

# Unified Care Limited

## 37 Coleraine Road

### Inspection report

37 Coleraine Road  
Wood Green  
London  
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15 April 2016

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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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced focused inspection on 15 April 2016. We last inspected the home on 29 July 2015 and 30 July 2015 and breaches of legal requirements were found. This was because we found that the service was not always providing person centred care, recruitment of staff was not always safe and there were not always effective systems in place to ensure records were accurate and of a good standard.

We undertook this unannounced focused inspection on 15 April 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this matter. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 37 Coleraine Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

37 Coleraine Road is a care home providing care and support to up to four adults with learning disabilities and mental health needs. The provider is also registered to provide personal care at a nearby supported living service. Each person had their own room and shared a communal lounge and dining areas. At the time of our inspection there were four people using the service at 37 Coleraine Road and three people using the supported living service.

At the time of our inspection the registered manager was on leave. 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 this inspection we saw that some improvements had been made. Staff recruitment practice had improved and key audits had identified areas where action had been taken to improve the quality of the service. However, we found further improvements were required to ensure that all care records are accurate and up to date and people's individual needs were met.

We found the provider was no longer in breach of Regulations in relation to recruitment of staff and quality assurance. However, we found the provider was in breach of Regulations relating to premises and equipment and continued breach of Regulations relating to person centred care.

You can see what action we asked 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?

The service was not consistently safe. Some improvements had been made in relation to staff recruitment and the provider had introduced a new system for risk assessing disclosures on Disclosure and Barring Service checks to ensure that staff were considered safe to work with people.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Although the provider had made improvements, we found some health action plans were still not up to date despite this being raised as an issue at the last inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive. At our last inspection in July 2015 we found that people's individual needs were not met in respect of activities and accessing the community. During this inspection we found that some people were accessing the community but for people who require assistance to participate in community activities their needs were not being met.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led. We found that the provider had made some improvements, however further improvements were required to ensure that topical medicines were correctly recorded on people's MAR charts and care records were up to date.

The provider had appointed an operations manager to oversee the service and implement changes to the quality of the service.

**Requires Improvement** ●

# 37 Coleraine 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 15 April 2016 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 July 2015 and 30 July 2015 had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed information we held about the service. This included a copy of the provider's action plan which outlined the actions to address the breaches identified at our inspection in July 2015.

We observed interactions between staff and people using the service and spoke with people and staff supporting them. We spent time looking at records including three people's care records, five staff personnel files, staff training records and other records relating to the management of the service. On the day of our inspection, we met and spoke briefly with two people living at the service. We spoke with the director, operations manager, and three support workers. We also spoke with the local authority commissioners. We reviewed care records and risk assessments for three people using the service.

# Is the service safe?

## Our findings

At our last inspection we found gaps in recruitment records seen. One staff member had a change in their criminal records check during their employment but no further action had been taken by the provider or risk assessment carried out. References for two staff members had not been fully validated. The registered manager told us that these issues were before she joined the service. In terms of the references we were told these were always verified, but this had not been recorded. We also found that improvements were needed to the way topical medicines such as creams were managed and staff knowledge of people's medicines.

During this inspection we found recruitment practices had improved. We reviewed personnel records for five staff members and found that most had been subject to the necessary checks. All files contained evidence of Disclosure and Barring Service certificates (DBS) checks to ensure that staff were considered safe to work with people using the service. We saw that the operations manager had addressed some of the gaps identified by the local authority commissioners, including verification of references by phone. The operations manager told us that since being appointed he had checked all references for all staff with some awaiting further verification from previous employers. We saw that the service had introduced a DBS check risk assessment implemented in October 2015. They had also gone back to records where only one reference had been requested and gone to the next employer on the list. However, we saw that one staff member had yet to have their reference verified where the dates were unclear. The operations manager told us that they had experienced some difficulties verifying references for some people.

We saw that there was a system for recording topical medicines, but found gaps in medicine administration records (MAR) charts where these had not been recorded.

People had individual risk assessments which covered areas such as going out into the community and risk of choking. We saw that one person at risk of choking had been referred to the speech and language team for assessment. We spoke with staff about risk and found that although staff could identify people's individual risks, some had not seen the risk assessment and therefore may have missed information about how to manage people's individual risks. The operations manager told us that staff were aware of people's individual needs, including risks as these were discussed at staff handovers and during staff meetings.

We saw that one person's personal care needs were not being met in accordance with their plan of care. Records reviewed showed that this person had not been able to use the shower despite this being in their care plan. We saw that the existing arrangement was not sufficient to meet their needs as there was insufficient space in this area to accommodate staff and the person who required care. The provider was aware that improvements were needed to the environment to ensure this person's needs were met. For example, refurbishment of the ground floor area to create more space to allow this person to safely use the facilities provided.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

## Is the service effective?

### Our findings

At our last inspection we found that people's individual care records were not updated to reflect people's current needs. Care records were not accurate, therefore this had put this person at risk of receiving unsafe or inappropriate care. The registered manager told us that these would be updated to reflect people's current needs. For one person at risk of isolation their care records did not indicate the one to one support provided to enable them to engage with other community services. Information related to a person's medicines documented in care records was also out of date. Behavioural guidelines reviewed for another person had not been updated to reflect some of the interventions required to manage their behaviours. The registered manager told us that further improvements were needed to ensure that everyone using the service had an up to date person centred plan. Staff had started to review the person centred plans (PCP) for people living at the home. This involved other healthcare professionals and relatives. Further improvements were required to ensure that health action plans and hospital passports were up to date.

During this inspection we found there had been some improvements. health action plans (HAPs) had been updated with health information for most people. We saw that one person with a number of health issues had involvement from various healthcare professionals to ensure their needs were met. This included the recent involvement of the speech and language therapist (SALT) in respect of their dietary requirements. We saw that staff had signed to indicate that they had seen the SALT instructions. However, the support plan had not been updated to reflect SALT guidelines issued in March 2016. Therefore records were not completely up to date and could lead to unsafe or inappropriate care and treatment.

## Is the service responsive?

### Our findings

At our last inspection in July 2015 we found that the service was not always responsive to people's individual needs. Staff did not always engage with people living at the service in a positive manner. For example, one person who was due to be taken out as part of their daily activities programme was left unsure about whether they were attending. Staff could not decide amongst themselves who would be responsible for doing this. We noted that the person was becoming anxious and confused as they went back and forth and were given conflicting information by staff. The senior staff member on duty told us that someone would take this person out, therefore we could not be confident that the service was meeting this person's individual needs and providing care in accordance with their plan of care relating to their activities.

During this inspection we found that three of the six people using the service were able to go out into the community alone. We saw that one person had gone out to the shops another person went to the café for lunch and another person was out visiting relatives. Each person had an activities plan detailing the activities undertaken.

However, we saw that this was not always followed for people who required the assistance of staff to go out into the community. For one person their level of need meant that they were unable to go out into the community without assistance, for their own safety. Their activity programme indicated that they had participated in a number of activities, some of which were out of date. This was confirmed by staff who told us that the activity plan was out of date and the person is not currently going out in to the community or attending day centre. This was due to their challenging behaviour when out in the community. Despite some activities being withdrawn since last year this person's needs had not been reviewed and alternative activities put in place. The service had not engaged with the mental health team to assist staff in meeting this person's needs.

For another person there had been a change to their activities, however, none of the activities listed in their support plan for outside the home had been carried out since September 2015. This is despite the support plan stating 'staff to support me to go out in the community'. The provider and operations manager told us that they were looking at alternative transport to meet this person's needs but this had proven difficult due to their level of need. We saw that this person had been provided with other sensory activities in the home. The operations manager told us that they were looking at taking the person out to the park, however, arrangements for this had yet to be implemented.

We concluded that the above was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

## Is the service well-led?

### Our findings

At our last inspection we found that medicine spot checks carried out had not picked up issues identified at the inspection. Such as gaps found in MAR charts for people using the service.

We spoke with the operations manager and the director who told us of some of the improvements planned for the service. This included a maintenance programme of work to redecorate internal and external communal areas.

During this inspection we found that the provider had appointed an operations manager in November 2015 to oversee the work and implement changes to improve the quality of the service. We saw from a recent audit that the service had identified areas for improvements, this included the language used to write care plans. We also found a new audit tool was introduced to address issues found in relation to recruitment checks. Further improvements were required to ensure that staffing levels were adequate, all references were verified and medicines such as creams were kept secure at all times and recorded on MAR sheets.

Systems were now in place to monitor the quality of the service. We saw that the service action plan dated November 2015 had been updated to reflect risk, actions completed which included areas of concern identified at the CQC inspection in July 2015.

A mock inspection carried out by the provider in March 2016 indicated that people felt safe and protected by staff. This had also identified areas for improvement, such as evidence of people participating in community activities and people's hobbies not always followed through.



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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The provider failed to ensure that care and treatment of people using the service was appropriate, met people's individual needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Personal care	The provider failed to ensure that the premises was suitable to meet people's individual needs and not suitable for the purpose for which it was being used,