Hillgreen Care Limited

# 2a Oxford Gardens

**Inspection report**

2a Oxford Gardens
Winchmore Hill
London
N21 2AP
Tel: 020 7226 8989
Website:

Date of inspection visit: 11 December 2015
Date of publication: 08/02/2016

## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires improvement |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

At the last inspection of this service on 3 July 2015 we found that the service was not following safe fire procedures where by regular fire drills were not taking place. We also found that people who use the service were not protected against the risks associated with maintaining an accurate and contemporaneous record of each person including a record of care and treatment provided. We found this to be in breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirement notices were issued in relation to these for the provider to make improvements in these areas. Other concerns were noted and highlighted to the provider at the time of the last inspection details of which can be found further on within the report.

After the inspection in July 2015, the provider wrote to us to say what they would do to meet the legal requirements for the breaches we found. The provider confirmed that a fire, health and safety file was in place and that regular fire drills and checks were taking place. They also confirmed that regular provider visits were taking place and issues raised from these visits were being followed up to ensure that action was taken.

# Summary of findings

We undertook this unannounced focused inspection on 11 December 2015 to check that the breaches found in relation to Regulation 12 and 17, concerning fire safety management and maintaining and reviewing people's contemporaneous records had been addressed. During this inspection we also looked at some of the concerns that were raised during the last inspection to check that the provider had made the necessary improvements that were highlighted. In addition to this, due to recent concerns that had been raised by the local authority, we also looked at recruitment processes, how staff are supported and the Mental Capacity Act 2005 specifically in relation to the Deprivation of Liberty Safeguards (DoLS).

2a Oxford Gardens provides accommodation and personal care for up to three young adults with learning disabilities. On the day of the focused inspection there was one person living at the service.

At the time of this focused inspection there was a new manager in post who had not yet applied to be 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. We were informed at the end of the inspection that the manager had resigned.

During the inspection we saw that the provider continued to carry out registered provider audits on a monthly basis. These audits did identify issues. However, the provider was not able to demonstrate that they were checking the audits and that actions were being followed up.

During this inspection we found that the legal requirements as per Regulation 12 had been met.

However, we found there to be a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and in addition to this we also found a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to the above requirements and concerns. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hillgreen Care Limited – 2a Oxford Gardens on our website at www.cqc.org.uk.

# 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?**

Good

The service was safe. The provider had made improvements in relation to fire safety and following safe fire procedures.

The provider was following safe recruitment practises.

The provider completed risk assessments which were person centred and specific to the person's needs and requirements.

Staff that we spoke to knew what safeguarding was and the actions they would take when required.

Medicines were managed safely within the service.

**Is the service effective?**

Requires improvement

The service was not always effective. We saw that staff were receiving supervisions but these were not consistent and in line with company policy. Staff members that had been employed by the service for over a year had also not received an annual appraisal.

We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure people who could not make decisions for themselves were protected.

**Is the service responsive?**

Requires improvement

The service was not always responsive. Care plans did not provide accurate information about a person's cultural needs and wishes.

The service had recorded some complaints, the details of the complaint and the actions taken but not all complaints had been recorded.

**Is the service well-led?**

Requires improvement

The service was not always well led. On the day of the focused inspection the manager was not available. The manager was yet to register with the CQC.

We saw that the provider was carrying out registered provider visits on a monthly basis. These audits identified issues. However, the provider was unable to demonstrate that they were checking the audits and that actions were being followed up.

# 2a Oxford Gardens

**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 was 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.

We undertook an unannounced focused inspection of 2a Oxford Gardens on 11 December 2015. The inspection was carried out by two inspectors.

The inspection was carried out to check that action had been taken to comply with requirement notices as the service was in breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked the provider's action plan which they sent to us to confirm that the provider had completed the actions that were stated.

During the inspection we spoke with one service user and two members of staff. We also spoke to the director of the service over the phone. We looked at one care plan and five staff files. Other documents we looked at included policy and procedures, health and safety documents, provider audits and complaints documentation. Prior to the inspection we were also provided with information from local authorities who had raised concerns through the safeguarding process.

Good

# Is the service safe?

## Our findings

At our July 2015 inspection we found that the provider was not following safe fire safety procedures. The provider had not carried out any fire drills since the home had opened. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was given a requirement notice stating the breach and that improvement action was required. During the focused inspection on 11 December 2015 we found that the provider was now completing monthly and weekly fire drill tests and these were recorded. A fire book was in place which contained a fire risk assessment which had been dated 2015, weekly fire testing records and monthly fire drill records. Fire extinguishers had also been checked.

At the last inspection we found that health action plans had not been updated to reflect current medicines as detailed on people's Medicines Administration Record (MAR). This meant that vital information would not be available in case people had to go to the hospital. During this inspection we found that health action plans had been updated to reflect current medication for each person's MAR.

At the last inspection we saw that people's risk assessments were available as part of their care planning documentation. However, these had not been regularly or formally reviewed. At this focused inspection we saw a range of risk assessments which covered areas such as cookery, visiting a restaurant or café, visiting public places, swimming, using public/private transport and meeting with people. All risk assessments were pictorial, had been read and signed by the person and had been reviewed recently.

During this inspection we looked at staff files and recruitment processes that the provider followed within the service. We looked at a total of five files and found that criminal record checks had been completed. However, we had been unable to evidence this on the day of the inspection. One staff member that we spoke with told us that criminal records checks and references had been obtained prior to employment but that their file was kept at another location managed by the same provider. We contacted the provider after the inspection who confirmed all documents were available and copies of these were seen. The provider also confirmed that the staff file had now been transferred to the staff member's main place of work.

We looked at the staff roster and the deployment of staff around the home. We saw that there were sufficient staff rostered and observed that there was enough staff around the home. Staff confirmed that there were enough staff on duty at all times. However, we did note that some staff members were working a high number of hours which meant that they were working a high number of consecutive days without a break. We informed the provider about this who told us that they would look into this matter and address this with the staff members concerned.

Staff understood safeguarding and were familiar with the provider's whistleblowing procedures. One staff member told us that safeguarding was "protecting our service users from abuse." The staff member was able to give specific examples of what constituted abuse. Another staff member told us, "If I was concerned about a client I would go to the manager, I have [qualifications] in social care which incorporates safeguarding. I have seen the safeguarding policy and would go to CQC if I was still concerned." Staff were aware of who they could approach to report any concerns. Staff were also aware that where any issues or concerns, especially about fellow staff members, were not dealt with appropriately by management that they could contact the local authority or the Care Quality Commission (CQC).

We looked at Medicines Administration Records (MAR) for the one person living at the service. There were no gaps on the MAR and there were appropriate stock levels of medicine stored within the home. Weekly audits were completed to check stock levels of medicines. A daily and weekly audit of medicine had been completed which listed individual medicines with the date and time of the check and the balance. Medicine cupboard temperature checks were also completed daily.

On checking the food fridge and freezer, we found there to be food items available for people living at the home which also included items that had been opened. The date of opening was recorded on these items. However, we noted that the freezer had cracked freezer seals and damaged freezer drawers. There was also a large build-up of ice within the compartments and the freezer had not been recently cleaned or de-frosted. We told the provider about this and they told us that they would look into this and make improvements.

Requires improvement

# Is the service effective?

## Our findings

During this focused inspection we found that staff were not appropriately supported through the processes of supervision and appraisal of their work. One staff member told us that they received supervisions every six weeks to three months. However, these records were not available at the home and that they were kept at another location. When we checked staff files we found that we could not verify that staff members had received supervisions or annual appraisals. The provider did not have a system or process to monitor supervisions and appraisals to ensure that staff were supported in carrying out their role effectively. After the inspection we requested further information from the provider in relation to supervisions and appraisals. For one staff whose file we had looked at, the provider was able to provide us with two supervision records for April 2015 and December 2015. No completed appraisals were provided. The provider was not following it's policy which stated supervisions should be provided monthly or six weekly.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the services' policies and procedures in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). 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. As part of this process we were unable to evidence that a mental capacity assessment or best interest decision meeting had been undertaken for the person who was living at the service.

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 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 saw that the service had made the appropriate applications to the local authority where someone was being deprived of their liberty. We also saw that the local authority had approved this application and an authorisation to deprive this person of their liberty was in place. However, the authorisation on file had expired. The service had not reviewed this and had not made any applications for re-authorisation. Therefore, this meant that the service was unlawfully depriving the person, for whom this applied to, of their liberty. We highlighted this to the provider as part of the feedback process who told us that a re-authorisation application had been submitted. Evidence of the application was unavailable on the day of the inspection, although the provider and local authority later confirmed that an application had been made,

Requires improvement

# Is the service responsive?

## Our findings

At the last inspection it was highlighted that people's cultural needs and wishes were not accurately recorded in care plans. On the care plan for one person it stated that they wanted to attend the mosque. However, in the health action plan it stated that they did not want to attend the mosque. At this inspection we found that although the health action plan had been updated in July 2015 (the day after the last inspection) the inaccuracy had not been amended.

As part of this focused inspection we looked at the care plans. They included the individual profiles, 'about me' documents which detailed information about the people's place of origin, what they liked doing, the food that they liked, how they would like staff to support them, especially when they became anxious, and a pictorial activity timetable.

Care plans were person centred and included detailed pictorial guidance for staff on how to support people in areas such as personal care and getting dressed. Care plans included detailed 'proactive support strategies' which provided information and guidance to staff members on how to prevent or reduce potential challenging behaviour. This included information on the types of behaviour, why it was important to follow these strategies and how to support the people.

Staff were responsive to people's needs. They were aware of how to meet people's needs and how to manage their behaviour. Staff members also supported people to access a variety of activities within the home and external to the home. There was an activity plan available within the home and in care plans. We verified this by looking at records kept on the daily logs. As part of this record an activity inclusion plan was attached. Staff recorded a brief account of the activity, what worked well, what skills were learnt and any key learning points.

There were policies and procedures in place to deal with complaints. The complaints file and complaints book held records of complaints that the service had received. The provider had recorded the detail of the complaint and the response and action taken. Responses also included information that was sent and received from health professionals where required. However, there were some complaints that the service had received, which the CQC was notified of, but these had not been recorded by the service.

Requires improvement

# Is the service well-led?

## Our findings

At the last inspection we found a number of concerns about the management of this service. Although audits and visits were taking place, important actions that were needed to ensure the safety of people were not always being followed up at subsequent visits. For example, a recent visit by the provider had identified that people's risk assessments needed reviewing and updating. During this focused inspection we found that although risk assessments had been reviewed, the provider continued to complete regular audits which were identifying issues within the service but these were not being followed up or actioned.

The service had a health and safety folder which had weekly audits that were completed by the deputy manager and the senior support worker. These included a weekly health and safety audit which looked at the environment, heating, fire procedures, temperature recording, maintenance, pest control, laundry, missing persons, medicine administration and first aid. There was also guidance for staff in these areas. However, we noted that issues had been highlighted within the audit but there was no record of what action was taken.

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

On the day of the focused inspection the manager was not available. The manager oversees two provider locations and was yet to register with the CQC. However, at the end of the inspection we were notified by the provider that the current manager had resigned from the position. This meant that the service was without a registered manager. The service has been without a registered manager for the last five months.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>Staff supervision was not consistent in line with the provider's policy and annual staff appraisals were not taking place which meant that staff performance was not being effectively reviewed. Regulation 18(2)(a) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider was not following up and taking action on issues that were identified as part of the registered provider audits process which may leave people who use the service at risk especially in relation to their health, welfare and safety. Regulation 17(1)(2)(a)(b) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.