

# Unified Care Limited

## 30 Coleraine Road

### Inspection report

30 Coleraine Road  
London  
N8 0QL

Tel: 07989589173

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09 March 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 9 March 2017 and was unannounced.

At our last focused inspection in April 2016 we found breaches of legal requirements in relation to staffing levels. Staffing levels were not adequate to manage individual risks in the community and at the home.

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 two people using the service. The provider had three services within close proximity.

At the time of our inspection a new manager had been appointed and planned to apply to become 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.

At our last inspection we found staffing levels were not sufficient to meet people's needs. During this inspection we saw that the service had appointed a floating support worker to work across the services when additional staff were needed.

Records relating to people using the service were not always accurate and updated. At our last inspection in April 2016 we found health action plans (HAP) also known as 'my purple book' (book containing up to date information about peoples' health needs) were not always up to date. During this inspection we found this was still an issue. Risk assessments were in place, including triggers to observe and how to manage any risks posed. However, we found that risks were not always recorded.

People were protected from the risk of abuse because staff were knowledgeable and knew what action to take to protect people. Staff were subjected to the necessary checks to ensure they were safe to work with people.

People were treated with dignity and respect and their privacy respected. During our inspection we saw that staff spoke to people in a respectful manner and respected their opinions.

Care plans documented peoples likes and dislikes and preferences for care.

We found breaches relating to consent to care and treatment, one person did not have a DoLS authorisation in place. Systems for monitoring the quality of the service were not effective in ensuring that records relating to people using the service were accurate and up to date.

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

The service was not consistently safe. People were protected from the risk of abuse because staff knew the signs to look for and how to report abuse.

Medicines records were up to date and staff received training in medicine administration.

Risks were assessed, however we found some inconsistencies in the information documented.

Staff were subject to the necessary checks before being employed by the service, to ensure they were safe to care for people.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Staff understood the principles of the MCA, however not everyone subjected to restrictions had appropriate DoLS in place.

People were given choice about their care. Staff received training and said they felt supported by the new management team. However, staff supervision did not take place in line with the provider's policy and procedure.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were treated with dignity and respect.

Staff were aware of people's needs and were caring and kind.

Care plans documented people's needs and wishes for care.

**Good** ●

### Is the service responsive?

The service was responsive. Staff knew people well and was able to meet people's needs. The service had a complaints policy in place and people felt able to make a complaint.

**Good** ●

### Is the service well-led?

The service was not consistently well-led. Systems for monitoring the quality of the service were not effective in identifying the issues relating to records found on the day of our visit. A number of changes to management had led to delays in implementing improvements.

**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 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.'

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This comprehensive inspection took place on 9 March 2017 and was unannounced. 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 April 2016.

Although we were able to speak with one person living at the home, another person had complex needs and therefore could not tell us about their care. We contacted relatives and other healthcare professionals.

We observed interactions between staff and people using the service. We spent time looking at records including care records for two people using the service, including care plans and risk assessments and daily records. We also looked at staff personnel files for four staff members, reviewed medicines administration record (MAR) sheets for two 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 a director, new manager, and two support workers. We also spoke with the local authority commissioner.

# Is the service safe?

## Our findings

One person using the service told us that they felt safe. One person told us, "I am happy with the arrangements for safe keeping of my money. Staff keep my money. They give it to me when I need it." A relative told us, "This is a lot better now. I believe [my relative] is safe now."

Safeguarding procedures were in place and provided staff with guidance on reporting any incidents of abuse. Staff we spoke with knew what action to take should they suspect abuse including reporting in the first instance to their line manager. Staff were aware of the types of abuse and signs to look for which may indicate that someone was being abused. Most staff were also aware of the external authorities to report their concerns to.

Risk assessments were in place and covered areas such as, managing medicines, using the laundry facilities, accessing the community and public transport, managing finances and inappropriate behaviour. We saw that one risk assessment provided detailed background information of the risks in relation to their mental health needs and restrictions. However for the same person we noted inconsistencies in records relating to the person going out into the community. This documented that the person could access the community three times a week unaccompanied, yet another risk assessment stated that they could go out into the community four times a week. Records were not accurate, therefore this put the person at risk of receiving unsafe or inappropriate care and treatment. The new manager told us that she was in the process of reviewing all risk assessments.

The service had a medication policy which had been updated prior to this inspection. We saw evidence that staff had signed to confirm they had read the updated policy. We reviewed medicines administration records for people and found these were up to date. There were no unexplained gaps. We saw that one person who self-administered a prescribed skin cream, had an appropriate risk assessment in place to manage the risks. This was a good example of the service promoting independence and personalisation. We saw that one person who self-administered insulin for diabetes was monitored by staff who were aware of the risk. However, this was not documented in the person's medicine risk assessment.

We saw there were arrangements to ensure there were sufficient staff to be deployed to meet people's needs. There were 20 staff working either full-time or part-time across the four services. This included eight bank staff and four agency staff who were used regularly as they were familiar with the needs of the people using the service. The service employed a regular bank of staff available as and when needed. We noted that there was one staff member on duty at the home on the day of our visit. The new manager told us that that they had employed a floating staff to work across the services. For example, the floating staff supported one person at 30 Coleraine Road with activities when this was required.

We reviewed staff recruitment files and found all the necessary checks had been completed, including the necessary criminal records checks to ensure that staff were safe to work with people using the service. Agency profile includes references, fitness to work, right to work in the UK, training, medicine training and

mandatory training based on common induction standards.

## Is the service effective?

### Our findings

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. We saw that a best interest meeting had been held for one person who required a major operation, this involved other healthcare professionals and family.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether 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. The service did not always follow the requirements of the Act. We saw that one person receiving 24 hour supervision did not have a DoLS authorisation in place. The new manager told us that she was reviewing all DoLS for people living at the service. One person who had recently moved to another location within the service had a DoLS authorisation in place due to their behaviours that challenged the service.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because suitable arrangements were not in place for acting in accordance with the Mental Capacity Act 2005.

Staff supervision had not taken place in line with the provider's policy and procedures. The policy stated that supervision must be carried out once every two months. At this inspection we saw that staff did not receive regular supervision. Records showed that supervision had last taken place in September and October 2016. The new manager told us that due to the recent changes, supervision had not taken place as required. However, we saw that the new manager had taken corrective action. There was a new table of planned staff supervision for 2017, some of which had already started. A new format for supervision was introduced in February 2017, this included an agreed agenda for discussion and actions from the last supervision session. Staff told us that they felt supported by the new manager and director.

On the day of our inspection, 13 staff attended training delivered by an external organisation on breakaway techniques. We spoke with four staff who had attended this training and they told us that this had been helpful in enabling them to better understand how to work with people whose behaviours challenged the service. The new manager told us that staff had completed training in complexities of communication in February 2017. This was relevant to staff roles as some people using the service were non-verbal with complex needs. The training focused on using object of reference, pictures, symbols, signing and speech.

Before starting work, staff were required to complete an induction which included shadowing more experienced staff. We saw from the service training matrix that staff completed training in areas such as

infection control, health and safety and first aid. The new manager told us that agency staff received basic care training from the agency, such as, medicines administration and safeguarding people from abuse. Agency staff were also required to have experience of working with people whose behaviours challenged the service.

People were given choice about what they wanted to eat. We saw from service user meetings that people discussed menu choices. The new manager told us that shopping for the home was ordered on line weekly by staff who devised the menu and shopping list. People were involved in purchasing foods they liked. For example one person told us that the service catered for their cultural needs in relation to their choice of meat. Another person told us, "The manager buys halal for me." This was documented in people's care plans. A relative told us, "Food seems okay."

## Is the service caring?

### Our findings

People told us, "I am well looked after. I am happy." A relative told us, "The staff [the service] have now are excellent."

People's rooms were personalised. We saw that one person had personal effects such as pictures and photos.

People's privacy and dignity were respected. The new manager told us that they were planning to introduce dignity champion to help improve people's experience of care. Staff were aware of the importance of ensuring that people's privacy was protected. They informed us that they would knock on doors before entering bedrooms and draw the curtains or cover people up when providing personal care.

Staff were aware of people's needs and were able to tell us how people liked to be cared for. For example one person who liked to rest at a certain time was supported to do so. The service also involved people, relatives or those important to them to understand people's needs, likes and dislikes.

We observed caring and kind interactions between staff and people living at the home. We saw staff took time to listen to one person who was asking a number of questions and responded to them in a patient and caring manner.

Individual support plans were in place. However, these were not always written in a person centred manner. For example one support plan was mostly written in the third person and the information was not consistent. This stated that the person required constant one to one support in the community. This was in contrast with their risk assessment which stated that they went out alone in the community for 15 minutes three/four times a week. The new manager told us that they would be updating all the care plans to make these more person centred and ensure they were accurate. We saw that some of this work had started within the organisation.

The new manager told us that no one was currently using an advocacy service, but if this was required people would be referred to an appropriate advocate in discussion with the local authority.

## Is the service responsive?

### Our findings

A relative told us, "[My relative] is getting more activities now. There was a lot of sitting around." There was an activity planner. This was used to keep track of the entire activities of the day. It was completed at the end of shift. One person told us, "I go out every Friday. I never miss. I am doing very good."

People participated in various activities in the community. Each person had a weekly activities plan with various activities. We saw that one person attended day centre twice a week, another person went for walks alone three/four times weekly.

The new manager told us that group activities took place and we saw a programme for March 2017. She also told us that staff communicated via a mobile group to notify each other of any pending activities. Group activities included events taking place in the home and in the community, trips to the park, swimming, attending the library, going to the cinema and relaxation such as yoga.

The service was responsive to people's needs. The service had purchased a people carrier to enable staff to take people out more into the community. One person said they sometimes went out as a group, but this was dependent on staff availability.

The service responded to ensure people's needs were met. For example, following extensive surgery one person had complained of pain. The home contacted the hospital on their behalf and arranged for a pain relief medicine to be prescribed which made them more comfortable.

We saw that one person was able to observe their religious faith and regularly attended their place of worship. This was also documented in the person's support plan and confirmed by the person.

There was a complaints policy and procedure for the service. This described what people could do if they were unhappy with any aspect of their care and support. We saw that there was a complaints book in place to record and respond to concerns raised. The new manager told us that there had not been any complaints since our last inspection in April 2016. One person told us that they felt able to speak with staff to raise any concerns knowing this would be addressed. A relative told us, "Communication has been a problem, but is improving now."

People were encouraged to maintain relationships with family and friends. We saw that one person had documented in their support plan that regular family contact was needed. On the day of our visit we spoke with a relative who told us that they visited their relative on a regular basis and felt welcomed by staff.

## Is the service well-led?

### Our findings

At our last inspection in April 2016 we found records relating to people who used the service were not always accurate or up to date. For example, HAPs also known as 'my purple book' (book containing up to date information about peoples' health needs) were not updated with healthcare visits and outcomes. The then operations director told us that he was in the process of reviewing and updating care records relating to people using the service.

During this inspection we found there were still some concerns regarding care records. For example, HAPs for people using the service had still not been updated and a risk assessment for one person had not been updated to reflect recommendations made by a healthcare professional. The new manager told us that she was in the process of reviewing care records, including updating HAPs, care plans and risk assessments and records relating to people who used the service. This put people at risk of receiving unsafe or inappropriate care. Systems for monitoring the quality of service were not effective in identifying the concerns found at this inspection. The director told us that a new internal quality assurance audits tool was due to be implemented in March 2017. Directors would be responsible for updating the action plan following the audit and cascade this to managers and team leaders for further action.

We concluded that the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the time of our inspection the service did not have a registered manager in post. The newly appointed manager had been in post since November 2016, and was in the process of applying to become the registered manager. There had been a number of changes to the management of the service which the new manager told us had led to delays in implementing improvements, such as conducting regular staff supervision and creating person centred care plans for everyone. Since our last inspection in April 2016, there had been three people managing the service.

The new manager and director told us that the service was making a number of changes to improve the environment and quality of care. This included the refurbishment of the home. The introduction of a new employee handbook in March 2017, provided staff with information and guidance of what was expected of them and the support offered by the provider. This included a number of procedures and policies, including, whistleblowing, lone working, equal opportunities and grievance. The new manager told us that this was going to be updated with relevant contacts before it was rolled out to all staff.

We were shown a newly introduced morning shift planner by the new manager. This provided details of staff shift patterns, including which staff would be supporting who. This also provided details such as, who had appointments, college and day activities, lunch preparations and kitchen tasks, health and safety checks and cleaning. Other plans to improve the quality of the service included a plan to introduce champions in areas such as, first aid and health and fitness.

The provider held regular staff meetings. We saw that important areas of service delivery were discussed in

meetings. For example, meetings that were held in February 2017 covered many topics including, medicine errors, including gaps in MAR charts, training, the last CQC inspection, DoLS and health and safety checks whistleblowing, confidentiality and safeguarding.

A whistleblowing policy was in place. We saw that this had been read and signed by staff to show that they had read and understood the policy. However this did not afford staff the option to report any areas of concerns to external authorities, as contact details were not provided. The new manager told us that further updates were required. A policy folder had been created and we noted that several policies had been updated in December 2016. Staff were encouraged to only sign these once they had fully understood what the policy stated.

Staff reported that there had been improvements since our last inspection in April 2016 and since the new manager was appointed. They told us the new manager was approachable and friendly. They felt the changes to the service were for the better. Staff told us that they felt the service was well-led and they enjoyed working for the service. One staff member said, "Feels like a fresh start," and described the team spirit as, "Very good." A relative told us that communication had improved because, "[The new manager] seems to be on top of things."

The service had responded positively to feedback from the local authority commissioners. For example local authority commissioners visited prior to our inspection and highlighted some shortfalls. At this inspection we saw that improvements had been made to address these issues.

Audits were in place and covered areas such as, health and safety, infection control and care records.

People and relatives were asked their views about the service. One person told us that they completed a questionnaire and a relative said that they were asked for their feedback on the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to meet the requirements of the Mental Health Act 2005 and Deprivation of Liberty Safeguards.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that systems for monitoring the service were effective in ensuring that records were accurate and up to date for people who used the service.