

United Response

United Response - 21 North View

Inspection report

21 North View
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Date of inspection visit:
18 November 2015
24 November 2015

Date of publication:
18 January 2016

Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

We inspected 21 North View on 24 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

21 North View is a six bedded care home providing personal care to people with a learning disability. It is a purpose built house situated close to local shops and amenities.

No registered manager has been in place since August 2015. 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. It is a condition of the provider's registration to have a registered manager. A new manager was appointed in September 2015 and is just in the process of applying to become the registered manager.

In recent months seven staff resigned and although new staff have been recruited at the time of the inspection there continued to be vacancies. The registered provider was ensuring that the staffing levels remain in line with those required either via the permanent staff completing additional shifts or the use of relief staff who know the people. They were also actively recruiting new staff. However we have not been notified of these difficulties and should have been.

We found the care records were comprehensive and well-written. The care records included pictorial images to assist the people who used the service understand the content. However, we found that the monthly evaluations had not been completed since the registered manager had left.

We met with four of the people who used the service and we were able to chat to one person and a relative. Three of the people who used the service were unable communicate verbally but we found that staff could readily interpret their facial and body language. We observed staff practices and saw that the people were treated with compassion and respect. We saw that people were very comfortable with each other and staff presence and there was lots of laughter.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

We saw that staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities.

Staff had also received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The staff we spoke with fully understood the requirements of this Act and were ensuring that where appropriate this legislation was used.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs and we observed that there were sufficient staff on duty to meet people's needs. We saw that four to five staff were on duty when people were at home and one waking night and one person who sleep-in were on duty overnight. We found that the manager was on duty during the weekdays.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely. However we found that that last year a couple of incidents had occurred where people had not swallowed their medicine and staff were now double signing to say they had observed the people take the medicine.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. We saw that there was an accessible complaints policy and relatives were regularly contacted and knew how to complain. We found that relatives felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We found that when the registered manager left no one had consistently completed the audits and monitored the performance. This lack of oversight had led to staff not completing the monthly evaluations of the support plans and to issues arising with the medicine practices.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also highlighted that the provider did need to ensure notifications were submitted in line with the requirements of The Care Quality Commission Registration Regulations 2009. This related to being open with good governance. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported

people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

The service was not responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements however they were not reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The staff used a range of ways to support people to share their views. We saw that accessible information was available to show people how to raise complaints. We found that relatives were regularly contacted to check if they were happy with the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There was no registered manager. The new manager had only been in post for a few months and had not had the time to critically reviewed all aspects of the service and take action to make necessary changes.

We had not received statutory notifications about staffing shortages or why staff medication practices were being closely monitored.

Staff told us they found the new manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The systems in place to monitor and improve the quality of the service provided needed to be improved.

Requires Improvement ●

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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.

An adult social care inspector completed this unannounced inspection on 18 and 24 November 2015.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. The manager was not on duty at the time so we contacted them following the visit and asked them to supply a range of information, which we reviewed after the visit.

During the inspection we met four people who used the service and a relative. People had limited verbal communication so we observed staff practices and discussed the service with the relative. We also spoke with the two senior support workers and three support workers.

Is the service safe?

Our findings

One person told us that they were happy and liked the staff. We found that staff were dedicated to ensuring that the home provided a safe environment. We found that relatives were routinely consulted by the staff and they felt the home was safe and supportive environment.

The relative discussed the recent changes to the staff team, which involved in the last month seven of the ten support workers leaving as well as the registered manager. However, despite these significant changes they found that the new staff had quickly come to understand their relatives needs and felt these were being safely meet.

Relatives said, "I am very content with the way the staff work with my relative." And, "This is a good home and the staff do their best for the people here."

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training this year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that a senior support worker and three to four staff were on duty during the day and one waking staff member plus a sleep-in staff member were on duty overnight. The manager worked during the week as an additional supernumerary staff member.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that staff were readily able to discuss people's medicines and found that people got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

The relative we spoke with was confident that the staff had the ability to provide good care and believed that they helped them to lead active and fulfilling lives. Feedback from relatives highlighted that they thought the staff were a good team and understood the needs of the people who used the service.

We confirmed from our review of the records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had learning disabilities and using various communication methods such as picture boards.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. We were told that staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

All of the staff on duty when we visited had been working at the home for less than a year and one person was a relief support worker. This meant that staff member was employed by the company and they worked in a variety of homes when needed. The staff told us that they had completed all of the mandatory training prior to working any shifts and had also shadowed staff for several days before being counted in the numbers. We found that the care records clearly explained how the people who used the service communicated and we saw that all of the staff on duty readily understood what people were asking for and saying. We found that they had developed a very good understanding of people's needs and how to interpret what individuals indicated.

We found that new staff were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Staff told us how they had about the additional vocational awards they had completed and one of the staff team was a retired social worker. One of the senior support workers we met had just started work that day and told us about their induction, which had included refresher mandatory training and were shadowing the other senior support worker for the full week. They had previously worked in a senior position for another care provider and found that this model of introduction to a new service really aided them to get to know the people. They told us that all of the people who lived at the home had complex needs and communicated in different ways so learning how to support them effectively was essential.

Staff we spoke with during the inspection told us the manager was supportive. We found that the previous manager had ensured that the staff completed supervision sessions and had an annual appraisal. With all but three staff starting work at the home in the last month they were still in their probation period so receiving more regular supervision sessions. Supervision is a process, usually a meeting, by which an

organisation provide guidance and support to staff. We found that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place.

Staff discussed the actions they took to obtain people's consent and we saw that prior to any intervention staff explained this to the individual then waited to obtain an agreement either in the form of the person going with them or nodding their assent.

We found that the staff had a good understanding of the Mental Capacity Act 2005 and what actions they would need to take to ensure the home adhered to the code of practice. The Mental Capacity Act 2005 (MCA) balances an individual's right to make decisions for themselves with their right to be protected from harm if they lack mental capacity to make decisions to protect themselves.

The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people, for instance via people going with the staff or pointing to what they wanted.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection all of the people were subject to a Deprivation of Liberty Safeguards (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obese. We found that the people were all within healthy ranges for their weight; no one was malnourished or overweight.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and all of the people went for annual health checks. When concerns arose staff contacted the relevant healthcare

professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

Is the service caring?

Our findings

The relative told us that they were extremely impressed with the way the new staff had so rapidly come to understand each person's communication style. They told us that it was a remarkable achievement considering how only three staff remained from the previous team and felt those three members of staff must be extremely skilled to impart the knowledge around people's ways of communicating in such a short-time scale; a matter of weeks.

One person told us about the birthday party the staff were helping them organise. They were very happy with the arrangements.

The person said, "I am having cake, sausage rolls and trifle."

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening. Staff actively listened to people, understood what was being asked of them and took time to help people feel valued and important.

We saw that staff were able to understand the needs of the people and knew when they needed assistance or were getting frustrated. Staff were able to tell us how people expressed their views via facial expressions and made their needs known. We observed that staff picked up on very small changes in people's behaviours. Staff had developed a range of ways in which they sought people's views. Staff could clearly detail how this person expressed their agreement to plans and what would indicate that they were enjoying an activity.

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received support they needed. For instance they encouraged one person to pick what they would like to have as a snack and to get this ready to eat.

Staff were attentive, showed compassion and interacted well with people. Staff always respected their privacy. We saw that staff treated people with dignity, compassion and respect.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. They also could clearly detail the requirements of the equality and diversity legislation and outlined how they put this into practice. We found that staff constantly acted in person-centred ways and understood that they were the key advocates for people's rights to fair and equitable treatment.

The senior support worker discussed with us the work they had completed to assist the new staff to consistently work in person-centred ways with each person. For instance they had looked at each person's

preferences and tailored the events scheduled for each day. This meant all of the people went out each day either to day centres, on trips, to visit relative out and about in the community. We found this work had been very effective and staff consistently adopted person-centred practices. We found that the people were very relaxed and were engaged in meaningful activity. We found that all of the new staff had worked exceptionally hard to ensure they could deliver appropriate care for each person.

We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

We found the care records were comprehensive and well-written. The care records included pictorial images to assist the people who used the service understand the content. However, we found that the monthly evaluations had not been completed since the registered manager had left. Also these records included all of the information including letters from healthcare professionals dating back to 2011. It was difficult to navigate this information to find out what was the current information.

We found that the latest information such as advice from speech and language teams had not been used clearly in their assessments, support plans and risk assessments. This meant we had difficulty confirming what the latest position was for people. For example one person had a letter dating back to 2012, which said staff had not followed their advice and even though the person had no problems swallowing staff were treating them as if they did. Another letter from 2015 said the person did now need a softer diet. The support plans, which were originally created in 2013, reflected that the person did need a soft diet but as they did not reference the date this was decided we were unable to determine whether the advice was new or old. Therefore it was difficult to work out whether staff had taken note of the speech and language therapists' old and new advice and changed their practices accordingly.

We found that having this volume of information in the files meant staff could miss the latest advice and clearly over the years little auditing and review had occurred to ensure the care records accurately outlined the current care needs.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we spoke with staff that were extremely knowledgeable about the support that people received.

Staff told us that they were involved in a wide range activities and outings, which we confirmed from our review of relatives surveys and care records. We observed people enjoying colouring and helping staff to prepare food.

The relatives said, "They always are up to something." And, "There is always a good range of activities."

We heard how people were being assisted to lead fulfilling lives. Staff told us about all of the activities people enjoyed and we heard that people went out and about every day. We heard how people regularly went into to town, out for meals and on trips. Also people routinely went to day centres and visited their family.

We found that the staff used a variety of techniques to obtain people's wishes such as pictures, signs and facial movements. Staff also noted times when people did not look happy and used this as a team to make improvements in the home.

The registered provider had developed an accessible complaints procedure, which we saw was on display. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people. We found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that there no complaints had been made in the last 12 months. The staff discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

The home did not have a registered manager in post, as the previous registered manager had left in August 2015. It is a condition of the provider's registration to have a registered manager. A new manager was appointed in September 2015 and is in the process of submitting an application to become the registered manager.

Over recent months seven staff resigned and although new staff have been recruited at the time of the inspection there continued to be vacancies. The registered provider is ensuring that the staffing levels remain in line with those required either via the permanent staff completing additional shifts or the use of relief staff who know the people. They are also actively recruiting new staff. However we have not been notified of these difficulties and should have been.

We found that since October 2015 a new process has been introduced for three people's medicine management, which require two staff members to sign a sheet to say they witnessed the individual swallow the medicine. For each of these people it states that a tablet was found in their bedroom. There is no information to detail when this happened, what actions staff took or what investigation was completed. We could not establish if this related to recent events or those raised with us in 2014. If the matter was a safeguarding issue we would have expected to be notified about this matter as it led to such a radical change in staff practices.

It is a requirement of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 to notify us about such matters.

We looked at the systems in place for monitoring the quality of the service. Albeit the provider had systems for monitoring and assessing the service over the last few months these had not been used. Also we found that over the years the care record audits and reviews failed to note that the storage of out of date information in the records led to these becoming difficult to navigate. The senior support worker and relief support worker told us that they and the new manager had identified this as a problem and intended to rectify the matter.

We also found that when the registered manager left no one had consistently completed the audits and monitored the performance. This lack of oversight had led to staff not completing the monthly evaluations of the support plans and to issues arising with the medicine practices.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and the people who used the service were complimentary about the staff and the home. From the information the people shared we gained the impression that they thought the home met their needs. We found that the new manager was reflective and that they were looking for improvements that they could make to the service.

Staff told us, "The new manager is approachable and has discussed the improvements they intend to make." And, "The new manager is interested in what we do and we are pleased they have taken over the running of the home."

The relative we spoke with told us that they were regularly consulted about the operation of the home and felt able to share their views. They felt that despite the change to the staff team the home continued to meet their relative's needs. Staff told us that they often asked relatives what they thought and the registered provider completed surveys with them, the people and relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.</p> <p>Regulation 17 (1)</p>