

Mr J & Mrs D Cole

No 11&12 Third Row

Inspection report

11 and 12 Third Row
Linton Colliery
Morpeth
Northumberland
NE61 5SB
Tel: 01670 861417
Website: www.eldroncare.co.uk

Date of inspection visit: 24 September 2015
Date of publication: 30/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 24 September 2015 and was announced. A previous inspection undertaken in June 2014 found there were no breaches of legal requirements.

11&12 Third Row is one of four locations owned and run by Mr J & Mrs D Cole and is situated in the village of Linton, near Ashington. It provides accommodation for up

to three people with a learning disability, who require assistance with personal care and support. At the time of the inspection there were three people living at the home.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. However, the current manager was due to retire shortly after our inspection and a new manager had been identified and was planning on registering with the

Summary of findings

Commission. 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.

Not everyone who lived at the home was able to communicate with us or wished to speak with us. One person we spoke with told us he felt safe at the home. Staff had a good understanding of safeguarding issues and said they would report any concerns to the registered manager or general manager. We found some issues with the premises and equipment. Portable appliance testing (PAT) certificates had expired. Windows on the upper floor did not have restrictors which met current health and safety executive guidance and a risk assessment had not been undertaken in relation to this.

The general manager said staffing levels were maintained to support the individual needs of people living at the home. Staff said there were enough staff to provide adequate support. Appropriate recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines were stored safely and records were up to date.

Staff told us they were able to access a range of training including online courses and face to face sessions. They told us they attended regular supervision and appraisal sessions.

People told us they enjoyed the food provided at the home and were able to request items to be included on the menus. Some people actively participated in compiling the shopping list. We observed people had access to food and drink throughout the day.

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 people are looked after in a way that does not inappropriately restrict their freedom. The general

manager told us no one at the home was subject to any restriction under the DoLS guidelines. Staff understood how to support people to make choices. We noted one person had bed rails and laps belts in place to help with their safety. It was not clear from records if a best interests decision, in line with MCA guidance, had been taken regarding these issues. The general manager said he would clarify the situation.

We noted the decoration of the home was in need of refreshing in some areas. The general manager confirmed refurbishment of the home was an ongoing process. The main lounge area was in the process of being repainted. The outside of the property was well maintained.

People told us they were happy living at the home. We observed staff treated people well and there were good relationships between everyone at the home. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. People could spend time at the home as they wished.

People had individualised care plans that were detailed and addressed their identified needs. The general manager was introducing new care planning records. There had been no recent formal complaints. Relatives told us they would speak with the general manager if they had a complaint, but were happy with the care at the home. The general manager said they tried to address concerns early to prevent them becoming complaints.

The general manager said formal audits were not undertaken. He said that because the home was small and he regularly visited, matters were dealt with on an immediate basis. However, the issue with PAT testing and window restrictors had not been noted through this process. Records were broadly up to date and complete.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment. You can see what action we told the provider to take at the back of this 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?

Not all aspects of the service were safe.

Portable appliance testing certificates were out of date and upper floor windows did not have restrictors that met current health and safety guidance or risk assessments in place.

Staff had undertaken training and had knowledge of safeguarding issues. People's money was stored securely and checked by managers. Medicines were stored and handled safely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels varied to meet the needs of people living at the home.

Requires improvement



Is the service effective?

The service was effective.

Staff were aware of the need to promote choice. Staff were aware of need for best interests decisions in line with the Mental Capacity Act (2005) (MCA). The registered manager confirmed that no one living at the home was subject to any restriction under the DoLS guidance.

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals.

People were offered a variety of meals and dishes. They had the opportunity to contribute to the weekly shopping list. The decoration of the home was in need of updating in some places but the general manager said refurbishment was being carried out on an ongoing basis and decoration was being undertaken. The home was adapted for people's particular care needs.

Good



Is the service caring?

The service was caring.

People told us they were happy living at the home. We observed staff supported people with kindness and consideration and saw there were good relationships between them.

People had access to a range of health and social care professionals, for assessments and checks, to help maintain their health and wellbeing and were encouraged and supported to attend appointments.

People's dignity and privacy was respected by all the staff. Staff understood about supporting people to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans reflected people's individual needs, were reviewed and updated as needs changed. Care plans contained an assessment of risks associated with people's care and detailed instructions for staff to follow when delivering care.

Most people living at the home followed their own interests and staff supported them through individual outings and activities.

Relatives told us they knew how to raise any complaints or concerns, but were happy with the home. There had been no recent formal complaints.

Is the service well-led?

No all aspects of the service was well led.

The general manager carried out a range of informal checks and changes had been made to the operation of the service in light of these informal checks, although some issues such as the Portable Appliance Testing (PAT) and the issues around windows had not been recognised.

Staff were happy with the support they received from the management.

Formal meetings were not the norm for both staff and people using the service. This was because the size of the service meant issues could be dealt with directly. Records were complete and up to date.

Requires improvement



No 11&12 Third Row

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 inspection took place on 24 September 2015 and was announced. We announced the inspection 48 hours prior to calling. This was to ensure that people would be at home on the day that we visited.

The inspection team consisted of one inspector. This was because the location supports only three people and we were aware that the environment was their home. We did not want to distress people living at the home by visiting with a number of colleagues.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We

contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support the planning of the inspection.

We spoke with one person who used the service to obtain their views on the care and support they received. We talked with the general manager and a support worker on duty at the time of the inspection. Additionally, after the inspection we conducted telephone interviews with a relative of a person who used the service and one person's care manager.

We observed care and support being delivered in communal areas. We looked in the kitchen areas, bath/shower rooms, toilet areas and checked people's individual accommodation. We also inspected exterior areas of the home. We reviewed a range of documents and records including; two care records for people who used the service, three medicine administration records, three records of staff employed at the home, complaints records, accidents and incident records, and a range of other management and safety records.

Is the service safe?

Our findings

We found that PAT testing certificates at the home had were not valid beyond July 2015. The provider's general manager told us the person who normally carried out these checks had been ill, which is why they had been overlooked. He said he would address this as soon as possible. We also found that windows on the upper floor did not have any window restrictors fitted and no risk assessment had been undertaken to determine the potential hazard to people who used the service. This meant there was no restriction on, or assessments of the danger from, windows opening. The general manager told us he was not aware of the most recent Health and Safety Executive guidance and would look to address both these issues as soon as possible.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Some risk assessments were in place for the location. A fire risk assessment had been undertaken along with checks related to infection control and the risks associated with lone working. Checks were also undertaken on smoke alarms and carbon monoxide monitors. At the time of the inspection the provider's representative could not locate the five year fixed electrical safety certificate for the premises. He later forwarded a copy of this document, confirming these checks were up to date.

Emergency plans were in place and fire procedures were on display with visual prompts and pictures to help people at the home understand what they should do in the event of a fire. One person we spoke with told us they felt safe at the home and safe with the staff. Staff told us there was always a senior member of staff on call, if they needed any advice or support. One staff member told us, "(General managers) are always around and if you need anything you can phone, anytime."

Staff we spoke with told us they had received training in relation to safeguarding adults. They understood the need to be observant for signs of potential abuse, from both within the service and the wider community. They said they would immediately report any concerns to the senior staff or the general manager. The general manager told us there had been one recent safeguarding issue raised at the

home. He talked us through the process that had been followed and the action taken. We noted this was in line with local authority safeguarding adults processes and procedures.

Staff supported people by helping them manage their money on a day to day basis. Monies were kept in locked cabinets and a record made of any purchases and additions. Receipts for all purchases were also saved. The general manager told us they carried out monthly checks on people's money to ensure there were no irregularities. We checked people's current balances and found they matched the recorded totals.

The general manager showed us the accident and incident book. He told us there had been no accidents involving people living at the home over the last 12 months. Other accidents, involving staff had been appropriately recorded.

Staff told us there were enough staff and always at least two members on duty in the home, although this could sometimes increase to three or four if a special event was organised or someone was going out. At night there was always one waking member of staff and one sleep-in staff member. Staff rotas confirmed this.

Staff recruitment was undertaken centrally by the provider. Staff were then assessed and allocated to specific locations, depending on their skills, experience and the needs of the people living at each location. We saw appropriate processes had been followed. Candidates had completed an application form, attended for interview and provided two references, one of which was from their most recent employer. Disclosure and Barring Service checks had been undertaken, including for the provider's family members who were employed in the service. Any issues highlighted by these checks had been risk assessed.

Medicines at the home were managed safely. All people's medicines were listed on their medicine administration record (MAR). The information about medicines was detailed and there were no gaps in signatures of administered medicines. For example, one person was required to take a weekly medication that needed to be taken with plenty of water. This and other details were noted on the MAR. Some people had "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Where these were in

Is the service safe?

place details of when people should receive these and any restrictions on dose were noted. Staff told us, and records confirmed they had received training in the safe management of medicines.

The home was generally clean and tidy. Staff had access to gloves to aid them if they were helping with personal care.

Liquid soap was available. People living at the home had access to designated towels to limit the potential spread of any cross infection. The general manager agreed that the bathroom areas were in need of updating and said this was part of their overall programme.

Is the service effective?

Our findings

Staff told us they had access to training. They confirmed that had completed a range of mandatory training including fire safety, first aid, food hygiene and moving and handling. They told us training was a combination of ELearning (computer based learning) and some face to face sessions. They said they received sufficient training for them to undertake their role, but would welcome some additional training in relation to challenging behaviour. They felt the general manager was aware of this and looking into this being delivered.

The general manager showed us the training matrix for the home and the wider service. A number of training courses were provided and he stated that the provider was currently looking to extend the range of training provided, including specialist training on autism, learning disabilities, challenging behaviour and diabetes. The training matrix highlighted when individual staff were approaching deadlines when training needed to be updated and when it was due. The majority of staff were up to date with mandatory training. Staff told us, and records confirmed that staff had regular supervision and appraisal sessions, although said that because the home was so small most issues were discussed and dealt with there and then.

Relatives we spoke with told us that the home communicated well with them and alerted them if there were any concerns. They said they could always contact the general manager. Staff explained about one person who was receiving support from an external care worker. The person had originally received two days support for six hours on each day. This support had recently been changed to three days support for four hours per day. Staff had made a pictorial representation to demonstrate to the person that although they only went out for four hours a day, because they now went out three times a week they were still receiving the same number of hours. The person was able to explain this to us, using this chart.

The general manager told us that no one at the home was subject to restriction under the DoLS guidance of the MCA. He told us there may be one person that could fall within this guidance and they were meeting with the person's care manager the following week to decide if an application should be made. Other people at the home had capacity to make decisions and were free to come and go from the home as they wished.

The general manager was aware of the best interest issues and the need to consider capacity for any significant decisions. We saw one person was supported with bedrails and the use of lap belts on a wheel chair to keep them safe. Whilst the issues were covered in the persons care plans it was not always clear whether this had been considered as the least restrictive option and how the decision was arrived at. The general manager said he would review this with the person's care manager and relatives.

We saw people's consent was sought on a day to day basis. For example, people were asked if it was acceptable for the inspector to look in their rooms as part of the inspection. Staff knocked on people's bedroom doors before going in. We found that care plans were not always signed by the person to say they agreed with the plan or the care being delivered. However, staff had a good understanding of people's right to make choices and right to refuse, if they wished. Where this refusal could have consequences for their health there were clear instructions for staff to seek advice from health professionals. The general manager said he would look at how people's consent could be more fully considered and recorded.

Staff told us that people had access to a range of food and drink. The general manager told us that it was his policy to do the shopping for the home himself to ensure that purchases were of good quality. We looked at the food stores for the home and saw there were a range of fresh, dried and frozen food available. The general manager told us, and a person confirmed that people were supported to compile the home's weekly shopping list and could make suggestions about what they would like. Staff were aware of people's needs. One person had some mild difficulty with swallowing and had been assessed by a speech and language therapist. Staff provided a range of soft foods for the person, but noted he was partial to mashed potato and cheese and included this in his meal options. Staff told us another person was noted not to be eating a range of fruit as part of their overall diet. They said they had spoken to the person's family who had purchased a smoothie maker. The person was now offered regular fruit smoothies and was now taking a much better diet.

11&12 Third Row is converted from two terraced houses. Some areas of the home were in need of updating and refreshing. Decoration in other areas had been updated or was in progress. Part of the downstairs area had been converted into a dedicated living space for a person with

Is the service effective?

mobility needs. This included a specialist toilet and wet room to support the person with personal care. The general

manager told us that as part of planned refurbishment they were looking to install a new shower room on the upper floor of the home, so that people with bedrooms in this area could have improved access to washing facilities.

Is the service caring?

Our findings

The person we were able to speak to at the home told us he was happy living there. A relative we spoke with said she felt the staff at the home were offering good support. She told us, “Staff are giving him lots of emotional support, which is what he needs.”

Staff talked to us about how they involved people in their care. They told us the location was people’s home and that they got to decide about things that went on there. A staff member said, “We ask them what they would like. If they can’t tell us we ask their relatives.” They also told us, “I think the lads are well looked after and their interests come first.” The general manager told us they were currently looking at improving the décor of the home and people living there were part of the process. One person told us he had undertaken training at college on decorating and was helping with some of the painting around the home. He said he enjoyed doing this.

We observed interaction between people and staff at the home. Staff were very attuned to people’s needs and moods. One person who had started the day in good spirits later became quiet and withdrawn. Staff were aware of this change, but were also aware that the person often needed space when their mood was lower. They maintained communication with the person but changed the tone to avoid the person becoming upset or distressed.

People were supported to maintain their health and wellbeing. We saw evidence of people attending or being seen by health and social care professionals. There was evidence that people had been seen by speech and

language therapists, occupational therapists and district nurses. Records also showed that people were offered the chance to attend local doctor’s surgeries for flu vaccinations and well man checks.

The general manager told us that no one living at the home was currently using an advocate to help them express their views. They said that all the people residing at the address had regular contact and reviews by their care manager and also had relatives who visited them or were involved in discussions about their care and support.

Staff were aware of the need to maintain confidentiality. They were aware the home was situated in a small community and whilst they felt people were part of the community, they understood about keeping information safe. Staff also understood about maintaining people’s privacy and dignity. They recognised that people enjoyed having their own rooms and that this was their personal space. People were also treated with dignity: staff acknowledged that the location was the person’s home rather than a place of work.

People were encouraged to maintain their independence. Two people were able to go out from the home into the community without the assistance of staff. The general manager told us that they often went to the local shop and one person went to a local group. People were also encouraged to manage their own finances. The general manager said this could be a challenge at times if they spent all their money quickly, but felt this was part of developing their daily living skills and learning to be more independent.

Is the service responsive?

Our findings

Care plans at the home were comprehensive and contained good detail. Care records encompassed identified needs alongside the risks associated with these needs. Plans included an overview of people's health and relevant conditions, an indication of the person's routine, medicine needs, allergies and nutritional needs.

Care plans identified people's particular likes and dislikes. For example, one care plan indicated that it was a person's routine to get up at 7.30am. The plan noted that they preferred to have a shower in the morning, but also highlighted that they had in the past had epileptic seizures and so staff should be on hand when the person was attending to their personal care. Another person's care plan indicated they needed help with their personal care but preferred to carry out intimate care themselves.

Care plans also highlighted risk when delivering people's care. For example, one person's plan stated that they had a tendency to pouch food in their mouth when eating and staff should be aware of this. There was also information that a person with limited mobility may forget they could not walk very well and overestimate their abilities putting them at risk of falls. The care plan again advised staff to be aware of this.

There was evidence that care plans linked into and followed professional or medical advice. For example, one person's care records stated that their doctor had recommended they should be encouraged to use the toilet approximately every four hours, to help maintain their continence. This advice was incorporated into their plan and records indicated staff were following the established plan. The general manager advised that all care records across the service were being updated to this standard, to provide comprehensive detail of people's needs and actions staff needed to take to support them.

Care plans were dated as to when they were established and a date included when they should be reviewed. The general manager said most care plans would be updated at least every six months, but this could be sooner, if additional needs were identified or changes were required.

The nature of the service meant that activities were based around the individual. People had their own routines and went out to places that were of interest to them. One person was supported by an external care worker and went to visit local shops, cafes for meals out or other places of interest. There was evidence that staff accompanied people for walks around the local vicinity. One person told us how he liked to play the guitar and listen to music and showed us his guitar. The general manager told us that where people had family locally then there was regular contact, with the family visiting the home or in some cases the person going out with their family members. One person was noted to visit a local town to meet up with friends.

People were able to make choices. They could decide what they did with their time, whether they wished to spend time in their room, communal areas or spend time in the garden areas. People were also encouraged to decorate their room to meet their individual tastes. They were also encouraged to contribute to the weekly shopping list, adding items that they wanted for meals the following week.

The general manager told us there had been no formal complaints in the last 12 months. He said that the advantage of a small service was that they were able to take any concerns and deal with them immediately, hence avoiding any escalation into formal complaints. However, the provider did have a complaints policy in place and information about how to make a complaint was available. One person told us he had not made a complaint but would speak to staff if he was unhappy. A relative told us they had never had to make a complaint. They said, "I've never had to complain. If anything was worrying me I'd just ring (general manager) and they sort it out. They always respond to my concerns."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. However, our records also showed that she was in the process of cancelling her registration with the Commission. The general manager told us that the current registered manager was retiring and this was why she was in the process deregistering. He told us that a manager from another home would apply to become the registered manager for the location whilst decisions about the future of the service were formalised. The registered manager was not available but the general manager was present during the inspection process.

The general manager said that they did not carry out any formal audits or checks at the home, but dealt with matters on a daily basis, as they arose. This meant there were no formal systems in place to monitor issues, such as the PAT testing of small electrical items being out of date. The general manager told us that he addressed things as and when needed and talked about how they had identified a need to change staffing systems to better support people. He showed us copies of a memo to staff about the need for changes to the staff rota and the action that would be taken. He also told us how the management of the service had taken on board the issues raised in past inspections and had made improvements to care plans in light of comments made in previous reports by the Commission. A staff member told us, “It is good they are trying to change the paperwork; it has been a good improvement.”

The general manager told us that the provider was looking to move to a supported living model of care rather than the residential model that was currently being provided. He said that the supported living model would give people living at the home more flexibility in how they lived their

lives and meant they could choose to live in other areas, possibly closer to family and friends, and still receive the support they needed. He said discussions about this change were still ongoing with people, their families and the local authority. He said that the small nature of the service meant management staff were always on hand and visited the home daily. A staff member said, “(General manager) is here two or three times a week and other days as well.” People using the service clearly knew the general manager well and talked freely about things that were going on in their lives.

Staff said they were happy working at the home and felt well supported by the management team. They said there was good back up and if there were any concerns or issues they could phone them any time of the night or day. They said that there were limited staff meetings, but this was because most issues were dealt with on a daily basis. They told us they could approach the management about anything. A staff member told us, “It is alright working here. It’s must be I’ve been here for so long. It’s a nice job and I get a lot of satisfaction from it.”

The general manager told us there were limited formal meetings with people who used the service. This was because this format did not meet their needs. He said there were daily discussions with people and regular meetings with family members when they visited. He also told us that they had regular contact with people’s care managers, to review care and ensure that needs and issues were being addressed.

With the exception of PAT testing certificates, records at the home were up to date and stored appropriately. Daily records contained good detail of people’s activities during the day and detailed any significant events, such as the person’s mood, meals taken, medication refused and any treatment by a visiting health professional or health appointments attended.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Premises and equipment used by the service provider were not maintained safely. Regulation 12 (2)(d)(e)