training. I ask, they send." During our inspection we saw staff attending a training session in the home on using PEG feeds. This training had been provided in response to a recent incident. The registered manager had identified staff needed additional support and ensured this was promptly provided.

Is the service caring?

Our findings

People who used the service were unable to tell us about their experience of living at UBU - 67 Elland Road. One person we spoke with answered some simple questions. We asked them if they liked living at the home and they indicated they did by smiling and nodding. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

During our inspection we heard a staff member asking one person, "Would you like some music on [name of person]?" Shortly after, we heard music from a CD being played for this person. In another person's room we found they were listening to music they enjoyed. In the dining room we saw staff sharing good natured humour with one person who responded by laughing and sharing a joke with them.

We looked in some people's rooms and found they were personalised and contained pictures, ornaments and other belongings people wanted in their room. We found staff had supported one person whose room had been redecorated. We saw this had been carried out based on the person's interests.

Staff we spoke with were confident people living in the home were well cared for. We saw one member of staff sitting with one person in their room talking to them in a caring, friendly manner. One staff member told us, "Anyone can be a carer, but it takes a lot to care."

We spoke with staff to check their understanding of the care and support needs of people living in the home. Staff we spoke with were also able to tell us which people needed to have their drinks thickened to help them with swallowing as they were at risk of choking. One staff member told us one person needed to have their medicines with yoghurt which helped them swallow tablets. We were told one person enjoyed having someone sat next to them holding their hand. Staff told us one person was being supported at mealtimes by having their food provided in smaller portions due to a choking risk.

During our inspection we spoke with staff and asked them about the different ways they helped to protect peoples' privacy and dignity. Staff told us they managed this by knocking on doors, closing curtains when providing personal care for people and by keeping medicines in their own rooms.

Is the service responsive?

Our findings

At our last inspection we found the provider did not take proper steps to ensure each service user received care that was appropriate by means of planning and delivery of care. At this inspection we found improvements had been made.

Peoples' care plans were recorded electronically and each member of staff had their own login to access these records. Staff were prompted to read any changes to peoples' care plans by the system which highlighted the amended section until staff had looked at the updated record. We found people's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs.

Each care plan contained sections which covered all aspects of the person's life. The care plan provided staff with clear guidance on the care and support people required and this was combined with robust risk assessments to ensure care provided was safe and effective. We asked staff whether they felt care plans accurately reflected peoples' needs. One staff member said, "The majority is quite correct. If there's anything not correct we just speak with [name of registered manager] or [name of deputy manager]". Another staff member said, "They're getting better quite quickly."

The registered manager told us people's care plan was reviewed on a quarterly basis. We saw reviews took place every three months and included feedback from staff meetings and keyworkers advising the registered manager of any changes or suggestions. Where it was possible people were involved in their own review.

Family members were also asked to be involved in care planning every six months through a service review. We found where a relative had objected to changes proposed by a health professional, their views were being considered. As a result, the service was in the process of contacting a health professional to discuss a recommendation they had made. This meant relatives were involved in reviews and their opinions were being listened to.

The registered manager showed us details of the only complaint received since our last inspection and we saw this did not relate to care provided at the home. However, we saw this had been dealt with appropriately. Although people found it difficult to communicate when they wanted to make a complaint, we found staff knew when people were unhappy and provided appropriate support.

The deputy manager told us how it became clear one person did not enjoy one of their activities and their behaviour significantly changed when their transportation arrived. The service responded by changing this activity to a different type of session which they found the person responded to much more positively.

We found people were supported to enjoy personalised activities both inside the home and in the community. On the day of our inspection one person had gone to a local college. Staff told us people were enabled to enjoy activities in the community which included swimming, going to the cinema, shopping and going to college. We were also told some people had music lessons within the home.

Is the service well-led?

Our findings

At the time of this inspection the registered manager had been registered with the Care Quality Commission since December 2013. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

We looked at the quality management systems in place and found these were not always effective in following up on identified actions. We found the action plans created by the registered provider following our concerns regarding health action plans identified at our last inspection, had not resulted in appropriate action being taken.

The registered manager produced a monthly report for the area manager which covered staff sickness levels, medication errors, safeguarding referrals, incidents and number of staff supervisions completed. The registered manager told us any matters arising were dealt with individually with staff or at staff team meetings. Following our last inspection, the registered manager introduced a number of weekly checks. This included looking at medication records, daily notes and the weekly planner.

We looked at the records for relatives meetings and found these were held regularly up to June 2015, although attendance levels had dropped. The registered manager told us a number of relatives had been unable to attend recent meetings which meant they had been cancelled.

We looked at the most recent meeting minutes and saw evidence of discussions which included actions from items covered at previous meeting minutes.

We looked at the record of staff team meetings and found they had consistently taken place on a monthly basis. We saw standing items which covered health and safety, audit results and training. We asked staff about their experience of attending staff team meetings. One staff member told us, "We get to voice our opinions." Another staff member said, "We have some fair and frank discussions."

We saw evidence of the area manager's audits which were carried out November 2015 and February 2016. These used the same key questions as the CQC to identify whether the service was safe, effective, caring, responsive and well-led. We saw these identified the need for staff to be briefed following accidents and incidents to look for learning outcomes. We saw the area manager had also identified the need for staff to attend MCA training which was due to take place the day after our inspection.

We asked staff about the support they received from the registered manager. They told us they were approachable and they felt listened to. One staff member said, "Whenever I've any issues, I've talked to [name of registered manager] and it's been sorted straight away." Another staff member told us, "She's always about. I feel comfortable if there was an issue, I can talk to them both."

On the day of our inspection we met with the area manager. Staff we spoke with told us the area manager visited the home on a regular basis and took time to speak with them. One staff member said, "He's here a few times a month. He speaks with customers first, then staff. He asks us questions about medication."

Another staff member said, "I see him quite frequently."

We asked staff about the culture and values shared by the staff team. One staff member told us, "I think we've got a very good team of staff." Another staff member said, "At the moment we've got a really good team." A third staff member commented, "I think it's pretty okay in here at the moment."

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 did not take formal enforcement action at this stage. 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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider did not take proper steps to ensure each person had an accurate and up-to-date health action plan to meet their individual needs.</p>