

U&I Care Limited

# Charlotte House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Charlotte House is a 'care home'. It provides services for adults with a learning disability and autism, Charlotte house is registered to provide support for two adults and at the time of the inspection one person lived in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Care and support was delivered on an individual basis and the occupant of the home decided the daily routines. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities that were meaningful to them for example charity work and to experience new activities with varying degrees of success due to people's general dislike of change. The person being supported told us that they had opportunities to connect with other people using the U&I Care Limited services with attendance at social clubs, discos, and dinner clubs but often preferred not to go. They told us of connections they had made with the wider community.

We were told that relatives had concerns around the level of activities their relative attended and that they should be "made" to do things. We discussed with the manager ways to improve people's understanding of how individuals are supported with choice. This aspect of people's care across all U&I Care services needs to be reviewed, to be able to manage families expectations in line with legislation as people transitioned from children's service and receive support in adult services.

The person told us that they felt safe with the support from staff, they told us that the manager had arranged for staff to support them with whom they got on best. The service worked very hard to promote inclusivity and people's diversity was embraced. Staff demonstrated this with their knowledge of how people

communicated, made their needs and wishes known, and what worked best to ensure they had a good day.

Staff told us that they were proud to work for U&I Care Limited and we saw there was a genuine affection for the people they supported. There were processes in place for staff to access support at any time and we were told by staff that they felt supported by the management team. Records clearly showed that staff also received formal supervision, appraisal and regular training.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 02 May 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

You can see our findings in the Effective findings below.

### Is the service caring?

Good ●

The service was caring.

You can see our findings in the Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

You can see our detailed findings in the Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

You can see our detailed findings in the Well-led findings below.

# Charlotte House

## Detailed findings

### Background to this inspection

#### The 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.

#### The inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Due to the nature of the service, we informed the provider of our inspection plan. This is because the provider operates a number of care homes as well as the domiciliary care service using one large staff team. For Charlotte House, inspection activity started on 14 May 2019 and ended on 01 July 2019. We visited the office location on 08 May 2019.

#### What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. We did not ask the provider to complete a PIR.

#### During the inspection

During the inspection, we visited the office, we looked at one person's care records and checked records relating staff administration of medicines and training. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment supervision and training information for nine staff, as staff work across all U&I Care Limited services. We visited the care home on 14 May 2019 and met with the person living there we also spoke with a family member.

We spoke at length with 22 members of staff who work across all U&I Care Limited services including, support workers, senior staff, the service manager, the registered manager, a director, human resources and the behaviour support psychologist.

# Is the service safe?

## Our findings

Safe-this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly ensure that suitable staff were employed. This was a breach of regulation 19 (Fit and Proper Person) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- At this inspection we found that considerable improvements had been made, with thorough assessments of the suitability of staff to be employed.

### Using medicines safely

- Staff received training and support so that they managed medicines safely.
- Guidance and protocols were in place to manage as required medicines and homely remedies.
- Senior staff audited medicines regularly and checked that staff were administering medicines safely by observing their practice.
- People were supported to be as independent as possible with their medication.

### Systems and processes to safeguard people from risk of abuse

- Staff told us that they received training in safeguarding adults as part of their induction.
- Most staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. We spoke with the manager and suggested that the more longstanding staff revisit some of the organisations policies on safeguarding and whistle-blowing. The manager told us that this was already planned due to the restructuring of the service.
- People told us they liked the staff that worked with them. The provider told us that it was important that staff built good relationships with the people receiving support.

### Assessing risk, safety monitoring and management

- Risk assessments were completed to ensure the safety of people living in the home and the staff..
- People had a variety of risk assessments in place according to their needs and activities. These promoted positive risk taking.

### Preventing and controlling infection

- The home was clean and tidy. Staff followed daily and weekly cleaning schedules and actively encourage those living in the home to keep their environment clean.

- We saw records relating to environmental risks such as water quality.

#### Learning lessons when things go wrong

- Staff completed incident and accident reports and were supported to reflect on the incident to help prevent further occurrence.
- Incidents were analysed and reported to the senior staff. Strategies were developed in consultation with the behavioural support psychologist employed by the service.
- The services manager and the registered manager of the service had a good oversight of all incidents occurring in the U&I Care Limited service portfolio.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- The person living at Charlotte House told us that they were looked after and supported to do the things they liked. That they liked their home but wanted to continue living there alone.
- Before people moved into the service we saw that comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them achieve their dreams and aspirations and to become more independent.
- We saw that staff were flexible in meeting the person's needs for example staff rotas were often changed so that support could be given by their preferred staff member.
- Care plans were thorough and comprehensively covered people's needs and preferences. We found that the standardised format of the plans meant that sometimes information was recorded when not required or relevant to the individual.
- The appointment of a behavioural psychologist has assisted in identifying potential behaviours that challenge at an early stage and in developing suitable strategies to support people effectively.

Staff support; induction, training, skills and experience

- New staff received induction training into the role covering the standards in the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. There was an assessment of staff skills after this training. Some new staff were not offered a permanent contract if they had not reached agreed standards at the end of their probationary period. This helped ensure that staff had the right skills and qualities for the role.
- Staff told us that they had ample opportunity to meet the people they supported and were given time to get to know them.
- Staff told us that they were never asked to undertake tasks they did not have the knowledge or training to do.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with eating and drinking. We heard discussions of healthier options they could have for the evening meal after they had been out to a favourite activity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw records relating to health professionals involved with the person's care and they told us that they see the doctor when unwell.

- We were told by a relative "U&I Care always keep us informed about [name] we often attend important appointments but routine things they let us know".

#### Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

- We saw that mental capacity assessments and tests to consider whether people were being deprived of their liberty had been completed. We asked the service to keep evidence of when they had followed up on any application progress with the local authority.
- We saw evidence that the service supported people to make a variety of decisions.

# Is the service caring?

## Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy and dignity and independence

- Staff were familiar with people's likes and preferences including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.

- A relative told us that staff were genuinely interested in the people they supported.

- Staff told us that they thought of the people they support as either friends or family.

- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring interactions between staff and people during social activities.

Supporting people to express their views and be involved in making decisions about their care

- We saw evidence that people were involved in the planning of their care. We found that the service had used various methods to incorporate people's wishes.

- Care plans included how the individual communicated, and how they identified their wishes. We saw examples of planning and trials for activities, people were given opportunities to try activities in taster sessions to see if they liked them.

- The service enabled people to "vote with their feet" and opt out of activities if they were overwhelmed. Staffing levels enabled staff to work individually and flexibly so that people could remain in control of their lives.

- When people were making choices not to attend health appointments, we saw that staff maintained and record of this and continued to work positively to promote attendance at appointments, with some success.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were seen as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage and support and activities in line with their preferences.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider U&I Care Ltd had resources available to provide information to people in a variety of ways. This included picture books, Makaton (this is a specialist sign language used to communication with some people with learning disabilities) and audio. They also assessed interpreters as required to ensure that the views of people using the service and that of their family members could be explored.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home. Staff supported people to attend clubs externally or visit friends, attend community activities or attend work placements. People led their own activities programme and decided whether to participate or not.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. Improvements had been made to the management structure which supported clear lines of accountability.
- A relative told us that concerns made were responded to effectively.
- We discussed with the manager how improvements could be made to the quality of recording complaints made by people using the service. We were told that a concern had been made about the storage facilities in the home. We saw that action had been taken and the concern raised was listened to resulting in plans to erect a storage shed/summer house. This was not however recorded in the complaint log.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance ensured high quality, person-centred care; supported learning and innovation and promoted an open fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly identify shortfalls in the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management restructuring had assisted the service to make the necessary improvements. The improved structure and the audits in place were effectively monitoring the service and time was needed to sustain the improvements made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "It's not like being at work; it is like a family here. We work as a team and get things done." Another staff member told us, "The teamwork is wonderful." Another told us "I am very proud to work for U & I Care".
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team were engaged and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Improvements had been made to the structure of the management team since the last inspection and this was seen as a positive move. The service employed a service manager and this had created another layer to monitor performance and outcomes of the service. It also afforded another level between them and the registered manager who also owned the business.
- The service manager was knowledgeable, very experienced and well respected by people and staff. Staff also spoke highly of their individual line managers and the support they received from them.
- Managers had sent notifications about specific events to CQC in line with legal obligations.
- Ratings from our last inspection were displayed on the provider's website and within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that staff enabled people retain their independence and they supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- Staff felt that theirs and that of the people using the service had their individuality acknowledged. The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- The service had a long history of working with other organisations to support people moving from children's services into adult services.
- There was a strong focus on learning from incidents and adverse events. We saw when things had not gone as well as expected, information and reports were analysed with psychology input to see what measures needed to be put in place to improve and develop.