

Unified Care Limited

30 Coleraine Road

Inspection report

30 Coleraine Road
London
N8 0QL

Tel: 07989589173

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15 April 2016

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced focused inspection on 15 April 2016. We last inspected the home on 29 July 2015 and 30 July 2015 and breaches of legal requirements were found. This was because we found that recruitment of staff was not always safe and there were not always effective systems in place to ensure records were accurate and of a good standard. We received an action plan from the provider stating that these issues would be addressed.

We undertook this unannounced focused inspection of 15 April 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this matter. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 30 Coleraine Road on our website at www.cqc.org.uk.

30 Coleraine Road is a care home providing care and support to up to four adults with learning disability and mental health needs. Each person has their own room and there is a communal lounge and dining areas. At the time of our inspection there were four people using the service.

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

During this inspection we saw that some improvements had been made. Health action plans (HAPs) had been updated to include recent visits to healthcare professionals. However, we found that further improvements were required to ensure that all healthcare visits and outcomes were recorded in people's hospital passport 'my purple book'. There were improvements to recruitment practices and a newly appointed operations director had been appointed to review the quality of the service including care records and service delivery. However, we were concerned about staffing numbers in relation to risk management.

We found the provider was in breach of the Regulations relating to staffing.

You can see what action we asked the provider to take at the end of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had not been taken to ensure the service was consistently safe.

Some improvements had been made in relation to staff recruitment and the provider had introduced a new system for risk assessing disclosures on Disclosure and Barring Service checks to ensure that staff were considered safe to work with people.

Staffing levels were not adequate to manage individual risks in the community and at the home.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. We found the provider had made improvements and people's healthcare needs were met. We found health action plans were still not comprehensive or up to date despite this being raised as an issue at the last inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led. Topical creams were still not managed safely at the service despite this being identified as an issue at our last inspection.

The provider had appointed an operations manager to oversee the service and implement changes to the quality of the service.

Requires Improvement ●

30 Coleraine Road

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 15 April 2016 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 July 2015 and 30 July 2015 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed information we held about the service. This included a copy of the provider's action plan which outlined the actions to address the breaches identified at our inspection in July 2015.

Although we were able to speak with some people at the home, most had complex needs and therefore could not tell us about their care. For these people we contacted relatives and other healthcare professionals.

We observed interactions between staff and people using the service and spoke with people and staff supporting them. We spent time looking at records including three people's care records, including care plans, daily activities and risk assessments. We also looked at staff personnel files for five staff members, reviewed medicines administration record (MAR) sheets for three people using the service and other records relating to the management of the service. On the day of our inspection, we met and spoke with one person using the service. We spoke with the director, operations manager, and two support workers. We also spoke with the local authority commissioner.

Is the service safe?

Our findings

At our last inspection we found gaps in recruitment records seen. One staff member had a change in their criminal records check during their employment but no further action had been taken by the provider or risk assessment carried out. References for two staff members had not been fully validated. The registered manager told us that these issues were before she joined the service. In terms of the references we were told these were always verified, but this had not been recorded. We also found that improvements were needed to the way topical medicines such as creams were managed and staff knowledge of people's medicines.

During this inspection we found recruitment practices had improved. We reviewed personnel records for five staff members and found that most had been subject to the necessary checks. All files contained evidence of Disclosure and Barring Service certificates (DBS checks to ensure that staff were considered safe to work with people using the service). We saw that the operations manager had addressed some of the gaps identified by the local authority commissioners, including verification of references by phone. The operations manager told us that since being appointed he had checked all references for all staff with some awaiting further verification from previous employers. We saw that the service had introduced a DBS check risk assessment implemented in October 2015. They had also gone back to records where only one reference had been requested and gone to the next employer on the list. However, we saw that one staff member had yet to have their reference verified where the dates were unclear. The operations manager told us that they had experienced some difficulties verifying references for some people.

On the day of our inspection we had some concerns about staffing levels and decided to review this. When we arrived there were two staff members on duty. However, during shift changes we noted a period when one staff member arrived 30 minutes late. Another staff member had left to go to the neighbouring service for a period of 10 minutes leaving one staff member who was providing one to one care to one person. Therefore we could not be confident that staffing numbers were sufficient to meet people's individual needs and may have put people at risk.

We reviewed the staff rota and saw that two staff members were on duty during the day and one waking staff member at night. We saw that the same staff worked across three services owned by the provider. However, we noted that the waking night staff member provided one to one 24 hour care to one person. Another person also required one to one care throughout the day and to go out into the community. We noted that when out in the community only one staff member was allocated with another person using the service accompanying as a second person. This was confirmed by records and staff. This made up the shortfall where two staff were required but this arrangement had not been risk assessed to ensure the safety of people using the service and people in the community. There is a risk if there is one staff member out with two people using the service who may become agitated. The risk assessment for one person indicated that they had severe challenging behaviour and had the potential to attack people whilst out in the community.

For another, person records showed that there was a risk of them allowing intruders into the home. This person opened the door to the inspector unaccompanied. At this time there was one staff member in the house but they were providing one to one care to one person. Therefore staffing levels were not sufficient to

manage the risks to people using the service. The provider told us that they did not receive funding to provide continuous one to one care for one person but did so at the cost of the organisation. Staff told us that they felt there was enough staff on duty to meet people's needs. The director told us that they were working with the local commissioners to review funding arrangements.

We concluded that the above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At our last inspection in July 2015 we found a number of gaps in health action plans (HAPs) and hospital passports 'my purple folder'. These had not been fully completed and were not up to date. For one person this had not been included their current healthcare needs around foot care. Therefore healthcare professionals may not have access to the most up to date information about people's health and may put people at risk of receiving unsafe or inappropriate care and treatment.

During this inspection we found that the provider had made some improvements. We saw that there had been some recent updates, such as people's visits to the psychiatrist and dentist. Although people's healthcare needs were met by the service, we found further improvements were required to ensure that people's HAPs were updated for all healthcare needs. We saw that for one person the key worker had noted the GP's views and that they were happy with the person's health. Their HAP had listed visits to the GP in July 2015, dentist in August 2015 and diabetic eye screening programme planned for May 2016. However we noted some gaps in other people's HAP's which had not been updated. We brought this to the attention of the director and operations director who told us that they were in the process of reviewing and updating care records for people using the service.

Is the service well-led?

Our findings

At our last inspection we found that medicine spot checks carried out had not picked up issues identified at the inspection. We spoke with the operations manager and the director who told us of some of the improvements planned for the service. This included a maintenance programme of work to redecorate internal and external communal areas.

During this inspection we found that the provider had appointed an operations manager in November 2015 to oversee the work and implement changes to improve the quality of the service. We saw from a recent audit that the service had identified areas for improvements, this included the language used to write care plans. We also found a new audit tool was introduced to address issues found in relation to recruitment checks. Further improvements were required to ensure that staffing levels were adequate, all references were verified and medicines such as creams were kept secure at all times and recorded on MAR sheets.

Systems were now in place to monitor the quality of the service. We saw that the service action plan dated November 2015 had been updated to reflect risk, actions completed which included areas of concern identified at the CQC inspection in July 2015.

A mock inspection carried out by the provider in March 2016 indicated that people felt safe and protected by staff. This had also identified areas for improvement, such as evidence of people participating in community activities and people's hobbies not always followed through.

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 18 HSCA RA Regulations 2014 Staffing Staffing numbers were insufficient to manage people's individual risks in the community and at the home.