

# Unified Care Limited

## 37 Coleraine Road

### Inspection report

37 Coleraine Road  
Wood Green  
London  
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09 March 2017

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 9 March 2017 and was unannounced.

37 Coleraine Road is a care home providing care and support to up to four adults with learning disability and mental health needs. The provider is also registered at this location to provide personal care at two supported living units nearby. Each person has their own room and share a communal lounge, dining area and bathroom facilities. At the time of our inspection there were two people using the service at Coleraine Road and six people living in supported living. The provider had four services within close proximity

At the time of our inspection the service did not have a registered manager in post. A new manager had been appointed in February 2017 and planned to apply to become the registered manager. 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.

At our last focused inspection in April 2016 we found breaches of legal requirements in relation to the service meeting people's individual needs and preferences and suitability of the premises.

During this inspection we found the service had invested in a people carrier to enable people to take part in activities. The service appointed a floating support worker to work across the services when additional staff were needed, including assisting people to meet their individual needs in the community. We saw that the provider had purchased a portable ramp to make adjustments to the building to make this wheelchair accessible for one person who used a wheelchair.

Records relating to people using the service were not always accurate and updated. At our last inspection in April 2016 we found health action plans (HAP) also known as 'my purple book' (book containing up to date information about peoples' health needs) were not always up to date. During this inspection we found this was still an issue.

People were protected from the risk of abuse because staff were knowledgeable and knew what action to take to protect people. Staff were subjected to the necessary checks to ensure they were safe to work with people.

People were treated with dignity and respect and their privacy respected. During our inspection we saw that staff spoke to people in a respectful manner and respected their opinions.

People's nutritional needs were being met and people were given choice.

We found a breach related to records for people were not accurate and up to date. For example, risk

assessments were in place, including triggers to observe and how to manage any risks posed. However, we found a risk assessment was not in place for one person at risk of choking and not updated as recommended by the speech and language therapist (SALT).

You can see what action we told the provider to take at the back of the full version 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?

The service was not consistently safe. People were not always safe. People were protected from the risk of abuse because staff knew the signs to look for and how to report abuse.

Risks were assessed, however we found gaps relating to risk of choking.

Staff were subject to the necessary checks before being employed by the service, to ensure they were safe to care for people.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Staff understood the principles of the MCA, however not everyone subjected to restrictions had appropriate DoLS in place. People were given choice about their care.

Staff received training and said they felt supported by the new management team. However, staff supervision did not take place in line with the provider's policy and procedure.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were treated with dignity and respect. Staff knew people's needs and were caring and kind. People's histories were documented and care plans were reviewed. People were encouraged to be independent.

**Good** ●

### Is the service responsive?

The service was responsive. People received care that met their needs. The service had a complaints policy in place and people felt able to make a complaint.

**Good** ●

### Is the service well-led?

The service was not consistently well-led. Systems for monitoring the quality of the service were not effective in identifying the issues relating to records found on the day of our visit. A number of changes to management had led to delays in implemented improvements.

**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 checked 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 comprehensive inspection took place on 9 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed information we held about the service. This included a copy of the provider's action plan which outlined the actions to address the breaches identified at our inspection in April 2016.

Although we were able to speak with one person living at the home, another person had complex needs and therefore could not tell us about their care. We contacted relatives and other healthcare professionals.

We observed interactions between staff and people using the service. We spent time looking at records including care records for two people using the service, including care plans and risk assessments and daily records. We spoke staff, including the director, new manager, and two support workers. We also looked at staff personnel files for four staff members, reviewed medicines administration record (MAR) sheets for people using the service and other records relating to the management of the service. On the day of our inspection, we met and spoke with two people using the service. We also spoke with the local authority commissioners.

# Is the service safe?

## Our findings

People using the service had complex needs and were not all able to tell us about their experiences. We observed care were possible and spoke with people who were able to tell us whether they felt safe. One person said, "Yeah, I feel safe." .

People raised concerns about the back door which could be opened from the outside. People told us, they felt unsafe as the building was not secure. Staff told us that management were aware of this and were obtaining estimates to get this work completed. Following our inspection the new manager informed us that the back door had been repaired.

Staff understood about safeguarding people from abuse, including the types and signs to look for that would indicate that someone maybe experiencing abuse. Staff said they would report any initial concerns firstly to the senior or the manager. Most staff were also aware of the external authorities to report their concerns to.

We saw there were arrangements to ensure sufficient staff were deployed to meet people's needs. There were 20 staff working either full-time or part-time across the four services. This included eight bank staff and four agency staff who were used regularly as they were familiar with the needs of the people using the service. The service employed a regular bank of staff available as and when needed. We noted that there was one staff member on duty at the home on the day of our visit. The new manager told us that that they had employed a floating staff to work across the services.

We reviewed staff recruitment files and found all the necessary checks had been completed, including criminal records checks to ensure that staff were safe to work with people using the service. Agency profile included references, fitness to work, right to work in the UK, training, medicine training and mandatory training based on common induction standards.

Risk assessments covered areas such as diabetes, self-neglect, refusing treatment and medication. One risk assessment detailed the risk associated with diabetes type 2 and the risk of high and low blood glucose levels. This gave guidance to staff on how they could reduce the risks, however, we found gaps in specific risks relating to one person at risk of choking. Another risk assessment for someone with special dietary requirements did not contain the information highlighted in the SALT eating and drinking instructions. This did not highlight the risks associated with choking and what to look out for. Therefore, records were not accurate and up to date which put the person at risk of receiving care that was inappropriate or unsafe. Staff we spoke with knew what action to take to manage the risk of choking. This helped to minimise the risk of this person choking. Following our inspection we were sent an updated risk assessment highlighting guidance provided by the SALT.

## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were provided with evidence of emails between the relevant healthcare professionals in relation to an application to the Court of Protection for one person who required constant supervision.

Staff understood the importance of asking people for their consent before providing care and gave us an example of best interest decision made for one person who was reluctant to follow instructions from healthcare professionals concerning their health.

Before starting work, staff were required to complete an induction which included shadowing more experienced staff. We saw from the service training matrix that staff completed training in areas such as infection control, health and safety and first aid. The new manager told us that agency staff received basic care training from the agency, such as, medicine administration and safeguarding people from abuse. Agency staff were required to have experience of working with people whose behaviours challenged the service.

On the day of our inspection 13 staff attended training delivered by an external organisation on breakaway techniques. We spoke with four staff who had attended this training and they told us that this had been helpful in enabling them to better understand how to work with people whose behaviours challenged the service. The new manager told us that staff had completed training in complexities of communication in February 2017. This was relevant to staff roles as some people using the service were non-verbal with complex needs. The training focused on using object of reference, pictures, symbols, signing and speech. Staff had recently attended training in February 2017 on recording and reporting. This helped with language and how to complete paperwork effectively. The new manager had completed dysphagia training in February 2017, and was due to brief staff at their next team meeting in March 2017.

We saw that the provider had purchased a portable ramp to make adjustments to the building to make this wheelchair accessible for one person who used a wheelchair. However, on the day of our visit we saw that staff struggled to use the ramp whilst the person waited in the wheelchair. Some staff had not received training in how to use the ramp. This put the person at risk of receiving unsafe or inappropriate care. Following our inspection the new manager told us that staff would receive on-going training in how to use

the ramp.

Staff supervision had not taken place in line with the provider's policy and procedures. The policy stated that supervision must be carried out once every two months. At this inspection we saw that staff did not receive regular supervision. Records showed that supervision had last taken place in September and October 2016. The new manager told us that due to the recent changes, supervision had not taken place as required. However, we saw that the new manager had taken corrective action. There was a new table of planned staff supervision for 2017, some of which had already started. A new format for supervision was introduced in February 2017, this included an agreed agenda for discussion and actions from the last supervision session. Staff told us that they felt supported by the new manager and director.

People were given choice about what they wanted to eat. We saw from service user meetings that people discussed menu choices. The new manager told us that people able to tell us made choices about what they wanted to eat and drink. People who were non-verbal the service spoke with relatives. Shopping for the home was completed on line weekly. People living in the supported living services were able to buy their own foods, we saw evidence of this when we visited one of the services supported living service. One person told us that they sometimes had lunch or dinner outside their home. They told us, "I do my own cooking and buy my own shopping." They told us about their favourite meal and said that staff helped them to prepare their meals. If they become hungry at night they would make themselves a cup of tea and toast. Care plans confirmed people's cultural needs in relation to food choices were accommodated by the service. Another person liked to eat Caribbean food.

We saw that SALT guidance was in place for one person with special dietary requirements for pureed and soft food. We saw evidence that 11 staff had signed the SALT guidelines to confirm that they had read and understood what they were required to do. A blender had been purchased to accommodate this requirement. Checks included ensuring appropriate foods were ordered and included a lot of vegetables and fish and soft textured foods.

People were supported to attend healthcare appointments. We saw that one person attended regular appointments with the diabetic consultant. Other appointments attended included GP, dentist and chiropodist. The new manager told us that the service had introduced a new medical appointment record which would be colour coded, and allow staff to see at a glance which appointments had been attended and when the next one was due. She also told us that the service was working with the local authority learning disabilities team to update 'purple book' for people using the service. Work had started to update hospital passports for people living at the home.



## Is the service caring?

### Our findings

People were treated with dignity and respect. One person told us that staff treated them with respect and dignity. They said that they were asked their views about the service. We asked whether staff were caring and kind, they responded with, "They're ok."

Each person had a support plan which documented people's care needs, including personal care/hygiene, needs and goals, dressing, health, medicines, mobility, communication, dietary and eating and eating. Care files contained personal histories and care plans detailed people's religious and cultural needs. One person had a person centred care plans were in place, but these required more detail. The new manager told us that support workers will be updating these as part of their key-working sessions with people. Care plans were reviewed every six months or when people's needs changed.

People's independence was encouraged. The new manager reported that one person with complex needs and who is also non-verbal had started feeding themselves, goes out into the community more, and used a number of sensory items to help with stimulation. We saw from the person's key working notes that they had participated in these activities. Another person who regularly went out into the community told us that they were encouraged by staff to be independent. They regularly went out to the local shops and restaurants. "Yeah I'm happy, it's alright... I go out by myself because I don't need staff with me."

We saw that two people received regular visits from their relative who was involved in their care. This was evident in care plans reviewed. The registered manager told us that the family visited weekly and were involved in their plan of care. They had attended a recent meeting to review their relative's care using an outcome star, a tool used to identify outcomes for people with autism. This is completed by the keyworker and covers areas such as, physical health, living skills and self-care, well-being and self-esteem and communication. The new manager told us that the outcome star is being rolled out across the service by the 24 March 2017.

Keyworker sessions took place and some had been reviewed. For two people we saw that this documented what they had done for the previous month. These were partly person centred and provided a review of progress made since the last keyworker session, what needed to improve and goals for the future.

The new manager told us that no one was currently using an advocacy service, but if this was required people would be referred to appropriate advocate in discussion with the local authority.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. Each person had a weekly activities plan which documented various activities. One person told us, "It's ok. I do same activities, like I did at the other house." This person told us that they, "Go dancing, yoga, swimming and walks." They also told us that they were looking forward to going on holiday in the summer.

The service had invested in a new people carrier following our last inspection in April 2016 to take people out into the community.

People participated in various activities in the community. Each person had a weekly activities plan with various activities. We saw that one person attended day centre twice a week, another person enjoyed playing dominoes. This was documented in people's support plan. Keyworker sessions documented the activities people took part in and provided photographs of these events.

The new manager told us that group activities took place and we saw a programme for March 2017. She also told us that staff communicated with each other via a mobile group to notify each other of any pending activities. Group activities included events taking place in the home and in the community, trips to the park, swimming, attending the library, going to the cinema and relaxation such as yoga.

We saw that the service had been responsive to one person's needs by purchasing a special spoon and cup to aid independence when eating. The new manager reported that this person had started feeding themselves and goes out into the community more. This was confirmed by keyworker notes which also provided pictures to illustrate the activities which had taken place.

There was a complaints policy and procedure for the service. This described what people could do if they were unhappy with any aspect of their care and support. We saw that there was a complaints book in place to record and respond to concerns raised. The new manager told us that there had not been any complaints since our last inspection in April 2016. One person told us that if they were not happy they would approach the manager or director. They sometimes complained about the house or something not working and this would be repaired.

People were encouraged to maintain relationships with family and friends. One person told us that they periodically saw their relative who visited them a few times a month. We saw from records that two other people had involvement from their relative who made frequent visits to the home.

## Is the service well-led?

### Our findings

At our last inspection in April 2016 we found records relating to people who used the service were not always accurate or up to date. For example, HAPs also known as 'my purple book' (book containing up to date information about peoples' health needs) were not updated with healthcare visits and outcomes. The then operations director told us that he was in the process of reviewing and updating care records relating to people using the service.

During this inspection we found there were still some concerns regarding care records. For example, HAPs for people using the service had still not been updated and a risk assessment for one person had not been updated to reflect recommendations made by a healthcare professional. The new manager told us that she was in the process of reviewing care records, including updating HAPs, care plans and risk assessments and records relating to people who used the service. This put people at risk of receiving unsafe or inappropriate care. Systems for monitoring the quality of service were not effective in identifying the concerns found at this inspection. The director told us that a new internal quality assurance audits tool was due to be implemented in March 2017. Directors would be responsible for updating the action plan following the audit and cascade this to managers and team leaders for further action.

We concluded that the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the time of our inspection the service did not have a registered manager in post. The newly appointed manager had been in post since November 2016, and was in the process of applying to become the registered manager. There had been a number of changes to the management of the service which the new manager told us had led to delays in implementing improvements, such as conducting regular staff supervision and creating person centred care plans for everyone. Since our last inspection in April 2016, there had been three people managing the service.

The new manager and director told us that the service was making a number of changes to improve the environment and quality of care. This included the refurbishment of the home. The introduction of a new employee handbook in March 2017, provided staff with information and guidance of what was expected of them and the support offered by the provider. This included a number of procedures and policies, including, whistleblowing, lone working, equal opportunities and grievance. The new manager told us that this was going to be updated with relevant contacts before it was rolled out to all staff.

We were shown a newly introduced morning shift planner by the new manager. This provided details of staff shift patterns, including which staff would be supporting who. This also provided details such as, who had appointments, college and day activities, lunch preparations and kitchen tasks, health and safety checks and cleaning. Other plans to improve the quality of the service included a plan to introduce champions in areas such as, first aid and health and fitness.

The provider held regular staff meetings. We saw that important areas of service delivery were discussed in

meetings. For example, meetings that were held in February 2017 covered many topics including, medicine errors, including gaps in MAR charts, training, the last CQC inspection, DoLS and health and safety checks whistleblowing, confidentiality and safeguarding.

A whistleblowing policy was in place. We saw that this had been read and signed by staff to show that they had read and understood the policy. However this did not afford staff the option to report any areas of concerns to external authorities, as contact details were not provided. The new manager told us that further updates were required. A policy folder had been created and we noted that several policies had been updated in December 2016. Staff were encouraged to only sign these once they had fully understood what the policy stated.

Staff reported that there had been improvements since our last inspection in April 2016 and since the new manager was appointed. They told us the new manager was approachable and friendly. They felt the changes to the service were for the better. Staff told us that they felt the service was well-led and they enjoyed working for the service. One staff member said, "Feels like a fresh start," and described the team spirit as, "Very good."

One person using the service told us, "Its ok. It's better than where I was before."

The service had responded positively to feedback from the local authority commissioners. For example local authority commissioners visited prior to our inspection and highlighted some shortfalls. At this inspection we saw that improvements had been made to address these issues.

Audits were in place and covered areas such as, health and safety, infection control and care records.

People and relatives were asked their views about the service. One person told us that they completed a questionnaire and a relative said that they were asked for their feedback on the service.