

Mr & Mrs T Grimshaw

Mr & Mrs T Grimshaw - 1 Taylor Avenue

Inspection report

1 Taylor Avenue
Milburn Park, Northseaton Village
Ashington
Northumberland
NE63 9JW

Tel: 01670810827

Date of inspection visit:
21 June 2016
30 June 2016

Date of publication:
17 November 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 and 30 June 2016 and was announced.

Mr & Mrs Grimshaw 1 Taylor Avenue, also known as 'Terlyn' is located close to the centre of Ashington and provides accommodation and personal care for up to four people with a learning disability.

A registered manager was in post. 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.

The provider was a husband and wife partnership; Mr and Mrs Grimshaw. They employed a registered manager and two staff members, one of whom worked exclusively with one person on a one to one basis outside of the home. There were four people who used the service at the time of the inspection. People told us they were happy with the care they received and had no concerns. The provider and manager described the service as being like a family, and they had supported people for many years and knew them well. We observed positive interactions between the providers and people who used the service.

Safeguarding procedures were in place and staff had received training in the safeguarding of vulnerable adults. People told us they felt safe in the service. A safeguarding investigation was in progress during the inspection and we will report on the outcome once complete.

The manager and provider described in detail the steps taken to ensure the safety of people but this information was not always reflected in documentation, and risk assessments had not been completed in relation to identified risks.

We checked the administration of medicines, and found that one medicine provided by the hospital for one person, was not recorded on medicine administration records (MAR's). Medicine competency assessments contained insufficient detail, and room temperatures were not taken where medicines were stored. These issues had been addressed by the second day of the inspection.

We inspected records related to the safety of the premises. There was no evidence that a Legionella risk assessment, electrical installations test or asbestos survey had been carried out to demonstrate the safety of the premises. There were no window restrictors on bedroom windows and no risk assessments were in place related to the absence of window restrictors. The provider contacted the local authority health and safety officer for advice. Appropriate fire safety precautions were in place.

Safe recruitment procedures were not always followed. This meant that people were not always protected from potential abuse. We have made a recommendation about this. There were suitable numbers of staff on duty.

The premises were clean and had been recently refurbished. Rooms were nicely personalised and people were involved in decisions about how the home was decorated. Cleaning schedules were in place and people were supported to clean their bedrooms or did so independently.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that capacity assessments had not been fully completed and best interests decisions including decisions related to the management of people's finances were not adequately recorded. Applications to deprive people of their liberty had not been made in line with legal requirements.

Staff had received training relevant to their role, and had received regular supervision and appraisals. There were plans in place to address any gaps in training. Staff had regular opportunities to speak with their manager about any concerns they had due to the small size of the service.

People were provided with nutritious meals and there were new kitchen facilities available. People told us they did not tend to do any cooking as they were out most of the day and one person said that they sometimes helped with cooking. Menus were available but people were able to choose what they ate on a daily basis. Special dietary requirements were recorded and catered for.

People had access to healthcare professionals and were supported to attend appointments in the community or where appropriate, they attended by themselves. People were supported to hospital appointments for reviews of their care and treatment.

People had access to a range of activities and spent most days in the community at day care services, supported employment and social activities. People told us they enjoyed the activities they attended.

A complaints procedure was in place but no complaints had been received by the service. People were encouraged to raise any concerns during house meetings or discussions with staff. The people we spoke with said they had no concerns about the service.

The manager and provider were passionate about the service they provided. There were shortfalls in a number of records including those related to care and treatment, medicines, training, MCA, and recruitment. The provider was proactive in immediately rectifying some omissions following the first day of the inspection and was considering ways in which they could improve their internal quality monitoring systems through linking with other organisations. They carried out audits of medicines and care records.

People were encouraged to be involved in the running of the service and the views of people, relatives and professionals had been sought through feedback questionnaires.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the need for consent and good governance. You can see what action we told the provider to take at the back of the 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?

Not all aspects of the service were safe.

Risks were not always identified and where they were, documentation did not always adequately reflect the risk to people and the action in place to mitigate this.

Safe recruitment procedures were not always followed. This meant that people were not always protected from potential abuse.

There were shortfalls in the storage and recording of medicines, including medicine competencies. These shortfalls had been addressed by the second day of the inspection. People told us they felt safe. Staff had completed training in safeguarding vulnerable adults.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

The service was not operating within the principles of the MCA. Records were incomplete and decisions taken in the best interests of people were not adequately recorded.

Staff received training in a number of key areas, and had regular supervision and appraisals.

People were supported to have their health needs met. People had access to a varied diet based upon their preferences. Staff did most of the cooking as people were out for most of the day. People were able to choose what they ate and were offered healthy choices.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they felt well cared for. The manager and the providers described the service as being like a family. They had cared for people for many years and knew them well.

Good ●

We had limited opportunities to observe people with staff, but saw that people interacted positively with the providers who treated them kindly and joked with people.

Privacy and dignity was maintained and people had keys to their own rooms. Staff did not enter people's rooms without permission. Records about people were stored confidentially.

People were supported to maintain their independence and were offered support in keeping with their needs and preferences.

Is the service responsive?

Not all aspects of the service were responsive.

The provider and manager were able to describe the person centred care which was delivered to people, but this was not documented in sufficient detail. Information was missing from some files, and there were blank spaces where information should have been recorded. Needs were assessed and evaluated but detailed care plans to outline how these needs should be addressed were not available.

People had access to a range of social activities and supported employment opportunities. Hobbies and interests were recorded and people were supported to maintain these.

A complaints procedure was in place and forms were available for people to record complaints. None had been received by the service.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well led.

There were shortfalls in records related to care and treatment of people, deprivation of liberty safeguards and Mental Capacity Act, medicines and recruitment. The provider's own audits had not picked up these issues.

People were involved in meetings and discussions about the running of the service.

Quality assurance questionnaires were sent to people, relatives and professionals.

Requires Improvement ●

Mr & Mrs T Grimshaw - 1 Taylor Avenue

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 21 and 30 June and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. We visited people on the afternoon and evening of the second day of our inspection so we could see how care and support was delivered at various times of the day.

The inspection was carried out by two inspectors on the first day and one inspector on the second day of the inspection.

We spoke with Mr and Mrs Grimshaw the provider, registered manager and two people who lived at the service during our inspection. The registered manager was on leave on the second day of the inspection. We spoke with local authority contracts and safeguarding officers and we took the information they provided into account when carrying out the inspection.

We read four people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys. We also checked records relating to the safety and maintenance of the premises and equipment.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) before the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also checked whether notifications had been submitted by the

provider in line with legal requirements and noted that none had been received.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I have no worries here, there is nothing I would change. I like [names of provider's]." Staff had received training in the safeguarding of vulnerable adults and the manager told us that they knew what to do if abuse or neglect was suspected. They had also received 'Prevent training,' which focused on a number of issues including disability hate crime which the provider told us they had found informative. We spoke with the Northumberland safeguarding adults team who told us there was one on-going safeguarding investigation at the time of the inspection.

The manager and provider were able to describe the care and support given to people in detail, including ways in which they helped people to remain safe. Individual risk assessments were in place to address risks including the assessment of falls risks, nutritional risks and risks related to physical health. One person was being supported to remain safe whilst undertaking a particular activity and we noted that the manager was recording in daily records when they had provided support. There was no separate risk assessment or care plan which related to the specific risk to that person. We discussed this with the provider who agreed that although the correct level of support was being provided, records did not sufficiently evidence this. They told us that this would be addressed.

We asked whether the provider had a five year electrical safety check, legionella risk assessment or asbestos assessment. They confirmed they did not. Best practice in relation to Legionella risks would involve documenting basic control measures in place which reduced the risk of Legionella bacteria. There were no window restrictors in place. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. The provider contacted the local authority health and safety officer for advice and provided CQC with risk assessments following the inspection which outlined the steps they took to prevent infection caused by legionella bacteria, and falls from upstairs windows. They advised that the risk assessment related to falls from windows would be reviewed on a monthly basis, and that should any change occur physically or mentally which could impact upon people's capacity to understand the risk, then a review would take place immediately and appropriate action taken to maintain the safety of people.

The building had been subject to an inspection by Northumberland County Council upon completion of the extension and no asbestos had been identified.

We checked the recruitment of staff and found that appropriate procedures had been followed for the safe recruitment of three members of staff including obtaining references, criminal records bureau (CRB) checks for longer serving staff members and Disclosure and Barring service checks (DBS). DBS checks lists of people who are unsuitable to work with vulnerable people. This helps employers to make safer recruitment decisions. One member of staff had not completed an application form, and no references had been obtained by the provider. This was contrary to the provider's own recruitment policy which stated that application forms must be completed, and two references obtained for each applicant. A DBS check had been carried out. We spoke with the provider about this who advised that the staff member was already known to the provider and the person being supported through another role, but acknowledged that this

should not have prevented the recruitment procedure to be followed in order to keep people safe.

We recommend that best practice is followed in relation to the safe recruitment and selection of staff.

We reviewed the administration of medicines. Two people administered their own medicine which they kept locked in their own room and a risk assessment had been carried out which judged the person was able to take their own medicine safely. There were no controlled drugs (medicines liable to misuse) on the premises. We checked medicine administration records (MAR's) and found that they had been completed. One medicine was provided by the hospital and was therefore not on the MAR. The manager told us this medicine was given as per instructions issued by the hospital, but not recorded. We spoke to the provider about this. On the second day of the inspection, the provider had liaised with the pharmacy who had provided them with documentation to record this medicine which they had begun recording. All staff had a qualification in the administration of medicines, and we noted that competency to administer medicines had been assessed by the manager and recorded in individual supervision records. However, there was insufficient detail recorded related to what had been assessed. On the second day of the inspection, the provider showed us that they had obtained advice from a community pharmacist who had supplied them with a detailed competency assessment which they now planned to use. Competencies had been completed for staff administering medicines using the new form. The temperature of the room where medicines were stored had not been checked on a daily basis. This is important because the effectiveness of some medicines can be affected by extremes of temperature. By the second day of the inspection, these checks were in place.

There were sufficient numbers of staff on duty. One person was provided with one to one support while in the community by an "enabler" employed by the service. The providers lived on the premises and we were told that one provider slept downstairs. This meant that they would be aware of anyone getting up through the night. We asked one person if they ever needed support through the night and they told us they had not. They told us that they went to bed before the providers as they liked to get up early in the morning.

The premises were clean, cleaning schedules were available and a steam cleaner was used to clean floors and hard surfaces. There were three large dogs who lived in the home and a risk assessment was in place related to the dogs to ensure the safety of people who used the service and also visitors to the premises. The dogs were well controlled by the provider during our visit. A health and safety risk assessment had been carried out, which also included an infection control audit.

A fire action plan was in place and all bedroom doors had thirty minute protection fire doors fitted. All staff except the enabler who did not work in the service had received fire safety training. The service had been awarded a food hygiene rating of five; the maximum score available.

We were advised that there had been no accidents or incidents so there were no records available for us to view.

Is the service effective?

Our findings

People told us they were happy with the support they received from staff. One person told us, "I don't need much help, I am quite independent. [Name of provider] does collect my money for me and helps me to budget."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider and manager told us that they had received training related to MCA and DoLS from an external provider. We did not see the certificates for this training as the provider told us that due to building work some records had been moved and were not immediately available. Capacity assessments had been carried out by care managers from the local NHS Trust, related to specific decisions regarding elements of care and treatment. Full assessments of capacity had not been carried out for all people who used the service however, and two people required constant supervision. There was contradictory information related to capacity in one person's records. The provider explained that people did not ask for unsupervised leave from the service, and that they appeared happy that they were under the direct supervision of staff members. Decisions taken in the best interests of people, were not adequately recorded, including where the provider supported people with finances. This meant it was not clear whether staff were following the principles of the MCA to ensure that care and treatment was provided in line with legislation.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Staff were suitably trained, skilled and experienced and had worked in the service for a long time. Training was provided in food hygiene, health and safety and first aid. One off training relevant to the care of people with disabilities such as the care of people with sensory impairments had been provided. Moving and handling training was not provided because people who used the service were younger adults who did not require support with mobility. There were plans in place to address any gaps in training. Supervision and appraisals were carried out; this meant that staff development and support needs were met. The manager told us they felt well supported by the provider and that the service was small enough for any staff concerns to be addressed straight away.

A new extension including new kitchen facilities had been built. Eye level cooking facilities were provided

and attention had been paid to contrasting colours to support people with visual impairment. People were offered choices of what to eat on a daily basis and fresh fruit and vegetables were bought daily. People told us that they could help with cooking but that due to the amount of time they spent outside the service, the providers tended to do the cooking each day. One person told us, "I am asked what I want to eat every day and I take money out for lunch. I buy salad boxes. The food is prepared for me every day because I am never in." Another person told us, "I eat well when I am here. I haven't got time to cook here but I sometimes help." The provider told us that menus were developed but that people rarely stuck to them and preferred to choose what they ate on a daily basis. Special dietary requirements were recorded and catered for.

The premises were domestic in style and people's bedrooms were personalised and nicely decorated. The bath had been replaced with a wet room and shower, and people told us they preferred a shower and didn't mind not having access to a bath. People told us they were able to choose their own wallpaper and bedding. One person told us, "I chose butterfly bedding because I like butterflies." There was a main lounge and large kitchen diner. The garage had been converted and there was a paved garden area to the rear of the premises. Some patio furniture was available but was worn. The manager told us that now the building work was complete new patio furniture and plants would be purchased for the rear yard.

People had access to healthcare professionals. Records confirmed that they had accessed their GP and dentist in the community and were supported to attend hospital appointments for reviews of health conditions. Reviews of physical and mental health needs had been carried out.

Is the service caring?

Our findings

We had limited opportunities to observe staff with people who used the services as people spent a lot of time outside the home at day care and social activities. We met with two people on our second visit to the service who told us they were happy with the care provided and that they got on well with the provider and staff.

People had lived at the home for a long time, and the provider and manager described the service as operating like an extended family. The manager told us that she had volunteered in the service since leaving school prior to becoming employed and then registering as the manager in 2013, and so had therefore known some people for almost twenty years. The provider was present when we met with people and we observed positive interactions between them. They treated people kindly and with respect and enjoyed a joke with people.

Privacy and dignity was maintained. Bedrooms were kept locked and could not be accessed without permission from people who used the service. All people had their own room key and two people had their own front door keys. We were shown around two bedrooms by people who used the service, but did not look in the other rooms as people were out and we didn't have permission to do so. Staff only accessed people's rooms when they were out if they had been given permission to do so, for example to vacuum the room. Care records were stored confidentially in a lockable cupboard. This demonstrated that the privacy of people was maintained by the providers and manager.

There was support for people to be involved and included in decisions about their care. Discussions with people were recorded in their daily records. Meeting minutes showed that there had been general discussions held with people about the design and refurbishment of the premises. People were consulted about their preferences for baths or showers before the decision was taken to replace the bath with a wet room.

People were supported to maintain their independence. One person told us, "I don't need much help, I'm independent. I go out and buy my own clothes, I get the bus to work and I take my own medicines." Another person told us, "I clean my own room and wash my clothes and bedding. I chose how to decorate my room and picked neutral colours." This was confirmed by our own observations.

The provider told us that no one was accessing formal advocacy services but that they knew how to organise advocacy support if required.

Is the service responsive?

Our findings

We found that the manager and provider could provide us with detailed descriptions of the care needs of people, and we had no concerns about whether care was being provided as described.

We checked the care records of four people. There was person centred information contained in care records although this was limited and care plans lacked sufficient detail. Specific care plans were not in place for the management of health needs, medicines, or risks related to the vulnerability of one person. Assessments of some needs had not been completed and there were blank spaces on the assessment forms related to the continence and mental state/cognition of one person. There was a section about medicines which stated 'I take this medicine because' which was also blank. This meant there was no evidence of information being provided or discussion taking place regarding the medicines taken by the person. The past medical history of one person was also blank and we found that they had medical information that should have been recorded. A behaviour support plan was in place for one person which was dated November 2015. There was no documentary evidence to state this plan had been formally reviewed although we were told that there had been significant improvements in the presentation of the person concerned.

We discussed these findings with the manager and provider who agreed that a good deal of information related to the care and treatment of people was so well known by the provider, manager and staff, that they sometimes neglected to record sufficient detail in care records.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

Social and leisure activities including hobbies were recorded in care records. People accessed a range of activities and pursued hobbies and interests in the community including day care, dancing, horse riding, colouring, drama, watching DVD's and listening to music. Two people attended a social club, where they took their tea with them and joined in activities including discos and beauty sessions. Outings were also arranged by the club. One person told us they enjoyed working at a local enterprise which reused and recycled textiles, and provided employment opportunities for people with a disability. The provider told us that they had good relationships with other services including day care and had regular contact with them regarding the care needs of people.

A complaints procedure was in place. Copies of the complaints procedure and complaint forms were available to people, including the contact details of an independent person who could be contacted if the person did not feel comfortable making a complaint to the provider. There had been no complaints received by the service. We spoke with two people who told us that they had no concerns or complaints and that they would speak to the provider or manager if they were unhappy about anything.

Is the service well-led?

Our findings

A registered manager was in post. She had worked at the home for many years. Two people with whom we spoke informed us that they had a good relationship with the provider and manager.

The provider and manager carried out a number of audits and checks on various aspects of the service such as medicines management, fire safety, complaints, infection control, staff recruitment, training and staff morale. We found however, that these did not always highlight the issues we identified during the inspection. In addition, some omissions contravened the provider's own procedures such as the recruitment and selection procedure.

We found shortfalls in the maintenance of records relating to people's care and treatment, deprivation of liberty safeguards and the Mental Capacity Act (MCA), medicines, and recruitment as described earlier in this report. Records were not always easy to locate, including training certificates which the provider explained was due to building work which meant some records had been moved. A number of historical records were mixed with more recent ones which added to the difficulty in locating required records.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

We spoke with the provider about our findings and they were very positive in their response to our feedback and welcomed the opportunity to make any necessary improvements. We noted that they had been proactive in taking immediate corrective action relating to the recording of medicines and medicine competencies and in seeking advice from the local authority health and safety officer following the first day of the inspection.

We found that no statutory notifications had been submitted by the provider. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. The provider told us that there had been no notifiable incidents. We noted however that there had been a safeguarding issue in 2015 which had not been notified to CQC in line with legal requirements. We discussed this with the provider and we confirmed their understanding of the types of incident that need to be reported. They informed us they would ensure that any notifiable events would always be submitted in the future.

The manager told us 'house meetings' were held monthly and people were encouraged to be involved in the running of the service. They took turns to chair the meetings and to raise any areas of concern on behalf of each other. We saw minutes from one house meeting dated January 2016 where the design and décor of the premises had been discussed. We noted that informal chats with people about their views of the service were recorded in daily records.

People, professionals, visitors and relatives were provided with satisfaction surveys. Recent surveys were

received with positive feedback from a district nurse and a day service used by one of the people. The day service representative commented that they had not visited the home, but the person they supported appeared happy and content. The provider advised that there was frequently a poor response to questionnaires due to the size of the service and the length of time people had lived there. They advised they would continue to try to obtain feedback from external sources about the quality of the service. They also told us that they would also consider making links with a similar service to seek additional support with obtaining external feedback for the purposes of quality monitoring, questioning practice and service development. They had found provider forums helpful in the past which were run by the local authority and told us that they would consider attending these again in future.

We saw that people had been assisted to complete satisfaction surveys in November 2015. We saw that all responses were positive. Staff surveys had not been completed but the manager told us that the staff team was so small that there were daily opportunities to discuss any concerns with the manager or provider. The manager felt well supported by the providers.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not acting sufficiently within the principles of the Mental Capacity Act 2005. Decisions taken in the best interests of people, including managing finances, were not documented and kept under review.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that the premises were always safe and risk assessments had not always been completed in relation to keeping people safe. Regulation 12 (1)(2)(a)(b)(d).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to audit the quality and safety of the service were not sufficiently robust.</p> <p>There were shortfalls in records relating to care and treatment of people, medicines, Mental Capacity and best interests decisions, recruitment and selection, and training.</p> |