

# U&I Care Limited

## Field View

### Inspection report

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### 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** 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on the 22 and 29 January 2018. This was the first time the service had been inspected.

Field View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate up to five people and is in a domestic type building. There is a secure garden to the rear of the premises and local transport links.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there was a registered manager in post within the service, however they were not available. The operations manager was made available to support us with the inspection process. 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.

During the inspection we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider's systems had failed to take action to rectify hot water temperatures which were well in excess of safe levels, and posed a scalding risk to people using the service. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the registered provider had failed to notify the CQC where people were subject to a Deprivation of Liberty Safeguard (DoLS).

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

People were protected from the risk of abuse. Staff had been received training in safeguarding people and knew how to report any concerns they may have to the relevant authority.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. New staff had been subject to a check by the disclosure and barring service (DBS) and had also been required to provide two references.

People were supported to take their medication as prescribed. People's medication was stored securely and

audits were carried out to ensure stock levels were correct and that relevant processes were being followed by staff.

Staffing levels were sufficient to meet the needs of people using the service. We checked staffing rotas and identified that consistent numbers of staff were on duty.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This helped ensure that the requirements of the Mental Capacity Act 2005 were being met.

Staff had received the training they required to carry out their roles effectively and new staff had also been supported to undertake a period of induction. This helped ensure that staff had the skills they needed to support people.

People's dietary needs were clearly documented in their care records and they were supported to have a nutritious diet during meal times.

People were supported to access health professionals to help maintain their physical and mental wellbeing.

Positive relationships had developed between people and staff which was evident in their interactions with each other. Staff were kind and friendly towards people and supported people to maintain their dignity.

Care records contained personalised information about people's needs which helped ensure that staff had access to up-to-date and accurate information around people's support needs. This helped ensure that people received the correct level of support.

Staff supported people to engage in activities such as going out for a walk, going to the shops and other activities that were specific to people's likes. This helped to protect people from the risk of social isolation.

Staff told us that they felt well supported in their jobs. There was an on call system in place to support staff in the event of an emergency, and one member of staff told us of way in which the registered provider had supported them to remain in their role by implementing a strategy to meet their health needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Hot water temperatures were above safe levels and posed a risk of scalds to people.

Recruitment processes were safe and helped ensure that people were supported by staff of suitable character.

People were supported to take their medication as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People's mental capacity had been assessed and Deprivation of Liberty Safeguards were in place as required by the Mental Capacity Act 2005.

Staff had received the training they needed to carry out their roles.

People were supported to access health professionals to help maintain their wellbeing.

**Good** ●

### Is the service caring?

The service was caring.

Positive relationships had developed between people and staff.

People were treated with dignity and respect by staff.

People's confidentiality were protected.

**Good** ●

### Is the service responsive?

The service was responsive.

Information in people's care records was personalised and provided a good level of detail around people's support needs.

**Good** ●

Activities were available to people which protected them from becoming socially isolated.

There was a complaints process in place for people to access, with support.

### **Is the service well-led?**

The service was not always well-led.

Quality monitoring systems had failed to identify that water temperatures were in excess of safe levels and posed a risk of scalds to people.

The registered provider had failed to notify the CQC of specific events that had occurred within the service, as required by law.

Staff told us that they felt well supported by the organisation.

**Requires Improvement** ●

# Field View

## **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.

The inspection was carried out by one adult social care inspector over two days.

During the inspection we looked at two people's care records and made observations on staff interactions with people living at the service. We reviewed the recruitment records for five members of staff and spoke with three members of staff working at the service as well as the operations manager. We made observations around the interior and exterior of the premises. We also reviewed records relating to the day-to-day management of the service, for example maintenance records and audit systems.

# Is the service safe?

## Our findings

During the inspection people presented as happy, comfortable and relaxed in the presence of staff. One person spent their time laughing and joking with staff and told us that they enjoyed their company. Another person presented as calm and at ease during interactions with staff which showed they felt safe in their company.

Water temperatures were well in excess of safe limits and posed a risk of scalding people. The water temperature coming from one tap registered at 67 degrees Celsius, whilst we found another to be at 64 degrees Celsius. This was of particular concern where people may not have full insight or capacity into assessing risks for themselves. We checked water monitoring records which had recorded temperatures above safe levels; however action had not been taken to rectify this. We raised this with a member of the management team who took immediate action to ensure this was made safe.

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

Other parts of the environment had been checked to ensure they were safe. For example a fire risk assessment was in place, and firefighting equipment such as fire extinguishers, fire blankets and alarms had been checked to ensure they were in working order. Electrical equipment had been tested to ensure it was safe for use.

Risk assessments were in place regarding people's needs. For example one person had a risk assessment in place which clearly outlined indicators and signs which showed they may become agitated and may pose a risk to themselves or others. This also outlined what action staff should take in response to this. In another example, risk assessments were in place for the carrying out of activities to ensure people were kept safe whilst doing so.

We reviewed accidents and incident records which showed that there had been no serious incidents within the service. Where an incident had occurred, staff had documented this and appropriate action had been taken in response. For example, where one person had displayed behaviours that challenge staff had followed instruction in the person's care record to check for physical ailments such as mouth ulcers, which could cause this person to become agitated.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to respond to and report any concerns they may have.

Recruitment processes were robust and helped ensure that people were protected from the risk of harm. New staff had been subject to a check by the disclosure and barring service (DBS) and had been required to provide two references, one of which was from their most recent employer. New staff had also been required to provide two forms of identification so that their ID could be verified.

During the inspection we reviewed the number of staff in post and found this to be sufficient to meet the needs of people using the service. We spoke with staff who told us they felt staffing levels were correct. We reviewed staffing rotas which showed there were consistent numbers of staff on duty.

People were supported to take their medication as prescribed. We looked at medication administration records (MARs) which were being signed appropriately by staff after medication had been given. We completed a check of a sample of medication stock and found the quantities to be correct. Medication was being stored securely which helped minimise the risk of any incidents occurring.

Infection control procedures were in place to prevent the risk and spread of infection. The environment was clean and cleaning rotas were in place which showed cleaning tasks were carried out on a routine basis. Personal protective equipment, such as disposable aprons and gloves was available for staff to use when carrying out personal care tasks.

## Is the service effective?

### Our findings

During the inspection we made observations on the support being provided by staff. Staff conducted themselves professionally and spoke knowledgeably about people's needs. For example where one person started to become agitated, staff used effective distraction techniques to help keep this person calm.

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 people requiring a DoLS had these in place and found that they did. Applications had been made where people required these.

We reviewed people's care records which contained information regarding their ability to consent to aspects of their care. Mental capacity assessments had been carried out which showed people's capacity had been assessed using the principles of the MCA, and where required a decision made in their best interests. This helped ensure that people's rights and liberties were protected in line with the MCA.

Staff had received training in areas required for them to carry out their roles effectively. Areas of training included health and safety, first aid, moving and handling and the MCA. There was an induction process in place for new staff, which included a period of shadowing experienced staff, and completing training in core subjects to help prepare them for the role. Staff had also been supported to complete additional qualifications in health and social care, which helped further develop their skills.

Staff told us that they received supervision on a monthly basis and we observed records which supported this. This enabled staff to discuss any developmental or training needs they may have, and also allowed the registered manager to highlight any performance related issues, and set developmental goals to help improvements.

People's care records contained information regarding any nutritional and dietary needs. During the inspection we observed staff promoting the independence of one person by allowing them to choose and prepare their own breakfast. Staff remained on hand to provide support if this was required. In another example we observed that one person was intolerant to specific foods and required a specific routine during meal times. We spoke with staff who were aware of this person's needs and supported this person with their routine.

Fridge and freezer temperatures within the service were being monitored to ensure that food was kept at the

correct temperatures. We also observed that there was a variety of fresh and nutritious food available, such as vegetables and sandwich items. This helped ensure that people were supported to have a nutritious and balanced diet.

Care records showed examples where people had been supported to access health care professionals. This helped to ensure their health and wellbeing was maintained.

## Is the service caring?

### Our findings

During the inspection we observed positive and caring interactions between people and staff. Staff spent time laughing and joking with people, and spent time talking with another person who was reluctant to engage in activities. One service user told us that they "liked" staff and enjoyed doing activities with them.

There was a friendly atmosphere within the service and staff spoke kindly and with respect to people. Staff had a good understanding of people's needs and appeared to enjoy spending time with the people they were supporting. In examples where staff needed to intervene to keep people calm, they did so with patience, speaking in level tones to help people to settle. In other examples we observed staff using distraction techniques to help maintain people's wellbeing. For instance, a member of staff suggested an outdoors activity for one person to help keep them calm and focus them.

People were supported to maintain their dignity. We observed that people looked clean and well cared for and were dressed smartly. Their clothing appeared clean and well looked after. Whilst we did not observe any examples of staff providing personal care, they did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example by ensuring curtains and doors remained closed whilst supporting with personal care tasks.

Information was not always available for people in different formats to help ensure this was accessible for them. For example, care records had not been adapted to include easy read information by using pictures to help facilitate people's understanding. However, there were examples where activity boards used pictures to help people structure people's daily routine in a way that they could engage with.

We observed that those people who required hearing and visual aids were wearing these to help ensure they could communicate. Staff spoke clearly to people using simple language to help ensure they were able to understand.

People's confidentiality was protected. Records containing personal information were being stored securely. Where information was stored on computers this was password protected to prevent unauthorised access to this.

## Is the service responsive?

### Our findings

An initial assessment was in place prior to people starting with the service which included information about people's care needs, and drew upon information from other professionals. This helped ensure that people's needs could be met by the service.

Care records contained personalised information about people's care needs which was specific to them. For example one person's care record contained information about their behavioural needs and how they needed to be supported with this. In another example care records contained information about their activity preferences and dietary needs. This helped ensure that information was available for staff around how they should support people.

Care records also included Information about people's daily routine and important relationships. In an example where one person had autism, their care record outlined the structure of their daily routine and how a failure to help maintain this structure could impact upon the person by causing them to become "stuck" on one activity. We spoke with staff who demonstrated a good understanding of this person's daily routine and their needs in relation to this.

Staff maintained daily notes regarding the support they had provided to people. This included records of people's presentation and any episodes where they had displayed behaviours that challenge. Where appropriate, people's dietary intake was being monitored and recorded. Care records had been reviewed which helped ensure that these were up-to-date and remained relevant.

People were supported to engage in activities which helped ensure that they were protected from the risk of social isolation. During the inspection one person had a camera which they were using to take videos and photos. This person was enjoying showing these to staff and spent a lot of time laughing. In another example a member of staff offered to take a person out for a hot chocolate, which was an activity they enjoyed doing. Care records showed people had also engaged in other activities such as going to the shop and going out for walks.

There was a complaints process in place for people using the service. We spoke with the operations manager who confirmed that where people needed support with raising any issues or making a complaint, an advocate would support them with doing this.

## Is the service well-led?

### Our findings

There was a registered manager in post within the service who had been registered with the CQC since December 2016. At the time of the inspection the registered manager was not available, however the operations manager was on hand to support with the inspection process. The operations manager was familiar with the service and the people being supported. During the inspection we observed people interacting with the operations manager and staff in a familiar and friendly manner.

During the inspection we identified that quality monitoring systems were in place to monitor the service. However, these had failed to identify issues in relation to hot water temperatures despite these having been recorded on temperature monitoring charts. This had not been picked up during an environmental audit as a potential hazard. This showed that these processes had not been effective in keeping people safe from possible harm.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed those notifications that had been submitted and found that whilst this had been done in some instances, the registered provider had not notified the CQC where people had been made subject to a DoLS, as required.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Quality monitoring systems also looked at areas such as care records, infection control and medication. Where these had identified areas for improvement, for example unblocking the drains at the rear of the premises, action had been taken to address these issues. This showed that some aspects of the quality monitoring systems were sufficient.

Action was taken to support the wellbeing of staff. In one example a member of staff had disclosed health issues to the registered manager. In response to this a plan had been put in place to support this staff member so that they could continue to work. This member of staff confirmed that the plan was being adhered to and that they felt well supported.

There was an 'on call' system in place to ensure that staff could get support from a senior member of staff in the event of an emergency. Staff commented that the on call system was effective and that someone was always available to support them. This showed that effective contingency measures were in place to support staff and people in emergency situations.

Staff confirmed that handover meetings and staff meetings were held which included discussions around areas such as accidents and incidents and developments within the service. This helped ensure that staff were kept up-to-date and could contribute to making changes within the service.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to inform the CQC where people had been placed under a Deprivation of Liberty Safeguard.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had not always taken action to keep people safe from harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems had failed to identify and address issues within the service.