Northern Life Care Limited

# UBU - Cragmere

## Inspection report

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## Ratings

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

## Overall summary

This inspection took place on 24 August 2015 and was unannounced. We last inspected this service on 4 September 2014 where we found the provider met the regulations we looked at.

UBU - Cragmere is owned and managed by Northern Life Care and is registered to provide 'accommodation for persons who require nursing or personal care.' The care home can provide support and care for up to four people who have a learning disability. The care home is a detached dormer bungalow which is in the village of Glusburn. People living at UBU – Cragmere have access to a kitchen/dining area, four bedrooms, bathrooms and two lounges. There is a garden to the front and rear of the property.

The home employs 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

# Summary of findings

and associated Regulations about how the service is run. The registered manager was not available at the time of the inspection. A relief manager assisted with the inspection process.

Staff understood what it meant to keep people safe and although not all staff had received an update with regard to their safeguarding adult training, they could describe to us what action they would take if they saw or suspected abuse had taken place. Staff worked within the principles of the Mental Capacity Act 2005. Staff had been recruited safely.

The provision of induction, training and supervision required improvement to ensure all staff were provided with up to date skills and knowledge. Despite this staff understood how to treat people with dignity and respect and were confident people received good care.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and arrangements around medication were well organised.

The premises were on the whole were well presented, however some minor repairs were needed to kitchen units and the garden needed maintaining, in particular the grassed area and shrubs to the front of the property and the patio area at the back of the home.

The service was caring. From our observations during the day we saw that overall staff knew people well and we saw that staff approached and spoke with people in a friendly and respectful way. We met with everyone living at the service during our visit. However, were we were not able to seek everyone's view about their experiences, due to communication difficulties. We therefore spoke to their family members on the evening of the inspection visit, to gain their views about the service and the support their relative received.

People received person centred care and were comfortable in their home. In the main, people's support needs were assessed and plans identified how care should be delivered. However, some records would benefit from being more detailed and some were found to be in need of updating. The service had both paper and computer records, some of which were being transferred to a new system, which could explain some of the shortfalls noted.

People were offered and enjoyed activities throughout the day. This included some leisure activities and some people carried out voluntary work locally. We recommend that the provider looks at ways to improve the level of stimulation and support people receive and how opportunities can be increased to improve people's experience's where appropriate.

There was a quality assurance system in place, which used audits in each area of the service so that there was a consistent approach to improvement.

# Summary of findings

## 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

This service was safe.

Staff understood what it meant to keep people safe and staff were confident in their knowledge of how to ensure people were safeguarded against possible abuse.

Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and in line with the prescriber's instructions.

Despite there being staff vacancies, staffing levels were sufficient to offer support for people's emotional and physical needs. A largely consistent staff team meant staff had a better understanding of people's individual needs to be able to manage their care and support safely.

**Is the service effective?**

Good

This service was effective.

The environment was suitable in order to support and allow them to be as independent as possible. There were some minor improvements needed to kitchen units.

Staff knew the people they supported and people looked well groomed, were presented well and appeared comfortable in one another's company.

Staff worked within the principles of the Mental Capacity Act 2005. They were aware of how to apply for an authorisation for a person to be deprived of their liberty lawfully.

**Is the service caring?**

Good

The five questions we ask about services and what we found The service was caring.

From our observations during the day we saw that staff had positive relationships with people who used the service. We saw that staff approached and spoke with people in a kindly and respectful way. The interactions we witnessed were friendly and supportive.

People were able to choose how they lived their lives without unnecessary restrictions.

# Summary of findings

**Is the service responsive?**

**Requires improvement**

This service was responsive overall. However, some records would benefit from being more detailed and we did not see any evidence that care plans had been reviewed on a regular basis.

The majority of people were offered and enjoyed activities throughout the day. However, there could be more thought given to expanding peoples experiences and involvement in the community to replace lengthy stays at home.

The garden area was in need of maintenance.

There had been no new admissions to UBU - Cragmere for several years. However, prior to people moving in initially their care and support needs had been assessed.

There was a complaints policy and procedure which staff would follow when responding to complaints. At the time of our visit there had been no complaints from the people living at the service, or their representative's.

**Is the service well-led?**

**Good**

The service was well led.

Despite the registered manager being absent from work at the time of this inspection, the provider had made suitable management arrangements.

There was a quality assurance system in place which used audits in each area of the service so that there was a consistent approach to improvement. Some of the audits could have been better documented, but the provider was aware of the areas in need of improvement and had developed an action plan to address these.

We saw there were handovers between shifts and the handover documentation was detailed for staff to be able to provide personalised care and be aware of key information. For example, detail was recorded where people needed particular levels of assistance and if health care professionals had visited.

# UBU - Cragmere

## 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 24 August 2015 and was unannounced. The inspection team was made up of one inspector. We can use the skills of a specialist advisor or an expert by experience during our inspections. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. However, were a service is small we need to sensitive to the needs of the people likely to be accommodated. In those instances the inspection is carried out by a lone inspector. If issues are brought to light during the inspection process then a follow up inspection can be carried out using the additional personnel.

Before the inspection, we looked at all notifications and contacts we had received from or about the service. We also spoke with the local authority contracting team, the quality assurance officer for this service and Healthwatch. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

During the inspection we looked at four care and support plans, reviewed four staff recruitment files and training records, four medication administration records, policies and procedures, accident and incident reporting, staffing arrangements for the previous six weeks, auditing tools and other management records.

We observed practices throughout the day, including how medicine was managed, breakfast and lunchtime routines and how people were supported around the home.

We spoke with the relief manager, the deputy manager, four care workers (known as enablers) and a newly appointed member of staff who was part way through their induction. We also spoke with the four people who used the service. On the evening of the inspection we contacted three relatives by telephone to seek their views about the service.

Good

# Is the service safe?

## Our findings

When asked, people who used the service told us they felt they were safe. One person told us, "It's good, I like it." Another person told us they liked to know who was on duty and who was sleeping in, so that they felt safe. Family members told us they thought their relative was "extremely safe" at the service and that they had confidence in the staff team because they knew how to support their relative.

Relatives told us they thought that staffing levels were adequate and that staff were always available if they visited or if they brought their relative for a home visit.

At the time of the visit four people were living at the service. They were supported by a team of staff who worked shifts, including night time cover. Staffing levels were maintained at a minimum of three staff during the day and this reduced to two staff at tea time on the days when there were routine activities. Staffing numbers were increased to take into account other planned activities, for example attendance at medical appointments. One member of staff slept in on the premises, on the ground floor. The person sleeping in would be alerted to people needing assistance by way of a door alarm, which had been fitted to two bedroom doors or to people calling out to them. Staff told us this system worked well. The roster in place meant that one of the staff members on the evening shift would stay and sleep overnight and then be on duty the following day. If they were disturbed for a significant amount of time during the sleep in shift, a replacement member of staff would be put in place to allow them to go home.

The home has a short fall of 100 care worker hours a week, due to staff vacancies. The provider had recruited a new member of staff who was due to start their month long induction, further interviews were also planned. Existing staff or bank staff were being used to cover the shortfall in hours and the home was being staffed appropriately in the interim period. Communal areas were supervised throughout the day, with staff often in pairs to attend to people as required.

Some staff told us they were part way through their training on safeguarding and dignity. This had been recognised and plans were in place to make sure all staff had the necessary skills and abilities to safeguard people using the service.

Despite some training not being completed, staff were able to describe to us the process they would follow to ensure people were protected from avoidable harm. Where a person's behaviour might challenge the service or other people, staff knew how to respond in order for everyone to feel safe. Staff described to us how they were using different techniques to avoid incidents happening or escalating. Staff were also monitoring the risks of behavioural challenges and managing those risks appropriately to ensure the safety of people who used the service. All the staff we spoke with told us they would have no concerns about going to the relief manager or the deputy manager to report any concerns they may have about people's safety.

Staff understood what it meant to keep people safe and reassured. Staff told us they felt confident to challenge poor practice and if they saw this they knew the whistleblowing procedure to follow to ensure people were safeguarded.

Staff employed by the service had been recruited safely. We looked at four staff recruitment files and saw pre-employment checks had been made (formally known as police checks) and two references for each person. Police checks have been replaced with DBS checks, which are used by employers to make sure that the people they employ are suitable to work with people who are vulnerable by virtue of their circumstances.

Some of the people, living at UBU - Cragmere were relatively independent with daily living tasks. They were all able to move about the service without assistance and some were able to look after their personal care needs, with a low level of support. We asked those people who required help to wash and dress if they could describe to us how they were supported. Nothing of concern was raised by anyone. We noted that support and assistance was offered sensitively and discretely and that help was provided with minimal fuss.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

At this visit, we looked at the systems in place for managing medicines in the home. This included the storage, disposal and handling of medicines. We also looked at a sample of Medication Administration Records (MARs), stock and other records for people living in the service. We saw that the medicines ordering system was effective and people had adequate supplies available to them on an on-going basis.

Good

# Is the service safe?

Medicines were stored securely in a locked cabinet and the keys to these were held safely. The temperature medication fridge was monitored when in use to ensure the medicines were kept in the right conditions. The records relating to creams and external preparations were also recorded on the MARs daily. Staff were instructed on where the creams should be applied and this was recorded appropriately. This meant that the cream was applied as prescribed and as frequently as required.

Some people were prescribed medicines to be taken only 'as required'. These medicines needed to be given with regard to the individual needs and preferences of the person, for example for pain relief. Staff had clear, personalised information available to them to enable them to support people to take these medicines correctly and safely. Where people frequently refused to take their medicines, this was routinely taken up with the person's doctor and an agreed action plan put in place. Staff also had a good working relationship with the dispensing pharmacist and contacted them if there were any issues around the medication people were taking.

We saw policies and procedures for managing medicines safely and saw that audits had been completed.

Accidents and incidents were being audited to identify any trends or lessons learnt.

Good

# Is the service effective?

## Our findings

Relatives, who had regular contact and visits to the service, told us they were "very pleased" and "satisfied" with the care and support provided. They told us they were kept informed and had regular meetings with staff to discuss the care provided.

New staff received an induction and worked alongside other, more experienced staff, who provided supervision and guidance. Staff told me us they were confident in their roles overall. One member of staff thought they would benefit from the additional training planned but that they felt they had the necessary skills and knowledge to carry out their role competently.

Senior managers used an electronic system for recording and monitoring the training staff had done. This record was used to plan and organise training or updates as necessary. The majority of staff had also recently completed a two day course, entitled 'Care Certificate'. It was evident that some training had lapsed recently. However, this shortfall had been recognised and was being addressed by the relief manager. A new training programme had been planned. One member of staff told us, "The training is very good, it's thorough." Another member of staff told us, "We have been concentrating on covering the shifts, and making sure we provide the right level of care." This, they said, had meant they had not had time to do all their required training. However, all the staff team had managed to receive training on epilepsy, food provision and medication administration over the last six months.

Within the care records, we saw there were timely referrals made to external health professionals and telephone conversations, demonstrating that people had a good level of access to health care services.

The deputy manager told us that staff were due to do their Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) training. The relief manager was aware of her responsibilities and the scope of the DoLS and had consulted with the Local Authority where they required further clarification or guidance. The service had not applied for any Deprivation of Liberty authorisations at the time of our visit as none were necessary.

Mental capacity assessments had been completed where appropriate, for example where people lacked the capacity or understanding to make decisions about particular aspects of their lives.

We observed breakfast being cooked and served and also the lunchtime routines. Some people were supported to make their own meal and others had meals which were prepared by staff. We noted that this was in accordance with each person's individual preferences and abilities. The overall views on the food appeared to be positive. People were supported with their meal at their own pace and staff joined them to eat where appropriate. Hot and cold drinks were available throughout our visit and people were seen helping themselves throughout the day. The main meal of the day was served at tea time. People using the service were overheard making a shopping list with staff for the weekly 'big shop' which was done every Tuesday. One person was planning the menu for the following day and chose a dish from a recipe book.

We noticed as we looked around the service that it was fresh and clean in all areas. However, some minor improvements were needed to kitchen units, in particular the fronts to drawers were coming away from the drawer base and the area below the electric oven was damaged. People's bedrooms were highly personalised and reflected their individual tastes.

Good

# Is the service caring?

## Our findings

Family members we spoke with told us staff were cheerful and helpful. One relative told us, "The staff are very caring, everyone is brilliant, conscientious." Relatives were appreciative of the fact the service ran like a "small family" unit and that people were given individual care and support. When we asked people if the staff knew how to care for them, they responded in a positive way. We noted that everyone was comfortable around the staff and each other and that staff were able to support people in a way which suited their needs. One relative told us, "Staff are very kind and know [name] really well." Another relative told us, "I am always made to feel welcome. [Name] is treated as one of their own." They went on to say that the relaxing atmosphere at the service meant that their relative was calm also. They described the staff as "lovely people" who "were compassionate and caring."

From our observations during the day we saw that staff knew people well and that staff approached and spoke with people in a kind and respectful way. We saw positive interactions between the staff and saw that people were referred to by their preferred name. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed working together. All the staff we spoke with were confident people received good care. One member of staff told us, "We are committed to providing a good service. We know what we need to do and we get on with it. " Another member of staff told us, "These people are central to what we do, that is why we are here."

Staff we spoke with were keen to tell us about their work and the efforts they all made to provide a caring environment. Staff told us, "We put the people here at the centre of everything we do." Another member of staff told us that they limited the restrictions they put on people and enabled them to make their own choices. Staff knew how to communicate with people effectively; interactions were at eye level with people who were seated. Staff were encouraging and nurturing when supporting people without being patronising or critical. We saw staff supported people with a task rather than doing it for them, gently prompting them and giving clear instructions at a pace they were familiar with.

People looked well cared for. They were tidy and clean in their appearance, which is achieved through attention to detail and good standards of care. People were comfortable in their home and spent time in different areas, including their own bedrooms.

People received care that was person centred and staff tried hard to help people express their views. One person used sign language to help them communicate. Staff engaged with people and gave them lots of time to respond, either verbally or non-verbally.

We noted that staff provided care and attention in a kind and supportive manner. We noted that when people were using the bathrooms and toilets, staff made sure they closed the door and that people's dignity and privacy was respected. We saw staff knocking on doors before they entered bedrooms and bathrooms.

Requires improvement

# Is the service responsive?

## Our findings

There had not been any recent discharges or admissions to the service. However, the relief manager explained that prior to admission a senior member of staff would meet the individual and carry out a pre admission assessment to determine whether the service was able to meet the person's needs. The assessment would also include other people such as families and other professionals if appropriate. They said if at all possible a visit to the service would be arranged. This provided an opportunity for the person to decide if they wanted to live at UBU - Cragmere and for everyone to meet each other.

We found that some people's care and support needs were not always fully assessed and lacked sufficient detail. The records did not fully reflect the knowledge staff had about the person they were supporting. In some examples, information was recorded in two places, either on paper or electronically. We also saw that reviews of care plans were sporadic and ad-hoc, meaning information contained in them was not always up to date and relevant. To add to this, a new electronic system was being introduced and this meant that staff were working between two systems in some cases. The assessment and care planning process was not consistent because there was a lack of assessment and insufficient guidance overall for staff. Whilst the impact at the time of the visit was minimal because staff knew people so well. If a member of staff was providing support, who was not familiar with the person, this could put people at potential risk of receiving inappropriate care. This becomes even more of a risk as new staff were being recruited at the time of our visit.

We also noted that much information held in the paper files was historical, some dating back to 2001. We would have expected this information to be incorporated into the current record if relevant and the old documentation archived. The paper files were cumbersome and we found it difficult to access information quickly. We found that some risk assessments were generic and needed amending to reflect each individual's circumstances. For example, some people's movements were monitored through the use of a door monitor, which was activated when they were asleep in bed. However, there were no assessments to show the associated risks were being monitored and managed appropriately.

**We recommend that the provider reviews the care plans and care records and provides an up to date and relevant care plan going forward.**

People were involved in a range of person centred activities both within the home and the wider community. On the day of our visit, people were engaged in planned activities. We looked at the weekly planners for people living at the home, which included leisure activities and voluntary jobs in the community. These showed people were enabled to carry out activities. However, we realised when speaking to staff that there could be more thought given to expanding peoples experiences and involvement in the community, to replace lengthy stays at home.

**We recommend that the provider looks at ways to improve the level of stimulation and support people receive and how opportunities can be increased to improve people's experience's where appropriate.**

The garden had been neglected over recent months, resulting in the grass becoming overgrown and shrubs needing pruning. Staff explained the reason for this was due to the gardener/handyman being absent from work. It is acknowledged that people also had regular access to the local parks and open areas with staff assistance.

**We recommend that the provider takes prompt action to maintain the gardens and maintain this on a regular basis so that people using the service can access and use the facilities provided.**

The relief manager and deputy manager told us they had no on-going complaints. They said although people were unable to say if they wanted to make a complaint, staff knew the people they supported very well and understood when they were not happy and would offer appropriate help and support. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We also asked relatives about their understanding of complaints. The all said they would not hesitate to take up any matters they felt needed raising and that they had not had reason to complain, they were very happy with all aspects of the service.

Good

# Is the service well-led?

## Our findings

The service employs a registered manager and a deputy manager. The registered manager was not available at the time of the inspection. A relief manager assisted with the inspection process.

We gained the impression that staff morale had been better and that the provider could have been more open with staff about what was happening with regard to the temporary management arrangements. However, the staff we spoke with were keen to pointed out to us that they were working together as a team to provide a stable environment for the people they supported. Staff told us they were keen to make sure any changes had minimal impact on people using the service and that they were reassured. Staff told us they felt supported by the deputy manager and that they were getting to know the relief manager. One member of staff told us, "This is a blip, it is usually okay. No tension usually."

Staff told us they felt confident in their roles and responsibilities and enjoyed their jobs. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the provider. We noted there had been monthly team meetings up until March 2015, and then one in both June and July 2015. Meeting minutes were available for team meetings up until February 2015, and brief notes only for the March, June and July meetings. The relief manager was keen to restart the team meetings to give staff the opportunity to discuss the service and open up discussions around ways to continue providing an improving service.

There was a system in place for assessing and monitoring the quality of the service. The relief manager showed us a robust internal action plan which had been as a result of an overall audit on 8 August 2015. It covered all the areas in the service which she felt required improvements. The action plan was updated as improvements were made.

Alongside this individual audits were being completed on a weekly and daily basis to identify any issues with regard to the overall running of the service. These were being completed on a regular basis.

We saw there were handovers between shifts and the handover documentation was detailed for staff to be able to provide personalised care and be aware of key information. Staff we spoke with said they felt included in handovers and the documentation was thorough enough for them to respond effectively to people's needs. There was a shift leader on each shift who took overall responsibility for the team and made sure key tasks were undertaken, for example fire testing, medication administration and the completion of daily record sheets.

Maintenance records for the premises and equipment were well organised and available for inspection. We saw that analysis of information took place to ensure information was meaningful and lessons were learned, such as when accidents and incidents occurred. However, not all information was stored securely; the relief manager took appropriate action straightaway once this was highlighted with her during the inspection visit.

Up to date policies and procedures were in place and available to staff. These were available electronically and all staff were able to log into the house computer to access these. The relief manager knew how to inform CQC of any incident or event they were required to notify us of by law. We had had no notifications up to the time of the inspection as nothing requiring a notification had occurred.

Everyone living at UBU – Cragmere had regular contact with family members or close friends, who shared their views about the care and support provided. An easy read survey was also available to be used to seek the views of people using the service. Any matters raised were then discussed as a staff group and ways to make improvements were introduced as necessary. Staff confirmed to us that they had only received positive comments in the last twelve months.