

U&I Care Limited

Charlotte House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 22 and 26 January 2018. It was unannounced on the first day and announced on the second day and was carried out by one adult social care inspector. This was the first comprehensive inspection at the service since it was registered in December 2016.

Charlotte House is a care home registered for two adults that provides support to adults with learning disabilities, autism and complex needs. The home is located in a residential area of Warrington, close to shops, transport links and other local amenities. There was one person living at the home at the time of the inspection supported by staff on a 24 hour basis.

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

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.'

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered providers audit systems had not identified the areas for development and improvement found during the inspection process. Incident and accidents were not consistently reviewed and analysed to identify trends and patterns.

The policies and procedures did not all include current best practice guidelines. The recruitment procedures were not consistently robust. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were ordered, stored and administered safely by competent and trained staff. Medication administration records (MARs) were fully completed and signed by staff in accordance with good practice guidelines. PRN 'as required' medicines did not have protocols in place for their safe management. We have made a recommendation in relation to this.

The person supported had a comprehensive care plan and selection of risk assessments. The documents had not been reviewed or updated and held out of date and incorrect information. This meant staff did not

have up to date guidance to support the person and mitigate any risks identified. We have made a recommendation regarding this.

Staff had all completed an induction and undertaken mandatory training. Not all staff felt competent to support the person living at Charlotte House. Due to the complexities of the person supported the registered manager was reviewing staff training to ensure staff had sufficient skills and knowledge to undertake their role.

All staff had completed safeguarding training and demonstrated a good understanding of abuse and what they would do if they had any concerns about a person. The registered provider had a safeguarding policy and procedure in place to protect people from abuse.

Sufficient staff were available to meet the needs of the person supported.

The person was supported with their food and fluid intake. The person prepared some of their own meals and snacks. They made their own food and drink choices.

Activities were available to meet the needs of the person supported. The person was supported to maintain regular contact with their family members.

The home was clean and decorated to a good standard. There were hand washing facilities at the home and it was free from odours.

Health and safety systems were in place at the home that included legionella testing, regular water temperature checks and fire safety checks.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from discussions with the person supported and from their care records that their consent was always sought in relation to care and treatment.

There had not been any formal complaints raised at the home. The person supported and their family members knew how to raise concerns. The registered provider had a complaints policy and procedure in place at the home.

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.

The recruitment process was not always robust as all required checks had not been completed.

Medicines were managed safely by competent staff, however there were not any PRN protocols for 'as required' medicines.

Incident and accident forms were not analysed for trends and patterns. Additional actions had not been identified by the registered manager.

Health and safety procedures and checks were fully documented.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Staff had not all received training to meet the needs of the person they supported.

The person's food and drink needs were met and clearly documented.

The person's rights were protected by staff that had knowledge of the Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

The service was not always Caring.

We received positive and negative comments from the person, family member and social care professional.

Staff demonstrated patience and treated the person with kindness.

The person's right to privacy and dignity was protected.

Requires Improvement ●

Is the service responsive?

The service was not always Responsive.

The person's care plan was not fully up to date and did not reflect their up to date needs.

The person had access to activities of their choice.

There was a complaints policy and procedure that the person and their family member told us they knew how to access.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

The registered providers quality monitoring systems had not identified areas for development and improvement within the home.

The policies and procedures in place were not all up to date and did not always fully reflect current best practice.

Requires Improvement ●

Charlotte House

Detailed findings

Background to this inspection

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

This inspection took place on the 22nd and 26th of January 2018 and was unannounced

The inspection activity started on 22 January and ended on 16 February 2018. Before the inspection we reviewed information that we held about the service, this included any notifications sent to us from the registered provider, and information from the local authority which informed our inspection plan.

During our inspection, we spoke to the person that lived at the home, one relative of the person who lived at the home, three support staff, the registered manager and the behaviour support manager. We also spoke to a social care professional. We looked at the care plans and associated documents for the person that lived at the service. We looked at five recruitment and training files for staff that worked at Charlotte House.

We looked at the environment, medicine management systems, policies and procedures as well as other records relating to the management of the service.

Is the service safe?

Our findings

Recruitment was not always undertaken safely and in line with the registered providers policy and procedure. References were not consistently in place prior to each staff member commencing employment. One staff recruitment file only held on reference. A disclosure and barring service (DBS) check was undertaken however evidence of risk assessments were not in place when disclosures had been made. This meant the registered provider did not evidence that the risk had been considered and mitigated.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk assessments in place were out of date and overdue review. The risk assessments included medicines, behaviours, money management, nutrition and diet, personal care and continence and activities. The environmental risk assessment was for a different property than Charlotte House. The environmental risk assessment failed to include guidance for the management of the person's hoarding tendencies and the risks that related to this, particularly the increased fire risk. This meant up to date information was not available for staff to offer clear guidance for the management and mitigation of risk while supporting the person in the home and while accessing the community.

We recommend that the registered provider reviews the risk assessments in place to ensure all information is up to date and all risks are mitigated.

Incident forms were reviewed from November and December 2017 and also January 2018. Staff consistently completed the first page with the details of the incident, the location and any intervention or distraction required. The second page which stated the support received during or following each incident of every document was not completed. A comment from a staff member included that they had felt upset, embarrassed and stressed. There was also space for every incident to be reviewed by a member of the management team. There was no evidence of review within the incident reports reviewed during inspection.

We recommend the registered provider reviews their process for the management of incidents and accidents and take appropriate action to ensure it is robust.

We checked the procedures for managing medicines within the home. The ordering, storage and administration process was completed by staff that had undertaken medicines training. Records showed that staff had been assessed as competent to complete this task.

Medication administration records were fully completed. A PRN protocol was not in place for the management and administration of 'as required' medicines. This document informs staff what the medicine is required for, how often it can be administered. It would also inform staff how the person would communicate their need for this medicine. Not having a PRN protocol in place could mean a person may not get the medicine they required in a timely manner.

We recommend that the registered provider review their policy and procedure in relation to PRN medication and take appropriate action in accordance with good practice guidelines.

There had not been any safeguarding concerns raised at the service since its registration. The staff had received training and demonstrated a good understanding of the different types of abuse. They were clear about the process they would follow should they have any concerns. There was a whistleblowing procedure in place and staff were confident that they would report any concerns they had in a timely manner.

Rosters showed there were enough staff to meet the needs of the person supported. Staff worked for 24 hours which included a sleeping night shift. The person preferred this as they did not like their day being broken up with staff changes.

Health and safety documentation was in place and monthly checks were consistently completed. These included water temperature checks, fire safety checks and drills. PAT testing, electricity and gas certificates, fire risk assessment and legionella testing were in place in line with good practice guidance.

The person had a personal emergency evacuation plan in place (PEEP) which described the process to be followed in the event of an emergency. The person was familiar with this and stated they had practised evacuation procedures.

We checked the procedures in place for preventing the spread of infection. The home was clean, odour free and there were provisions for hand washing.

Is the service effective?

Our findings

Records confirmed staff had all completed mandatory training that included health and safety, first aid, food and nutrition, infection control record keeping, dignity and equality and diversity. Refresher training was regularly undertaken. Some staff had attended autism and challenging behaviour training, however this was not evidenced across all the records reviewed. Staff confirmed they regularly attended training however two staff told us they had not felt fully prepared for their role due to the complexity of the person they supported. They stated they had not received sufficient training in autism awareness and challenging behaviour to fully understand how to meet the needs of the person they supported. One staff member stated they felt it was trial and error learning rather than a proactive approach. A healthcare professional told us they felt staff had not received sufficient training for their role with the person supported. The registered manager assured us that they would review and update the training available to the staff team to develop their competence.

All staff had completed an organisational induction at the start of their employment that included completion of the mandatory training requirements. Most training was completed through eLearning. Staff undertook shadow shifts at other services run by the registered provider and had the opportunity to read the care plan and risk assessments prior to lone working with the person. Staff signed to confirm they had completed these tasks. The person living at Charlotte House preferred to only have one staff member with them at any time.

Staff records included evidence of supervision that had taken place. Staff told us they had supervision and also attended monthly team meetings. The registered provider told us they used supervisions and team meetings to continually review staff training and development needs. A social care professional told us that the staff were not always fully supported in their roles.

Records showed that the person living at the home was supported with their food and drink choices. The care plan included short and long term goals and described clearly the support the person needed to manage their negative behaviours relating to food. One comment from the person included "I love going out to Subway for my lunch, I choose what I like."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with the person living at the home confirmed that their consent was always sought in relation to care and treatment and records supported this. One comment included, "I get up and go to bed when I want. I choose what I want to do." Care records held evidence that the person and their chosen relatives were fully involved and consulted at all times. The person living at the home was supported by a DoLS and all appropriate documentation was in place.

The person supported had access to healthcare professionals when they required it. Care records included appointment details and any follow up advice received from the GP, Chiropodist, Optician and Dentist.

The home was decorated to a good standard. The person living at the home was in the process of choosing some new furniture. They told us this would help them to feel like it was their home, rather than everything having been chosen by the registered provider.

Is the service caring?

Our findings

Comments included "[Staff] is my friend and I really like her supporting me. We have fun together." and "I get on with some staff better than others". Comments from a relative included "Staff are lovely. Some of the staff are very good at managing [Name's] complex behaviours" and "Some staff are better than others at supporting [Name]."

We saw that the staff were kind and caring although at times unable to settle the person being supported. They demonstrated patience however did not always have the knowledge and skills to fully understand the complexities of the person's behaviours. A social care professional told us that the staff did not appear to have full insight in to the person's care needs. Staff had not received training specific to meet this person's individual needs which meant there was not a consistent approach across the staff team.

The person supported told us they were encouraged to make choices and be independent. These included what they would like to wear, what they would like to eat and drink and also the activities they wanted to participate in. The person said they did their own washing and enjoyed this task.

The person told us they chose the time they went to bed and got up each day. They described having a lie in on occasions and stated the staff would leave them in bed until they were ready to get up. They told us they valued this.

Staff respected the person's right to privacy and dignity. The person described being given time on their own to watch their television programmes and undertake personal care tasks. Staff described the importance of knocking on the person's bedroom door and awaiting an answer and being invited in before entering.

Religious festivals that included Easter and Christmas were celebrated in accordance with the person's chosen faith. This was reflected within the care plan documents.

Staff communicated with the person in accordance with the care plan that described the importance of clear and concise descriptions and easy to understand language. Staff communicated clearly with the person allowing them time to process the information given. Staff allowed the person time to respond before speaking again. The person said that she enjoyed speaking to some of her staff and she had a good laugh with them.

The person received regular support from an advocate. Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. The person spoken positively about the support from the advocate. They said the person acted on their behalf and had helped them move in to this home.

Is the service responsive?

Our findings

An assessment of the person's needs had taken place prior to them using the service. The person, their relatives and a social care professional had been included in the assessment process. The information gained during this process had been used to develop person-centred care plans.

Care plans were specific to the person and held comprehensive information about the person and their individual needs. The care plans were out of date and did not accurately reflect the person's individual needs. The care plan referred to a previous home that the person had lived in as well as staff that no longer supported them. The care plans stated the person lived in a service with a different name with other people when they lived alone within Charlotte House. Emergency contact details included senior staff members that had left the organisation. The care plan had been written on 3 August 2016 and had been due for review on 3 August 2017. The care plan included risk assessments and guidance for a large number of activities that the person told us they would not choose to participate in. These included swimming, farm visits, museum visits, bowling, athletics and trampolining.

We recommend the registered provider review all care plan documentation in line with good practice guidance and action in accordance with this.

A review meeting had recently taken place and had included a social care professional, the staff team and family members. A staff member told us they found the review interesting and an opportunity to share knowledge and a relative said they had been fully included. The social care professional stated the staff did not all have a good understanding of the person's individual needs and were struggling to support them. They felt the person was becoming more dependent and less independent. The analysis of this review was not available at the time of the inspection.

The person supported told us they chose the activities they participated in. During our visit we observed the person choosing their own television programmes and which shops they were going to visit to spend their daily allowance. They also told us they went to a restaurant of choice for their lunch and described what they chose to eat. The person described the importance of family contact to them. They stated their family were welcome to visit their home at any time. They described undertaking activities with their family and how staff supported and encouraged this.

Staff carried 'autism awareness' cards which were distributed to members of the community if the person displayed challenging behaviours or there were any incidents that may require explanation. The card indicates that the person is living with autism and the member of the public can contact a member of the management team should they have any concerns. This meant staff could focus on the needs of the person and members of the public could seek explanation for any concerns they had from the registered provider.

Staff completed daily records that described the activities the person had participated in, their mood, food and drink choices, sleep pattern and any other relevant information that related to the person. Records stated when the person had got up each day and also when they retired to bed. They included the choices

made by the person throughout the day and any concerns or issues that had been encountered.

The registered provider had a complaints policy and procedure. There had not been any formal complaints at the home. The person supported did state that they were unhappy on occasions as they wished to live independently. The care records reflected the reasons why the person required a high level of support.

Is the service well-led?

Our findings

There was a registered manager at the service who had been in post since December 2016.

The registered provider had audit systems in place at the home that took place monthly. These systems had identified that the person's care plan and risk assessments were out of date but this had not been addressed in a timely manner. They had identified that a review was required and this had been undertaken prior to our inspection visit. The audit systems had not identified all areas of development and improvement we found.

There were gaps in the staff recruitment processes, not all staff files held two references and DBS checks where disclosures had been identified did not have corresponding risk assessments in place.

There were not any PRN 'as required' protocols in place for the safe management of these medicines. The incident and accident forms were not reviewed and analysed to identify trends and patterns.

Policies and procedures in place were not all up to date and did not all reflect current good practice guidelines. The medication policy did not include guidance regarding PRN protocols. This was updated following our inspection visit. The Consent policy was misleading to staff and was unclear regarding what a Deprivation of Liberty Safeguard (DoLS) was and what a best interest decision is. The Behaviour support policy did not follow guidance issued by the department of health. This meant staff did not have access to up to date guidance and good practice information when supporting the person living at Charlotte House.

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

Staff meetings took place monthly and we reviewed the minutes of these. Staff feedback was mixed. Some staff told us they felt well supported however also highlighted that they felt vulnerable and isolated when lone working with the person, particularly when accessing the community.

The family member of the person supported told us they had good communication with the staff at the home. Their comments included "They are a very good organisation" and "I am always actively involved in reviews".

Registered providers are required by law to inform the Care Quality Commission of certain incidents and events that happen within the service. CQC had been informed of all significant events that had occurred in line with their legal obligations.

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 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems had not identified areas for development and improvement within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment processes were not consistently robust. Risk assessments were not in place when DBS disclosures had been made.