

# U&I Care Limited

## Oak View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 22 January 2018 and was unannounced. The service has not previously been inspected.

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

Oak View is registered to accommodate up to five people. At the time of the inspection there were four people living at the service, however only one person was receiving a regulated activity. The service is situated in a residential area of Warrington and is modelled on a domestic type setting, with bedrooms on the first floor and communal areas on the ground floor.

Oak View 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.

There was a manager in post who had been registered with the CQC since December 2016. At the time of the inspection however, the registered manager was not available.

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.

During the inspection we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that water temperatures were within safe limits to prevent people from scalding themselves. The registered provider had also failed to carry out routine checks to ensure the water system was free from harmful bacteria. Quality monitoring systems had failed to identify issues that had been picked up by the inspection process which showed they were not fully effective.

You can see what action we told the provider to take at the back of the full version of the report.

During the inspection we identified that deprivation of liberty safeguards were not always in place as required. We have made a recommendation around this.

During the inspection we identified that processes were not in place with regards to one person's PRN ('as required') medication. We have made a recommendation around this.

Medication stocks were being monitored to ensure the correct quantities were being stored. These were kept securely in a locked room. We observed staff administered medication and found that they did so in a competent and professional manner. This helped ensure people were given their medication in an appropriate manner.

People were protected from the risk of abuse. Staff had received training in safeguarding and knew how to report any concerns they may have. The registered provider had a robust recruitment process in place which helped ensure that staff working at Oak View were of good character.

Where required people had been supported to access their GP or other health professionals to help ensure their wellbeing.

There were sufficient numbers of staff in post to meet people's needs. We reviewed rotas which showed that there were consistent members of staff in post within the service.

Training was in place to ensure staff had the skills and knowledge they needed to carry out their role effectively. Some staff were also in the process of achieving further qualifications, which helped them to develop professionally.

People were treated with dignity and respect. People and staff had developed a good rapport which was evident in their interactions with each other. Staff had a good knowledge of the people they supported and their individual needs.

Staff had access to detailed and up-to-date information on people's needs. Care records contained information about people's physical and mental health needs, and were reviewed on a regular basis to ensure they remained up-to-date. This meant that staff had the information they required to provide people with the appropriate level of support.

There were activities in place for people to engage in which helped protect them from the risk of social isolation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Water temperatures were being monitored however action had not been taken to prevent these from posing a scald risk to people.

The registered provider had failed to monitor the water system for harmful bacteria.

Processes were not always in place for the administration of PRN ('as required') medication.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Deprivation of Liberty Safeguards had not always been applied for as required.

Training was in place for staff to ensure they had the required skills to carry out their roles.

People were supported to access health care professionals where required.

### Is the service caring?

**Good** 

The service was caring.

Positive relationships had been developed between people and staff.

Staff treated people with dignity and respect.

People's confidentiality was maintained.

### Is the service responsive?

**Good** 

The service was responsive.

Information in people's care records was personalised and

provided a good level of detail around people's support needs.

Activities were available to people which protected them from becoming socially isolated.

There was a complaints process in place for people to access, with support.

**Is the service well-led?**

The service was not always well-led.

Quality monitoring systems had failed to identify issues which had been identified as part of the inspection.

Staff told us that they felt well supported by the registered manager and registered provider.

The registered provider had fulfilled their lawful duty by informing the CQC of specific events that had occurred within the service.

**Requires Improvement** 

# Oak View

## **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.

The inspection was unannounced and carried out by one adult social care inspector. The inspection took place over one day on the 22 January 2018.

During the inspection we looked at one person's care record and made observations on staff interactions with people living at the service. We reviewed the recruitment records for five members of staff and spoke with three members of staff working at the service. We made observations around the interior and exterior of the premises. We also reviewed records relating to the day-to-day management of the service, for example maintenance records and audit systems.

# Is the service safe?

## Our findings

During the inspection we observed that people using the service were relaxed and calm. They engaged with staff freely and presented as being at ease. Staff interactions were professional and supportive.

Water temperatures were well in excess of safe limits and posed a risk of scalding people. This was of particular concern where people may not have full insight or capacity into assessing risks for themselves. We checked water monitoring records which had recorded temperatures above safe levels, however action had not been taken to rectify this. We raised this with a member of the management team who took immediate action to ensure this was made safe.

A legionella check had not been carried out within the service to ensure that the water system remained free from waterborne bacteria. We raised this with a member of the management team for them to follow up on. Whilst this had not resulted in anyone coming to harm, this is a requirement and had the potential to impact upon people's health.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other parts of the environment had been assessed to ensure they were safe. For example a fire risk assessment was in place and fire drills were being carried out to ensure staff were familiar with evacuation procedures. Fire equipment had been serviced, and a gas safety check had been carried out. Testing of electrical equipment had been carried out.

People were protected from the risk of abuse. Staff knew how to report any concerns they may have to the local safeguarding team and were aware of signs that may indicate abuse is taking place.

Risk assessments were in place with regards to people's needs which helped ensure people's safety. For example a risk assessment was in place around the safe storage of sharp objects in the kitchen area. We checked the kitchen and found that these were stored securely. Another risk assessment was in place regarding the management of one person's health in emergency situations. This clearly outlined to staff what action to take in the event of an emergency. We spoke to staff who demonstrated that they were aware of the procedures to follow.

We reviewed accidents and incidents records, however at the time of the inspection there had not been any incidents. The he area manager confirmed that any incidents would be reviewed to ensure that appropriate action was taken to mitigate the risk of harm to people.

There was an 'on call' system in place which staff could use out of hours if they needed support. We spoke with staff who confirmed that this system was effective and that the manager on duty picked up the phone in the event of an emergency.

There were sufficient numbers of staff in post to meet people's needs. During the inspection staff were on hand to provide support to people and rotas showed that staffing levels were consistent. Staff we spoke with also confirmed they felt there were sufficient numbers of staff.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. New staff had also been required to provide a minimum of two references, one of which was from their previous employer. Where appropriate risk assessments had been put in place and additional monitoring implemented during the probationary period for new starters. This helped ensure that people were protected from the risk of harm.

We identified that one person was prescribed medication to be given in the event of an emergency. This person's care records clearly outlined how to administer this, and staff were familiar with this procedure. However, staff had not received training in how to administer this. Guidance issued by the National Institute for Clinical Excellence (NICE) states that staff should receive training prior to administering this medication.

We recommend that the registered provider seeks advice and guidance from a reputable source regarding the requirements of some PRN ('as required') medication.

Procedures were in place to ensure people were given their medication as prescribed. We observed a member of staff carrying out a stock check and dispensing medication appropriately prior to administering this. Whilst doing this the member of staff ensured the medicine room was kept locked to minimise the risk of being disturbed. We reviewed the quantities of medication in stock for one person and found these to be correct.

We did not observe staff preparing to carry out any care tasks that would require personal protective equipment (PPE) such as disposable gloves or aprons. However we did observe that PPE was available to staff should they need this. Areas such as the kitchen and communal areas presented as clean and well maintained. This helped protect people from the risk of infection.



## Is the service effective?

### Our findings

During the inspection we made observations around staff practice. Staff presented as knowledgeable and carried out care tasks to a good standard.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether people requiring a DoLS had these in place and found that they did not. We raised this with the area manager, and following our visit received confirmation that they had started the application process to put this in place.

We recommend that the registered provider seek advice and guidance around the effective implementation of the Mental Capacity Act 2005 within the service.

People's care records contained information about their mental capacity, and prompted staff to assess their ability to make decisions for themselves prior to carrying out care tasks. These also outlined those situations where people may not be able to make decisions for themselves, for example medical procedures. We observed examples where staff asked people their preferences, and allowed them to make choices for themselves. This helped demonstrate that people's rights were protected.

Staff had received training in areas such as health and safety, first aid, moving and handling and the MCA. There was an induction process in place for new staff, which included a period of shadowing experienced staff, and completing training in core subjects. The registered provider had supported some staff to complete additional qualifications in health and social care, and we observed examples where staff had been given the opportunity to progress. We spoke with staff who told us that the training was "good" and that they felt competent to carry out their roles.

Staff told us that they received supervision on a monthly basis and we observed records which supported this. Records also showed that where staff were subject to a probationary period they had received supervision at regular intervals to monitor their performance and the quality of their work.

People's care records contained information about their dietary requirements and preferences. At the time of the inspection there was no one with any special dietary needs.

People were supported to eat a balanced and healthy diet. We checked the fridge and found fresh fruit and vegetables were available, along with sandwich items. During the inspection we observed one person being

supported to prepare their own lunch by staff. Staff prompted the person to be careful when using a knife to cut their sandwich. Afterwards the person told us that they had enjoyed their lunch.

The environment was decorated to a good standard and the premises were clean and tidy. The environment was relaxed and quiet, and people had their own bedrooms to retire to if they needed their own time and space. The service was well lit throughout, and areas that might pose a danger to people using the service, for example the medication room, garage and parts of the kitchen had been made secure.

People's care records contained examples where they had been supported to access health care professionals. This helped to ensure that people's health and well being was maintained.

# Is the service caring?

## Our findings

Positive relationships had developed between people and staff. Throughout the inspection we observed staff and people talking in a familiar and comfortable manner with each other. In one example we observed a person chatting and signing with staff. This showed that people felt comfortable and at ease. One person nodded "Yes" when we asked if they felt they like the staff who supported them.

There was a friendly atmosphere within the service and staff spoke respectfully of those people they supported. In one example, staff gave one person space to make their own lunch; however they also remained close by to intervene if they were needed. They offered direction to this person where it was required, for example when selecting sandwich fillings. This promoted the person's independence within their own home, and supported with the development of day-to-day skills.

People's care records showed that they, or significant others had been consulted regarding their care. For example these contained personalised information about their likes, dislikes, strengths and areas where they may need additional support.

Information was not always available in alternative formats to ensure it was accessible to people. For example, pictorial or 'easy read' formats should be considered for those people who are not able to read. This helps ensure people are able to access information contained within their care records. In other examples however we observed that activity boards contained pictorial examples of people's daily routines. This helped people to structure their day and engage in making decisions about their daily routines.

We did not observe any examples where staff needed to provide personal care to people. However, staff gave appropriate examples of ways in which they could help people maintain their dignity whilst doing so. For example, one member of staff told us they would ensure they kept the door and blinds closed. Another member of staff commented that they would ensure people had a towel to cover themselves with.

People's confidentiality was maintained. We observed that documentation containing personal information about people was kept securely in a locked office. Where information was stored on computers this was password protected to prevent unauthorised accessing to this.

## Is the service responsive?

### Our findings

During the inspection we spoke with staff who demonstrated a good knowledge of people's needs. They were familiar with the level of support people required and we observed examples where this was provided as needed.

Personalised care records were in place which outlined the care and support that people required. These included information regarding their physical and mental health, along with any specific needs they may have. For example, one person's care record outlined triggers that may cause them to become agitated or display behaviours that challenge. This also provided information around how staff should support them in relation to this. In another example a person's care record outlined their specific health needs and how staff needed to respond to these to keep the person safe.

Care records were person centred in their approach. They contained relevant and detailed information which enabled staff to get to know the person, and facilitate the development of positive relationships. For example one person's care record outlined their family history and ways of supporting them to maintain important relationships. In another example a person's favourite activities such as going to the cinema and swimming were recorded in the care record. We checked the person's activity rota which showed that this person had engaged in these activities.

Daily notes were maintained by staff which outlined people's daily routine and presentation. These could be used to track people's wellbeing and if necessary inform changes to people's care records. Care records had been reviewed which helped ensure that these were up-to-date and remained relevant.

Staff supported people to engage in activities such as going for walks, shopping trips and swimming, amongst others. During the inspection we observed staff asking people what activity they would like to do for the day, before supporting people to go out. People's care records also made reference to previous trips out which showed people regularly engaged in activities. This is important as it helps ensure people are given the opportunity to engage in the wider community, and prevents them from becoming socially isolated.

There was a complaints process in place for people using the service and their families. At the time of the inspection there had been no complaints received by the service in relation to the person receiving a regulated activity. The operations manager informed us that where required people would be supported to access help from an advocate in the event of any concerns being raised. An advocate acts as an independent source of support for people, to ensure that appropriate action is taken to listen and respond to any issues.

## Is the service well-led?

### Our findings

At the time of the inspection the registered manager was not available, however the operations manager was on hand to answer questions and support with the inspection process. We observed the operations manager engaging with people who used the service. They demonstrated a good knowledge of people's needs, and people interacted with them in a familiar and friendly manner. This showed that they had spent time visiting the service, which is important in helping to maintain oversight. Staff told us they felt supported both by the registered manager, and other managers within the service.

Systems were in place to monitor the quality of the service. For example a hygiene inspection had been carried out by senior management. A medication audit had also been completed to ensure that these were being administered appropriately, and that stock levels were correct. People's care records were also audited to ensure they contained up-to-date information. However; we identified some areas where these had failed to identify issues we had picked up on during the inspection. For example, environmental audits had identified that water temperatures were in excess of safe limits and posed a risk of scalds to people. We also identified issues in relation to the DoLS application process. Immediate action was taken to address these issues when we raised them.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported by the management structure within the service. We observed two new members of staff in post. They spoke confidently about their role and had relevant experience from previous employment. Staff confirmed that handover meetings and staff meetings were held which included discussions around areas such as accidents and incidents and developments within the service. This helped ensure that staff were kept up-to-date and could contribute to making changes within the service.

Disciplinary processes were in place and being utilised appropriately where staff conduct did not meet the registered provider's expectations. For example, one member of staff had been disciplined for using their mobile phone whilst on duty. This helped ensure that quality standards were maintained in relation to staff conduct.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed these and found that this was being completed as required.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were not always in place to ensure that people were protected from the risk of harm. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality monitoring systems were not always effective.  |