

# Unified Care Limited

## 30 Coleraine Road

### Inspection report

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Date of inspection visit: 30 July 2015  
Date of publication: 05/11/2015

#### 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	

#### Overall summary

This inspection took place on 29 and 30 July 2015 and was unannounced.

30 Coleraine Road is a care home providing care and support to up to four adults with learning disability and mental health needs. Each person has their own room and there is a communal lounge and dining areas. At the time of our inspection there were four people using the service.

The registered manager had been in post since June 2014. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our last inspection in July 2014 we found breaches relating to medicine management, standards of cleanliness, maintenance of the building, staffing numbers, staff support and quality assurance. People were put at risk of unsafe premises because the service had not maintained standards relating to the building, cleanliness and hygiene and medicines were not managed safely. We also found that staffing numbers were not sufficient to meet peoples' needs. We asked the provider to take action to make improvements. We received an action plan from the provider stating that these actions would be completed by end of January 2015. We saw that most of these actions had been completed.

# Summary of findings

During this inspection we found that the provider had made improvements as outlined in their action plan. We saw that the provider had made improvements to the environment. We saw that the environment was clean and safe for people living at the home and window restrictors installed on upper floor level windows. The provider had created an office for staff and a phone installed. Therefore people and staff had access to make calls in an emergency. However, topical medicines such as creams were not properly managed and staff did not know what people's medicines were for. Staff had started to review the person centred plans (PCP) for people living

at the home. This involved other healthcare professionals and relatives. We made recommendations for the service to consider Department of Health (DoH) guidance on Health Action Plans and Hospital Passports. This had been followed up by the registered manager, but further work was required to ensure that these were fully completed.

Although most staff said they felt supported by the new manager, some staff did not feel they had the support they needed.

# 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?

The service was not always safe.

People were protected from the risk of infection because the provider had systems in place to ensure the environment was clean.

People consistently received their medicines safely and as prescribed. However, topical medicines such as creams were not properly managed and staff did not know what people's medicines were for.

People were cared for in an environment that was safe and well maintained. However, staff recruitment practices were not always followed.

Requires improvement



### Is the service effective?

The service was not always effective.

Some staff we spoke with had limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the impact of this on the people they cared for.

Staff received an appraisal and supervision. People's nutritional needs were met by the service. However, people were required to access food supplies from the neighbouring home due to the complex needs of one person.

People were referred to other healthcare professionals to assist the service with meeting their individual needs.

Requires improvement



### Is the service caring?

The service was caring.

Relatives told us that their relatives was well cared for and treated with dignity and respect.

We observed some good interactions between staff and people using the service.

People's likes and dislikes were recorded in their care records. However, these were not always updated to reflect people's needs.

People's relatives were involved in their care and attended reviews of their care.

Good



### Is the service responsive?

The service was responsive.

People participated in activities in line with their interests.

People and relatives were able to make complaints. Relatives told us that they knew how to make a complaint.

Good



# Summary of findings

The service supported people to maintain contact with family and friends who were able to visit anytime.

## Is the service well-led?

The service was not always well-led.

People were protected from the risk of poor care and treatment because the service had systems in place to monitor the quality of the service. However, medicine audits had not identified issues found on the day of our inspection.

People told us that they could approach the registered manager or provider with their concerns.

**Requires improvement**



# 30 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 29 and 30 July 2015 and was unannounced. The inspection team consisted of two inspectors and a pharmacist inspector.

Prior to the inspection we gathered and reviewed information we held on the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the

provider completed a 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. This included notifications received from the service and other information of concern, including safeguarding notifications.

Although we were able to speak with some people at the home, some had complex needs and therefore could not tell us about their care. For these people we contacted relatives and other healthcare professionals. We spoke with two people who used the service and one relative. We also spoke with six staff, including the registered manager, senior staff and support workers. We reviewed care records and risk assessments for four people using the service, records relating to management of medicines and staff training records and personnel files for five staff members.

# Is the service safe?

## Our findings

People felt safe living at the service. One person told us, “I like it here, staff look after us feel safe I don’t get bullied.” A relative told us that the service was a, “happier environment than it was a year ago.” They also told us that their relative has, “a nice room [relative] seems much happier now.”

Since our last inspection in July 2014 we saw that the provider had made a number of improvements to the way they manage medicines, infection control practices and audits. Further improvements were needed to ensure that one person felt safe to freely move about the home. This person was being restricted from using communal areas in the home due to another person with complex needs and behaviours that challenged the service. The relative of the person told us that although the situation had not changed their relative seemed much happier since our last inspection. This was due to the one to one care and spending more time at the neighbouring service where visits by the relative take place. Therefore this person was still unable to freely move around. We also noted that on the day of our inspection another person living at the home was unable to use the communal kitchen due to the person with complex needs. Therefore this the provider was unable to appropriately support this person in their current environment. The registered manager told us that plans were in place to move this person on to more suitable accommodation. However, this had yet to be agreed with the local authority.

We saw that medicines were stored safely in individual cabinets, and arrangements were in place to dispose of them promptly and safely. We saw that the service had purchased new first aid boxes which were kept in the office. Although there had been a number of improvements to the way medicines were managed, we found further improvements were required. For example, we found topical medicines such as creams were not managed properly, so we could not be sure that these were being used as prescribed. Staff we spoke with on the day of the inspection did not know what people’s medicines were for and what the possible side effects were. There was no written confirmation from the prescriber for a dose change to one person’s medicines which the registered manager told us was authorised over the phone. Another person prescribed PRN (medicines taken as required) pain relief,

did not have any in stock. The member of staff on duty said that if this person needed pain relief, they would call the emergency doctor, which could have meant a delay in this person receiving pain relief. The registered manager told us that weekly medicine spot checks were carried out, however, these did not pick up the issue found on the day of our visit.

People were protected from the risk of acquiring an infection. The service had an infection control policy which provided guidance for staff. We saw that the service was clean and tidy. There were hand washing facilities available throughout the communal areas, including hand sanitisers and paper towels. There were cleaning schedules detailing the areas to be cleaned and the frequency and these were checked by the registered manager and senior care staff

We reviewed the rota for the service and saw that most staff worked across all sites. On the day of our inspection we saw that there were sufficient staff on duty to meet people’s needs. People requiring one to one support were receiving this. The registered manager told us that staffing numbers were adjusted to accommodate people’s individual needs. The registered manager told us that they had appointed five permanent staff along with a number of bank staff. One relative told us that they was not sure how the staffing shift worked but, “They [staff] seemed more organised.”

Staff had received training in recognising abuse and most demonstrated an awareness of safeguarding processes. Although one staff member seemed unclear about what safeguarding meant. Most staff we spoke with were able to tell us the signs and types of abuse they would look for that would indicate that people living at the service may be subject to abuse and the actions they would take. Such as a change in their behaviour or becoming withdrawn. This included reporting in the first instance to the registered manager and if not satisfied with actions taken by the provider they would contact the relevant authorities, including the local authority, police and CQC.

People’s care files included a risk management plan. Risks assessments were in place for challenging behaviour, road safety and community awareness and medicines. These were reviewed every six months. We also saw that the service had a fire risk assessment in place, which was implemented in July 2015. We noted for one person that the risks associated with epilepsy and seizures were not documented. This put the person at risk of receiving care

## Is the service safe?

that was inappropriate or unsafe. The registered manager explained that although there had been improvements to care plans and risk assessments, further improvements were required to ensure that these were accurate.

We looked at the personnel files of five staff. We saw that these contained some information to show that the necessary checks had been undertaken before staff joined the service. This included proof of identity and address and verifying references from previous employers. However, we noted some gaps in records seen. For example, a criminal records check for one person had indicated possible concerns, however, this had not been followed up or risk assessed by the provider to ensure that they were safe to work with people who used the service. We also noted that for two staff members their references had not been fully

validated. For two staff members we saw that references had not been verified in line with the provider's policies and procedures. This states that references for each candidate should be telephoned. However, we saw no evidence that this had been completed. This put people at risk of working with staff who were not safe because the provider had not completed the necessary checks. The registered manager told us that she would need to discuss this with the provider as some of the issues we identified were before she joined the service. In terms of references the registered manager said that they always verify these, but this had not been recorded.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

People spoke positively about staff. One person told us that they were, “happy with all the staff, they look after me.”

Staff told us that they had received regular supervision and most said they felt supported by their manager. One staff member said the manager was, “very supportive.” Whereas another staff member told us that they did not feel supported by senior management. There was a supervision policy and procedure in place which stated that supervision should take place at least six times a year and a yearly appraisal. This was confirmed by the registered manager who showed us a ‘staff supervision/appraisal schedule’ of dates of staff supervision and an appraisal for 2014 and 2015. Where gaps were identified the registered manager told us that this was due to staff on long term absence, maternity leave, staff working part-time or newly appointed staff.

Most staff told us that they felt that they had the right skills and knowledge to perform their role. Prior to starting work staff said they had completed an induction. The registered manager provided us with a training matrix detailing training completed by staff. This covered topics such as, epilepsy awareness, safeguarding, challenging behaviour, autism awareness and infection control. One staff member who had not received refresher training for a number of years in autism and challenging behaviour told us that they knew how to support people whose behaviours challenged the service. For example, for one person it is important to talk calmly, use breathing techniques and write short notes. We saw that most staff had completed National Vocational Qualification in levels two and three in health and social care. On the day of our visit we saw that staff studying for higher qualifications in health and social care were being evaluated by an external assessor.

Some staff we spoke with had limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the impact of this on the people they cared for. The registered manager told us that staff had received training since our last inspection and further practical training maybe required to ensure staff understanding of DoLS. The registered manager told us that one person living at the home was currently subject to DoLS due to the risk they presented to themselves when out in the community, therefore the main door was kept locked. The registered manager informed us that she had completed a

new DoLS application for this person as the previous one had just expired. She also informed us that she had spoken with the local authority about another person living at the home, but was informed that DoLS did not apply for this person. With the exception of this person, people living at the home had keys to the main door so that they were able to come and go as they pleased. This was confirmed by two people living at the home. One person told us, “I go out on my own every day.” We observed two of the four people freely going out into the community on the day of our inspection.

People told us that meals were mainly prepared by staff, but they sometimes made their own. On the day of our inspection we saw that one person was in the kitchen preparing breakfast for themselves and another person living at the home. They told us that they often prepared their own meals and was able to talk us through the use of the colour coded chopping boards used to prevent food contamination. People said they had been given choice of food and drink and staff knew what they liked. One person told us that they liked rice and curry and often got extra portions. They also told us that they also ate out at a local restaurant. We saw that there was a menu displayed on the kitchen wall. We noted that there was limited food in the fridge and cupboards. One person told us that food was stored at the neighbouring home because of one person who often removed the food. People said they had access to the food and were able to have what they wanted. This was confirmed by a relative who told us, “[relative] gets what they want.” We observed this on the day of our inspection. The registered manager told us the service spends what is needed so that people have food and drink of their choice. She also told us that the person concerned would hopefully be moving to accommodation more suited for their needs. We saw that there was some food available should people want snacks during the night.

Support plans demonstrated involvement of other healthcare professionals. For example, one person had regular involvement by their psychiatrist to monitor their medicines. There was evidence of appointments with the psychiatrist, dentist and annual health checks with the GP. At our last inspection in July 2014 we made a recommendation concerning health action plans (HAP) and hospital passports. The registered manager told us that she had followed this up and HAPs were now included in ‘my purple folder’ for each person at the home. We reviewed ‘my purple folder’ however, we found a number of gaps

## Is the service effective?

where these had not been fully completed and up to date. For example, for one person their HAP had not been updated to include current health needs, such as needs around foot care. Therefore healthcare professionals may not have access to the most up to date information about people's health and may put people at risk of receiving unsafe or inappropriate care.

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

## Is the service caring?

### Our findings

People told us that they felt staff looked after them and listened. One person told us, “They [staff] look after us.” A relative told us that they felt their relatives care needs was met by the service and told us that staff were, “all pleasant.”

We observed that staff treated people with dignity and respect. Staff were interactive, polite and communicated with people in a respectful manner. Staff gave us examples of how they would ensure people’s dignity was respected and maintained. Staff said that they give people the space they needed when they wanted it. For people unable to verbally express their views, staff would know from their body language whether they required assistance, such as their facial expressions or hand gestures. For example one person would push the staff member’s hand away to show that they wanted to do their own personal care. Staff would support them with this and give them the time they needed. We saw that staff knocked on doors and asked permission before entering people’s rooms. We observed some good interactions between staff and people who used the service.

People invited us into their rooms and we saw that these had been personalised with family photos and pictures of

people’s choice. Most rooms were tidy and well presented. People told us that keyworking sessions held with staff allowed them to give feedback on the care. This helped to identify any changes in need and ensure that people were happy with the support they were receiving. We saw that these were documented in people’s care records.

The registered manager told us that the service had introduced a new person centred plan (PCP) to incorporate people’s personal histories and involve family members. We saw the service had implemented the new PCP in some care records viewed. These were called, ‘my support plan’ which we saw documented people’s personal histories as well as their likes and dislikes. For one person we saw that this had involved their relative. This enabled staff to provide appropriate care that reflected people’s background and needs. In one person’s care records we noted that they had a behavioural support plan which was developed by the local authority learning disabilities team. However, the behavioural guidelines reviewed following this support plan 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 PCP.

# Is the service responsive?

## Our findings

People told us that they felt the service was responsive to their needs. They felt supported by staff. One person told us, "I'm getting lots of support." On the day of our inspection we saw two of the four people living at the home. We were able to speak briefly with another person who told us that they were happy living at the home.

People participated in various activities in the community. One person told that they did a lot of things during the day time, such as, attending college two days a week and enjoyed going out on bus rides. They also did yoga and dance and this was reflected in the person's care plan. Another person who had just returned from a trip out with staff and another service user and staff told us they enjoyed going out. Each person had a weekly activities planner. This provided information about the activities they liked and participated in. On the day of our inspection we saw that people were accessing the community.

People were involved in discussions about the running of the service. We saw evidence that monthly 'residents' meetings' took place. These were often held at the neighbouring home and people from both homes were encouraged to attend. We saw that minutes of a meeting

held in June 2015 covered areas such as the menu and activities. We noted that the meeting held in May 2015 had focused on people voting in the May election. This was confirmed by two people who used the service.

Staff encouraged people to be independent and meet their cultural and religious needs. One person was supported by staff to attend their place of worship. This was confirmed by the person who told us that they attended their place of worship once a week and looked forward to this. Relatives were kept informed of changes to their relative's needs. One relative told us that although there had been improvements to the way the service was, "Picking up on a lot more issues and these are followed through."

People told us that they did not have any complaints but if they did they would speak with the registered manager or provider. One person told us, "I don't have any complaints." A relative told us that they had not made a complaint, but knew what to do if they had any concerns. We saw that there was a complaints procedure in place and a system for dealing with these. The registered manager told us that there had not been any complaints since our last inspection in July 2014. She also told us that she had an 'open door' policy and people were able to come and have a chat or discuss any concerns they had. We observed people approaching the manager on the day of our inspection to talk about their day or ask questions.

# Is the service well-led?

## Our findings

At our inspection in July 2014 we found the provider was in breach of standards relating to quality assurance systems. This is because monitoring systems in place had not been effective in addressing the concerns found at the July 2014 inspection. We reviewed the action plan produced by the service and noted that most of the actions had been completed.

We observed that the general environment had improved and systems to monitor the service had been introduced to ensure that these were effective. The registered manager told us of some of the improvements, such as the introduction of a monthly 'staff monitoring sheet,' to ensure that any repairs found or issues with the building was reported to the registered manager and immediately actioned. She told us that the service had introduced an infection lead to ensure that infection control practices were followed. Cleaning schedules were in place and checks made to ensure that cleaning tasks were carried out. We observed that the environment was clean and tidy.

We saw that the registered manager had introduced a 'staff monitoring schedule.' This detailed areas of responsibility individual staff had for certain areas of the service, such as fire checks, cleanliness of the home and maintenance recording. Quality audits covered all three services owned by the provider and managed by the registered manager, including one neighbouring service and a supported living service. Audits included health and safety checks and infection control. We noted that a pharmacy audit carried

out in June 2015 had identified some areas for improvement and some of these had been actioned. However, medicine spot checks carried out by the registered manager had not picked up most of the issues found on the day of our inspection.

People were asked their views about the service. We saw that the provider had asked people living at the service their views using a questionnaire. Staff and relatives had supported people where necessary to complete these. This covered areas such as food choices, privacy, staff, social and bullying. Most people had indicated that they were very happy living at the home.

There was a system in place for dealing with incidents and accidents at the home. We saw that the registered manager had introduced a new monthly summary of accidents/incidents to analyse the type and cause of these. This showed the number of incidents and brief information about the type and who was involved, the details of findings gave very little information about the action taken to manage this. The registered manager told us that learning from incidents took place during handover meetings and team meetings. We saw some evidence of this in team meeting minutes in May 2015 and June 2015.

Policies and procedures were in place and staff were required to sign that they had read these and specific guidelines relating to people using the service. The registered manager told us that improvements were needed in this area and that this would be addressed with staff to ensure that they have read and understood what is expected of them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.  Regulation 17 (1)(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The registered persons had not ensured that staff employed by the service were had been subject to the necessary checks to ensure that staff were of good character.  Regulation 19(1) ((2)(a)(b).