

Unified Care Limited

37 Coleraine Road

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was on 29 and 30 July 2015 and was unannounced. We informed the registered manager on the first day of our inspection that we would be inspecting the nearby supported living service where people were supported with personal care. This is because the location provider a domiciliary care service and we needed to be sure that someone would be in.

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 supported living unit nearby.

Each person had their own room and shares a communal lounge and dining area. At the time of our inspection there were six people using the service. Two of which were part of the supported living 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 standards of cleanliness, maintenance of the building, staff support and quality assurance. People were put at risk of unsafe premises because the service

Summary of findings

had not maintained standards relating to the building and cleanliness and hygiene. Although most staff said they felt supported by the new manager, they had not received regular supervision and some staff did not feel they had the support they needed. We also made recommendations for the service to consider Department of Health guidance on Health Action Plans and Hospital Passports. In light of the above concerns 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 at the time of this visit.

During this inspection we found that the provider had made improvements as outlined in their action plan. We saw that the environment at the home was clean and safe for people living at the home. Window restrictors had

been installed on upper level windows at the home to ensure that people were safe and new systems in place to monitor safety at the service. However, topical medicines such as creams were not properly managed and staff did not know what people's medicines were for. We saw that staff had started to review the person centred plans (PCP) for people living at the home. This involved other healthcare professionals and relatives. This had been followed up by the registered manager, but further work was required to ensure that these were fully completed. However, we found a number of gaps in care records, therefore we could not be confident that people always received care in accordance with their care plan.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Requires improvement



Is the service effective?

The service was mostly 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.

Most people were referred to other healthcare professionals as required to assist the service with meeting their individual needs.

Requires improvement



Is the service caring?

The service was mostly caring.

Relative told us that their relative 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 plan.

Requires improvement



Is the service responsive?

The service was not responsive.

Some people did not always participate in activities of their choice and staff did not always respond in a positive manner.

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

Requires improvement



Summary of findings

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

Is the service well-led?

The service was mostly 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



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 29 and 30 July 2015 and was unannounced. We also inspected the personal care service which is provided by this service. We informed the registered manager that we would be visiting this service because the location provided a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and a pharmacist inspector.

Prior to the inspection we gathered and reviewed information we held on the provider. 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.

We spoke with three people who used the service. We contacted a number of relatives but were unable to speak with any. We also spoke with staff six, including the registered manager, senior staff and support workers. We contacted a number of healthcare professionals and managed to speak with one. We reviewed care records and risk assessments for six 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, “Yes, I feel safe.”

All medicines were stored safely, all prescribed medicines were available at the service, and medicines records were completed, however, we found gaps in three of the five medicine records reviewed. For example, For one person staff had recorded that the person had been on leave for five days in June 2015, however records did not show that this person had been given their medicines as prescribed whilst on leave. The registered manager told us that staff should have completed a “Booked-out form” when this person was away, but staff were unable to find this form or any other evidence to confirm that the medicines had been administered. Therefore we could not be confident that this person had been given their medicines as prescribed. For another person, who was prescribed eye drops for hay fever which needed to be used regularly to be effective, but this was not being used, and staff had handwritten “PRN”, meaning “when required”, on their medicines record. Staff on duty and Registered Manager did not know that this medicine had to be administered regularly to be effective. Staff not knowing enough about medicines can place people at risk of not receiving medicines correctly.

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.

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. They had recently appointed five permanent staff along with a number of bank staff.

Staff had received training in identifying 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 how to identify and report signs of abuse. For examples 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 gaps in risks identified, for example, one person at risk of suicide had not been documented in their risk management plan. This put the person at risk of receiving care 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, one staff member had a change to their criminal records check during their employment but no further action had been taken by the provider or risk assessment carried out. This may have put people at risk of working with staff who were not safe. We also noted that for two staff members their references had not been fully validated. 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 told us that they were looked after by staff and that staff listened to them. One person said “yes,” to the questions of whether they felt looked after by staff.

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. The registered manager showed us a ‘staff supervision/appraisal schedule’ This showed that most staff had received supervision and an appraisal. 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 staffs studying for Qualification and Credit Frame at level two and three in health and social care were being evaluated by an external assessor. The Registered Manager told us that all staff had received medicines training since our last inspection in July 2014, however due to the issues we found, we judged that this training had not been fully effective, especially with regards to knowledge about the medicines that staff were responsible for administering, and management of topical medicines.

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 is currently subject to DoLS.

This person requires staff assistance to access the community due to their complex needs, they also attend a day centre three times a week. 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 who we saw accessing the community on the day of our inspection.

People told us that meals were mainly prepared by staff and they sometimes helped. People said they had been given a choice of food and drink and staff knew what they liked. One person told us that they had been on a healthy eating diet due to their health and showed us a copy of their eating plan, which we saw was displayed on their room wall. This had involved a dietitian who also gave advice about portion sizes. The registered manager told us that this person had made a lot of progress and the service had helped them to make healthy choices. This was confirmed by the person who told us, “staff help me with my diet.” We saw that another person who required had involvement from a speech and language therapist (SALT) who had provided guidance to staff about how this person should be supported to meet their communication needs. The registered manager told us the service spends what is needed so that people get their preferences. The weekly shopping had taken place the day before our inspection and we saw that there was sufficient food and drinks in the two fridges used by the service. We noted that food had been labelled when opened to ensure that these were not used beyond their expiry date. Therefore people were protected from the risk of unsafe food.

Support plans demonstrated some involvement of other healthcare professionals. For example, one person with requirements for a piece of specialist equipment to aid communication were in place, however we saw that although this person was on a pureed diet, we saw no evidence of a SALT referral in their care records. We also noted that care records stated that a log should be kept of personal care, however, daily records showed that this had not been documented. Staff told us that the person receives a shower often, but this had not been documented. There was evidence of appointments with a 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

Is the service effective?

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 where these had not been fully completed and up to date. 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.

We found this to be 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 well and listened. One person told us that staff, “listened” Another person told us that they were, “happy” living at the home. Another person said that staff sometimes helped them to get dressed, but at times the person using the service.

We observed throughout the first day of our inspection that staff treated people with dignity and respect. Staff were interactive, polite and communicated with people in a respectful manner. We observed people entering the office and talking to the registered manager and care staff. 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 this and give them the time they needed. We saw that staff knocked on doors and asked permission before entering people’s rooms.

We saw that there was one care plan that had not been updated to include details of the care they had received. This person was at risk of isolation. Although they had some contact with family by phone the care plan had not documented that they had some external involvement from people who understood their cultural needs. Care records also stated that the person required one to one support for seven hours daily, we did not find any information in the care plan to show what one to one care was being provided. We saw that staff had contacted the GP following the person's refusal to take their medicines. The care plan stated that the GP had visited and advised

staff not to worry if they refused their medicines as these were "just painkillers." However, we noted that these medicines were not painkillers but used for a variety of health conditions. Care records were not accurate, therefore this had put this person at risk of receiving unsafe or inappropriate care. The list of medicines documented in their room was also out of date as this did not reflect changes to the person’s prescribed medicines. Therefore this person was at risk of receiving care that was unsafe or inappropriate. The registered manager told us that this person was receiving additional support from the service. She also told us that records would be updated to reflect people's current needs.

This was a breach of Regulation 9 Health and Social Care Act 2008 Regulation 2014

People at the home 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. Some 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 some 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. 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

Most people who were able to tell us felt the service was responsive to their needs and they felt supported by staff.

People participated in various activities in the community. One person told us that they enjoyed football and said that their relative had taken them out to see a match. They told us, "My [relative] takes me out for lunch and to their house." They told us that they would be going out to dinner later with other people who used the service. 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.

The service was not always responsive to people's needs. During our visit we observed that staff did not always engage 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 the service was not meeting this person's individual needs and not providing care in accordance with their plan of care relating to their activities. Records showed that the person attended a project on Thursday mornings where they did

activities such as art. This was confirmed by the person who told us that they enjoyed attending the project. The registered manager told us that this should not have happened and said that the rota made it clear who was responsible for taking the person out. We explained that there appeared to be two rotas with different information. She told us that she would look into this and speak with staff.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 Regulations 2014

Most 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.

People told us that they did not have any complaints but if they did they would speak with the registered manager or provider. In one person's room we saw a leaflet on 'how to make a complaint' displayed on their bedroom wall. 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 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 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 discussions.

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 9 HSCA (RA) Regulations 2014 Person-centred care The registered persons had not ensured that appropriate information was shared or transferred to other persons, working with such other persons, people using the service and other appropriate persons to ensure the health, safety and welfare of people. Regulation 9 (1) (2)(b)

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).