

Northern Life Care Limited

# UBU - 7 Fairmile Drive

## Inspection report

7 Fairmile Drive  
East Didsbury  
Manchester  
Greater Manchester  
M20 5WS

Tel: 01614348895  
Website: [www.ubu.me.uk](http://www.ubu.me.uk)

Date of inspection visit:  
08 April 2016  
11 April 2016

Date of publication:  
13 July 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection took place on 08 and 11 April 2016 and the first day was unannounced.

The previous inspection took place in 8 July 2013. At this inspection, we found that the service had met all regulatory requirements.

UBU - 7 Fairmile Drive provides respite care services to people with a learning disability and other associated needs and can accommodate up to four people at a time. Respite care is planned or emergency care provided to a person in order to provide temporary relief to family members who are caring for that person. People staying at the service were referred to as "guests" and usually stayed for two to three days. At the time of this inspection there were three people staying at the service; one person was staying on a more long term basis and the others were due to return to their own homes on that day. Two additional people were scheduled to arrive, both for a three-day stay.

The service, located in a large detached house within a quiet residential area, has four bedrooms. The bedroom on the ground floor has been adapted to accommodate people with mobility issues and contains a ceiling track hoist and an adapted toilet and shower area. There are three bedrooms on the first floor; each room has a wash basin. Also on the first floor, there is a bathroom and toilet, a separate shower room, laundry and a bedroom used as an office/staff sleep over area. On the ground floor, there is a lounge, a toilet, the kitchen and dining room which leads into a conservatory that looks out onto a reasonably sized garden.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since December 2015. 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 found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the report.

During our visit we noted that there were only two staff on duty and three people using the service at the time, two with complex needs. One person could potentially be left unattended if both staff were busy assisting or supporting other people. This meant that staffing levels were not always adequate to ensure that people were kept safe at all times.

We looked at the service's administration of medication and found that there were areas that required improvement. Medicines including controlled drugs were stored safely in lockable cabinets. During our inspection there was an audit of medicine administration by the regional manager. This audit highlighted a

discrepancy with how medicines were being accounted for and raised questions about the service's current practice and staff understanding and competence.

Risk assessments were done to ensure that people were kept safe during the time they spend at the service; these included risk assessments in relation to people's personal care, moving and handling and medication. We found that the service did not always have up-to-date and clear guidance to help staff support people safely at the service and when they were participating in extracurricular activities facilitated by the service.

Staff had received safeguarding training and were able to explain what safeguarding was, give examples of the various types of abuse and knew what action to take if they suspected abuse was taking place. We saw that safeguarding was discussed at the weekly house meetings held between people using the service and support staff and we saw that Easy Read documentation on the subject was available for people using the service.

We saw that the service had undertaken the appropriate health and safety checks of its fire alarm and fire equipment systems, hoists, and utilities and the records indicated they were all up to date.

The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). The service did not undertake assessments on people known or suspected to lack mental capacity. Not all care workers were aware of the MCA and Deprivation of Liberty Safeguards and the impact this legislation could have on the delivery of care and support.

Newly recruited support workers were enrolled for the Care Certificate. This is a nationally recognised set of standards to be worked towards during the induction training of new care workers; it helps care workers develop the values, behaviours, capabilities and skills needed to provide high quality and compassionate care.

People told us and we saw positive relationships between people using the service, their relatives and the staff working at the service. Staff were familiar with people using the service and could tell us about people including their preferences, hobbies and interests.

The service encouraged people and their relatives to share their views about the service. One of the ways in which this was achieved was through weekly house meetings. The registered manager told us that they planned to reintroduce relatives meetings later in April 2016 and we saw the letter that had been sent to people and relatives informing them about this.

People were treated with dignity and respect and those who needed assistance with personal care were attended to discreetly. We noted that some staff were not always attentive to people using the service who were unable to communicate verbally.

People and their relatives told us the service was responsive to their needs and that the registered manager always tried to accommodate them.

The care plans we looked at were person-centred and contained detailed descriptions of people's care and support and their preferences, indicating that people and their relatives had been involved and consulted in the care planning process.

The service encouraged people and their relatives to give feedback about the service provided in several ways including weekly house meetings, quality review questionnaires and informally in person or by

telephone.

People and their relatives spoke well of the service and during our inspection we observed that there was a good relationship between people and the staff and management of the service.

There were gaps in how the service assessed and monitored the quality of its provision. While there were some quality assurance mechanisms in place, not all aspects of the service were being effectively monitored. We could not be sure that the registered manager had complete oversight of the service's operations.

The registered manager felt supported by the wider network of colleagues within the organisation. Staff we spoke with also told us that they felt supported by the management team, helping them to function well in their caring role.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

People and their relatives told us they felt safe at the service and with the staff employed there.

Risk assessments were not always complete and did not always give clear and specific guidance as to how staff should manage people's risks.

Staffing levels were not always adequate to support the varying levels of needs of the people staying at the service.

The administration of medication was not always safe. We found improvements were needed in several areas including the recording and receipt of medication, 'as required' medication, homely remedies and the administration of liquid medications.

There were safe recruitment practices in place. Staff had received safeguarding training and were able to demonstrate that they knew what to do if they felt that someone was at risk of abuse. They also encouraged people to come forward and report any concerns they may have.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People told us they felt confident their support workers had the right knowledge and skills to do their jobs effectively. We noted that staff had received service specific training to effectively handle the complex needs of people using the service.

We did not see evidence that the service had embedded the principles of the Mental Health Act 2005.

Staff we spoke with said they felt supported in their role and received adequate training and professional support ensuring they were competent in carrying out their caring role.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People and their relatives told us they found both the management and care staff at the service to be kind and caring.

We observed friendly and good-humoured interactions between people using the service, support staff and senior managers of the service.

The registered manager and support staff knew the people that used the service and were able give examples of people's preferences and interests.

People were supported to maintain their independence and treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive in meeting the needs of people.

The service used a variety methods to gather feedback and opinions about the service from people and their relatives such as house meetings and quality review surveys.

People's care and support plans contained detailed and person-centred information which helped support workers understand their individual needs.

People's choice of activities was considered and, where possible, encouraged and facilitated by the service.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Robust systems were not in place to effectively monitor the safety and quality of the service. This meant that the registered manager had limited oversight of the service's operations.

People, their relatives and the local authority commissioners felt that the service was well managed and that the registered manager and their team were supportive and approachable.

The provider had a suite of policies and procedures in place which supported staff in their caring role. The registered manager ensured that staff were up to date in their understanding of these.

# UBU - 7 Fairmile Drive

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 11 April 2016 and the first day was unannounced. The inspection team consisted of one inspector and an inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted various teams within Manchester City Council to find out what information they held about the service. Contracts compliance and commissioning teams told us that they had no concerns about this service and we received a copy of their most recent monitoring visit to the service. The infection control team conducted an audit in September 2015 and had no major concerns with how the service managed infection control. We also contacted Manchester Healthwatch who told us they had no information about this service at this time. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We spoke with two people who used the service, two relatives, two senior managers, including the registered manager and three care staff. We observed the way people were supported and looked at records relating to the service, including four care plans, two staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, service policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

People using the service and relatives told us that the environment at UBU 7 Fairmile Drive was a safe one. One person we spoke with told us that they felt safe there and that being there had helped them be safe. One relative told us that they had no concerns about leaving their relation at the service and added, "[Relative's name] is safe here." We observed that people seemed to feel 'at home and safe in the property and with the staff and registered manager.

We spoke with three support workers to find out their awareness of the safeguarding principles. Staff were able to competently demonstrate their knowledge and understanding of safeguarding principles, identify types of abuse and advise people how to report anything they thought might be abuse. They told us that they would report any safeguarding concerns they had to the registered manager. We saw from records of weekly house meetings that safeguarding was an agenda item and that people were made aware of types of abuse and encouraged to let someone know if they felt they were being abused. We saw appropriate documentation around safeguarding which was available for people using the service to read.

From training records, we saw that staff received safeguarding training which comprised of classroom sessions and an e-learning module. We noted there were some staff who had only completed the e-learning course. We asked the registered manager about this and they told us these staff were registered to do the classroom sessions later in the year. We were able to verify this when we looked at the training matrix.

We observed on the first day of inspection that there were three support workers on duty when we arrived. However one worker had been on the sleepover shift and went off duty shortly afterwards. We asked about staffing levels and how the service assessed the appropriate level required. The registered manager told us this was based on the needs of people using the service at the time. We looked at the staff rota and saw that there were only two staff scheduled to work at any point in time. This did not support a flexible approach to staffing or corroborate that the staffing levels were dependent on support needs of the people using the service. During our visit we observed that with only two staff on duty and three people using the service at the time, two with complex needs (including one person needing two to one support). It meant that one person could potentially be put at risk if both staff were attending to other people and also that the day to day activities could be determined by the availability of staff. This meant that staffing levels were not always adequate to ensure that people were kept safe at all times.

We saw that in the main risk assessments were done to ensure that people were kept safe during their stay at the property; these included assessing risks relating to people's personal care, moving and handling requirements and medication. In the case of two people's care records, we observed that they contained very detailed information about their risks and how these were currently being managed.

However, for one person we did not see any risk assessment in relation to how they would communicate with staff at night, as they were not able to communicate verbally nor were they able to mobilise on their own. This meant that staff had no specific guidance to help them support the person safely. We raised this issue with the registered manager who told us that they would put one in place for the person.



Also, we found that one person who was prescribed a medication that interacted with alcohol did not have a risk assessment in place for this. Whilst the service had kept the medication information leaflet, only part of the interactions had been copied onto the care records. This meant that staff were not aware of the associated risks. Given that the service supported the person to enjoy social activities which included the occasional alcoholic drink this should be addressed to ensure that any risks were managed safely.

These examples constitute breaches of Regulation 12(1) of the Health and social Care Act 2008 (Regulated Activity) 2014, safe care and treatment.

We noted that the service had personal emergency evacuation plans in place where appropriate. These were kept in a central file in staff office and were easily accessible in the event of an emergency arising. We looked at three people's plans which contained information on how to evacuate each person in a safe manner and who should be contacted. We suggested to the registered manager that they consider documenting an alternate person to be contacted in the event that the main carer or relative could not be contacted. This information assists staff and the emergency services in the event of an emergency arising and help to keep people safe.

We checked the service's recruitment procedure to see if staff employed by the service were suitable to work in the caring industry. We reviewed four staff personnel files. The files we looked at contained appropriate recruitment documents including a job description, a completed application form, interview questions and responses which had been scored, two written references, photographic identification and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups.

We saw that medicines were stored safely in lockable cabinets in the staff area and in a lockable safe in the downstairs bedroom. We observed a discrepancy with medication being unaccounted for during a routine medication audit. This incident raised some questions about staff understanding and competence and the current practice in place. We were told that when medication errors occurred staff were provided with further medication training and had their competency assessed; however when we tried to track this information we could not find the evidence to support this.

Due to the discrepancy we raised on the first day of the inspection, the medication administration record (MAR) and process of recording was revised and a new system put in place immediately. The registered manager told us they held an emergency meeting to discuss the incident and the changes and to inform staff of the improved practice. We will check this when we next inspect this service.

We checked the MARs and found that the receipt of medication was not robust. We noted that the service did not consistently record the amount of medication received and disposed of to reduce the risk of misappropriation. We also found one staff member used two different initials when recording on the MARs. This meant that any error could potentially be more difficult to audit.

We noted that several people accessing the service took 'as required' (PRN) medication. PRN medication is administered when an individual presents with a defined intermittent or short-term condition, that is, not given as a regular daily dose or at specific times. However, the service did not have any PRN protocols in place which would provide staff with clear directions as to how they would know when and how to administer these types of medicine. We asked if the service had any policies and procedures about homely remedies and we were told that the service did not hold any of these medicines and that the staff would only administer medication that had been prescribed. This meant that people suffering from minor ailments

such as a headache could be left in pain. We saw an example of this in the daily records where one person had been complaining about leg pain and back pain for a number of weeks. We saw that no pain relief had been provided for this person and the service had not sought medical attention.

We looked at the receipt, storage and administration of liquid medications and found that the service had no accurate way of recording the amounts in or out of the service or for dispensing this type of medication.

We checked on the recording of controlled drugs. These are drugs which by their nature require special storage and recording. The records were all correct. We looked at one person's prescribed medication who was being administered an antidepressant and found that the service had picked up this prescription from the parents address however when we looked at the address on the prescription we found that this did not correspond with the address on the prescription. This meant that there is a risk that this person may be being given a medication that they were not prescribed for. The service should ensure that they have robust systems in place so that medications and prescriptions are checked before being administered.

We found that the range of concerns relating to the safe administration and storage of medicines were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(g).

In the main, we saw that the environment inside the service was kept neat, clean and tidy. Staff told us that they were responsible for ensuring the house was kept clean. We noted that the bath area in downstairs bedroom was a bit untidy and required cleaning. We also saw a plastic urine bottle and two unlabelled bottles of shampoo and conditioner had been left on the window ledge. We raised these issues with the registered manager. They told us the urine bottle had been previously identified for disposal but this had not been done. We noted that these items were disposed of during our visit at the service.

We observed the garden area was unkempt and the windows with poorly fitting curtains and net curtains to the front windows and porch area. We felt that this may draw unwanted attention to the service. We raised these issues with the registered manager and they told us they would be updating the cleaning checklist to guide staff when they were doing the cleaning. One of the people who use the service advised us that he was a gardener and enjoyed doing this they told us that the manager had asked him to spend some time tidying up the outside areas and sheds.

When we inspected the shower room on the first floor we found two opened bottles of shower gel in the shower pan and another two bottles of shower gel and hair shampoo that were left behind the door. We pointed this out to a staff member who took them back to the lockable storage area in the laundry room.

We reviewed the service's health and safety records. We saw that the service had appropriate checks done in line with manufacturers' instructions and best practice guidance. We saw that the fire alarm system and firefighting equipment were regularly checked and up to date and records showed that simulated fire drills were done every two weeks. Checks of the hoist tracking systems were done in line with the Lifting Operations Lifting Equipment Regulations 1998 (LOLER) and were also up to date. We checked the landlord gas safety records and found that the appropriate checks had been done.

We saw that weekly checks were undertaken on the emergency lighting and daily checks on cleaning, water temperature, health and safety and temperature of fridge freezers. We were satisfied that these checks helped to ensure safe delivery of the service provision.

## Is the service effective?

### Our findings

We observed that people using the service and their relatives trusted the support staff. One person told us, "They (support workers) are alright" and a relative said, "Staff are young but capable." We observed support staff to be competent and confident in carrying out their caring role. Support workers told us, "(I) got all the training I need which is great" and "(The) induction was intensive but good." This meant that staff felt capable of delivering care and support that was safe and effective.

We asked how the service managed people's access to health care professionals should they need to whilst in respite or in case of a medical emergency. The registered manager told us that people's relatives were the main point of contact and that if they were not available then the person's GP would be contacted. The registered manager said they would call 999 or 111 depending on the emergency. We did not see this plan of action documented or contingency plans in place should relatives not be contactable or on holiday for example so we could not tell exactly what action the service would take to ensure people received the right health care when needed. We also noted that some people's health care plans were not on file and where there were plans present, these were not the most up to date. This meant that people were at risk of not receiving the right health care treatment and support.

We found that one person using the service had no access to GP services. Whilst the person was registered with a GP this practice was some distance from the service and would not visit if required. We noted that the service had taken no action to temporarily register the person with the GP practice in the area to ensure that they received appropriate healthcare if required. We asked what procedure the service had in place for temporarily registering people with a GP practice where needed but we were told that this had not previously been considered.

This was a breach of Regulation 12(1) of the Health and social Care Act 2008 (Regulated Activity) 2014, safe care and treatment.

Support workers we spoke with told us that the service promoted healthy eating habits but that people always had a choice about what they wanted to eat and drink. One support worker told us, "Yes we promote healthy eating even when we go out to eat." During our inspection, we observed two people being asked by staff what they wanted to have for dinner. We noted that the meals provided were "ready-made" meals which staff heated up. We reviewed the menu choices for the people who had stayed in the last week to present and we saw a good variety of healthy lunch and dinner options had been available.

The registered manager told us and we saw from the training records that all new starters at the service had to do mandatory training such as health and safety, safeguarding awareness, infection control, and moving and handling. We noted that newly recruited support workers were enrolled for the Care Certificate. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; it helps care workers develop the values, behaviours, capabilities and skills needed to provide high quality and compassionate care. The Care Certificate is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social

care delivers similar outcomes. We asked two support workers to describe the induction process. They told us that they did the Care Certificate and completed four weeks of shadowed work; this meant they worked alongside an experienced support worker before they were able to work unsupervised. We also saw from the training records that all staff had completed service specific training in Epilepsy Awareness and the administration of Buccal Midazolam and PEG feeding. Buccal Midazolam is an emergency rescue medication for the control of prolonged or continuous epileptic seizures. We noted that other service specific training such as Autism Awareness and Complex behaviour/De-escalation techniques had only been done by three staff members and two staff members respectively.

We saw that staff received regular supervisions and had annual appraisals. Staff we spoke with told us they were able to discuss service related issues or training needs at supervision. They also told us that the training opportunities offered by the provider organisation were good. The registered manager told us that training was delivered in traditional classroom settings and via e-learning, within the organisation or by external sources. This meant that staff's professional development needs were being supported and reviewed appropriately.

The service provided care and support to people who lacked capacity to make certain decisions for themselves. We looked at what consideration the service gave to the Mental Capacity Act 2005 (MCA) and checked whether the service was working within the principles of MCA. 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.

The care records we looked at did not contain any mental capacity assessments. We also did not see evidence that consent to care had been given by the person or their representative via 'lasting power of attorney' for health and welfare decisions, where a person lacked mental capacity; lasting power of attorney delegates this responsibility to another to act on the person's behalf.

We asked the registered manager about Deprivation of Liberty Safeguards (DoLS). 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. They told us that the local authority was due to do an assessment since current practice of locking the front door of the service restricted some people's liberty.

The support staff we spoke with could not explain MCA and DoLS. We looked at the training records and saw that all staff had received training in MCA. We raised these issues with the registered manager since it was important for the service to ensure that decisions made on behalf of people were done lawfully. This meant that the service was not assessing and documenting, where necessary, people's ability to make decisions and consent to care.

We found that this was a breach of Regulation 11(1) and 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they found both the management and support workers at UBU 7 Fairmile Drive to be kind and caring. One person told us, "I enjoy coming here. [Registered manager's name] makes me laugh" and another person said, "I like coming here I get to watch the football here and I go out." Relatives told us that the staff were like family to them. One relative said "They (staff) know [person's name] very well and they remind me sometimes of what (they) are like!" Another relative who had been using the service for many years told us, "It's a lovely house; the décor is nice...like a home." Relatives told us that they also felt cared for and supported by the management and staff at the service. One relative who had completed a quality survey sent out by the registered manager wrote, "The staff have been amazing and very supportive... They have helped me in any emergencies so far. [Relative] loves to come to UBU very much. Thanks."

One relative we spoke with told us that support staff demonstrated compassion and understanding when working with their relation especially since they could exhibit "challenging behaviours" at times.

People told us and we saw that there were friendly interactions and good-humoured banter between people using the service and the staff; this included the regional manager who was visiting the service at the time of our inspection.

The registered manager and support workers we spoke with were able to talk about individuals with confidence, giving examples of people's personal histories, their preferences and interests; this meant that support workers and managers knew the people well and were supporting them according to their individual needs.

We saw that people and their relatives were encouraged to share their views about the service they received. This was done through the weekly house meetings held with people using the service and staff. We saw from the minutes of these meetings that people had expressed their views about the service they received. For example, we read that everyone was happy with the service and the safe environment it created. We also saw that people had requested more activities including board games. We noted that this request had been actioned by staff. These meetings demonstrated that the service was providing a forum for people and relatives to share their views.

We observed that support staff in the main treated people with kindness and respect. We saw that those people who needed assistance with their personal care were attended to discreetly. We did note however that some staff were not always attentive to people using the service who were unable to communicate verbally. We raised this with the manager who told us they would address these issues at team meetings and in staff supervisions.

Support workers told us that where possible they supported people using the service to be independent. They told us that a person would be moving into supported accommodation soon and that they were involving the person in some of the daily activities that took place at the house such as helping with the

shopping, gardening or cooking a meal. We were able to confirm this when we spoke with the individual.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs. One person we spoke with told us that the registered manager was very supportive in facilitating their transition to supported living accommodation and was helping them to prepare for an upcoming meeting with a social worker from the local authority.

We were told and we saw that the service undertook an initial assessment of all people, in consultation with family members where appropriate, before they agreed to accept a placement. This meant that the service wanted to make sure that it was suitable for the person and would be able to meet their needs. The person's care plan was developed from the initial assessment.

We looked at care plans for four of the people who were currently staying at the service. We were told and we saw that care plans were reviewed every six months or sooner if there was a change in their care or support needs. We found that these were detailed and person-centred. We saw that each plan documented what people liked and disliked including hobbies and interests and clearly identified the support required according to the person's needs. When we spoke with people and their relatives we were able to confirm that this information had been accurately recorded. This demonstrated that people and their relatives had been involved and consulted in the development of their care and support. We noted that food preferences were not part of people's current support plan.

We were told by the registered manager that the provider had changed the care plan format and that not all people using the service had been transferred to the new format. They told us that this transfer would be done when a person was expected to visit the service. However we found that this was not the case when we reviewed 'old' care plans for people currently staying at the service. Also for one person, we could not find risk assessments and mental capacity assessments in their new care plan; we noted that these had been completed in the old care plan. We raised these discrepancies with the registered manager and will check at the next inspection to ensure that they have been addressed.

The registered manager showed us a recent survey that had been sent out to people and their relatives which asked people, among other things, what foods they liked and disliked. They told us that the returned information would be used to update people's care and support plans.

Each person had a daily communication record which provided an overview of the care and support they received. We saw examples of this where support staff not only recorded daily events for that person but documented their own observations about the person such as "[person's name] enjoyed making decisions about things to buy for the house".

We saw one instance where the service was not always person centred. We noted in one person's care records that their routine when at the service was not fixed and that they "tend to arrange outings based on the needs of the individuals who may be attending on that day; these will include trips out and trips in the adapted vehicle." This description of the person's routine when staying at the service did not include any of



the activities that were documented in the person's preferences. We raised this with the registered manager who told us they would look into the matter.

We asked how the service supported people's interests and what sort of activities did they provide or facilitate. The registered manager told us that, in the main, people brought their own games or activities to occupy themselves when they stayed at the service. They added that, where possible, the service tried to match people to support workers who shared similar interests and in that way supported people with activities they enjoyed; these included taking people to the cinema, bowling or shopping. From the house meeting minutes we saw that people had suggested that the service provide more board games and we saw that this had been actioned. House meetings were held weekly with people using the service and staff at the end of each week and provided a forum to discuss what had worked well, awareness of safeguarding issues, suggestions for future activities and staff and policy changes.

The registered manager told us and two people confirmed that the service supported people to engage in activities they found enjoyable. For example, one person wanted to attend a disco night held at a local venue. The manager told us that they made arrangements for a staff member to come in to accompany the person to this event. Another person told us the football team they supported were playing that weekend and they wanted to watch the match at a nearby pub. We were able to confirm that this did happen. This meant that the service demonstrated a responsive and person centred approach that met people's needs and involved them in activities that meant a lot to them.

We saw from the Provider Information Request (PIR) that the service tried where possible "matching particular people together upon their request to maintain friendships". We saw from the results of a quality review survey undertaken by the registered manager that people and their relatives had also made this suggestion. We asked the registered manager about this. They told us that they did try to accommodate people's requests but that depended on how people's stays had been allocated.

The registered manager told us and we saw that people and their relatives tended to give verbal feedback to the service. However as previously mentioned, we noted that people and their relatives also had the opportunity to give feedback in a more structured way through weekly house meetings. The registered manager also told us that a relatives meeting was being reintroduced later this month (April 2016) and that they had planned to have four meetings throughout the year. We saw from a recent letter sent out to people, their relatives and carers that the service wanted to get regular feedback about the service it provided. The letter also encouraged people to share their thoughts and ideas about how the service could make improvements.

We were told that the provider sent out annual user surveys but there was a proposal to do this more frequently and send out quarterly surveys. We did not see the results of these and how the outcomes had helped to improve the quality of services.

We saw the summary results of a quality review questionnaire that had been circulated to people using the service and their relatives in March 2016. This was a recent initiative of the registered manager to find out how the service could be more responsive and flexible to people's needs. We noted that 77 per cent of people and relatives had responded. The service asked people and their relatives to rate the service in terms of communication with staff, responsiveness of the service, value for money and overall how they felt about the service's performance. Most people responded that the service was "excellent" in meeting their needs. We saw that people and their relatives made comments about how the service could make improvements and, where possible, the service had actioned these.



For example, one person enjoyed watching sporting events available on digital television which was not currently available at the property. We were told that the service had supported the person to watch the match at a nearby recreational facility; the person confirmed that this had happened, that they had enjoyed the experience and wanted to do it again. Another person told us that they wanted to attend a social event and that a member of staff had accompanied them there.

The registered manager told us that the service presently used sessional staff to support a person's individual activities. We saw positive examples of how the service had listened to people and their relatives and had made improvements to people's experiences when using the service. We saw that one relative had written that the service had been very supportive and had dealt responsively with their needs as they arose.

## Is the service well-led?

### Our findings

People and the relatives we spoke with had confidence in the management and staff at UBU 7 Fairmile Drive. The registered manager was visible to people using the service, their relatives and carers, and staff and we observed that there was a good rapport. One of the commissioners at the local authority also told us, "Fairmile Drive is a well used service which is very popular with our families. The service is well run and managed, and is always spotlessly clean and welcoming when we have conducted both planned and unannounced visits."

Staff told us that they felt supported by the management team. They made these comments to us about the registered manager, "The most approachable manager I've had" and "(The manager) is reassuring...I can approach (them) with any problems I might have...(and) also for further training needed."

One staff member told us that their experience working for the service was good. They said that compared to other services they had worked for, "UBU is more organised and helpful in (staff) getting training and experience."

The registered manager told us they felt supported by the wider network of colleagues within the provider organisation, UBU. They also said that registered managers "in the patch" supported each other in areas including staff development. On the first day of our inspection the regional manager visited to conduct an audit of medication administration and returned on the second day of our inspection to support the registered manager.

We checked our records and we saw that the registered manager had submitted the appropriate notifications of incidents and accidents that occurred at the service to both the Care Quality Commission (CQC) and the local authority.

We looked at the analysis of incidents, accidents and complaints for the period April 2015 to April 2016. We saw that these incidents were investigated appropriately by the registered manager; these included medication errors and safeguarding incidents. We were told by the regional manager and we saw that the service did weekly reports with appropriate actions, which identified ways of minimising or preventing the issues that arose. These reports were analysed by the provider's Health and Safety Manager to identify emerging trends or patterns.

We asked how the service learnt from these issues. The regional manager told us that this would happen via a new learning programme or a policy or procedural change taking place. They gave us the example of the introduction of bumbags for support workers to hold items which should be quickly accessible, for example, keys to medicines cabinets. This had been implemented as a lesson learnt from a previous incident and we saw all support workers wearing them.

We were told that the provider had started a system of auditing using the CQC's Key Lines of Enquiry methodology about six months ago but we did not see evidence of these. We were also told that finance and

medication audits were undertaken on a two-monthly basis. During the visit the area manager visited to undertake a medication audit of the service. This was the first audit by this individual manager. A previous audit had been undertaken in December 2015. We could not see what actions had been taken from this audit..

While the service did have some quality assurance systems in place to monitor its quality and make improvements, these were not robust in that not all aspects of the service, including spot checks of staff and audits of care plans, were being assessed and monitored effectively. We could not be sure that sufficient checks were being carried out to ensure that people were continually receiving safe and effective care and support.

This meant that the registered manager had limited oversight of the service's operations. The lack of regular auditing and analysis, and quality assurance systems meant that the service had no effective way to continually monitor the service provided to ensure people received safe and effective care.

This was a breach of Regulation 17 (1),(2) (a)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the policies and procedures in place to support staff in their caring role. We asked the registered manager about staff's access to and understanding of these. They told us and we saw that staff had access to the provider's policies and procedures and that there was a system in place to indicate when staff had read them. We also saw that the registered manager received a list of those staff members who had not yet read policies and procedures. For example, we saw that two policies had been updated recently and that the manager was aware of staff who had read them and who had not. We asked staff about this process and they confirmed that they had to read and then sign off that they had read them. They also told us that they would discuss any queries they had about policies and procedures with either the registered manager or the deputy manager. We were satisfied that the organisation's systems were effective in supporting staff to understand and perform well in their role.

We were told by the registered manager and support workers that they had regular team meetings which ensured that the service ran smoothly. These occurred monthly unless there was the need to hold an emergency one. Staff told us that they were able to discuss service specific issues (such as tasks to be done and by which staff member) or any other issue that affected the operation of the service. The manager told us that they tried to discuss between two and four policies at each team meeting. We did not see documentary evidence of these meetings but staff we spoke with confirmed that they did happen.

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 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 11 HSCA RA Regulations 2014 Need for consent  Care and treatment of people must only be provided with the consent of the relevant person Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment must be provided in a safe way for service users Regulation 12(1)  The proper and safe management of medicines Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part Regulation 17(1)  Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) Regulation 17(2)(a)

Evaluate and improve their practice in respect  
of the processing of information  
Regulation 17(2)(f)