

United Response

United Response - 9 Lavender Road

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 responsive?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 October 2015. Three breaches of legal requirements were found at that time. These related to breaches of regulations regarding care assessment and planning, record keeping arrangements and staffing levels. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection on 19 August 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response – 9 Lavender Road on our website at www.cqc.org.uk.

United Response – 9 Lavender Road provides accommodation and personal care for up to six people. Accommodation is provided over one floor in six single bedrooms. At the time of the inspection there were six people accommodated in the home.

The service had a registered manager 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.

We found the provider had met some of the assurances they had given in their action plan but were still in breach with some of the relevant regulations.

Staffing levels had been reviewed and increased since our last inspection.

Staff had developed picture prompt cards to encourage and enable people to express more food choice. A wide range of fresh and ready-made food stocks were available to support people's choices.

Improvements were still needed in the recording of people's fluid intake where people were at risk of dehydration. Fluid intakes were recorded, but a target level was not set. Total fluid intake was not calculated and guidance for staff on what action to take should appropriate levels of fluid intake not be achieved was not in place. Staff had not adequately risk assessed and planned for people's pressure area care where this was an area of need.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to care planning and nutrition. You can see what action we told the provider to take at the back of the full version 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 action had been taken to improve the safety of the service.

Staffing levels had been reviewed and increased.

We could not improve the rating for: 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found some action had been taken to improve the effectiveness of the service.

Staff encouraged and enabled people to express increased levels of food choice. A wide range of fresh and ready-made food stocks were available to support people's choices.

Improvements were still needed in the recording of people's fluid intake where people were at risk of dehydration.

Requires Improvement ●

Is the service responsive?

We found some action had been taken to improve the responsiveness of the service.

Staff had worked to improve the way people's needs were assessed and planned for. However, staff had not adequately risk assessed and planned for people's pressure area care where this was an area of need.

Requires Improvement ●

United Response - 9 Lavender Road

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of United Response – 9 Lavender Road on 19 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 23 October 2015. We inspected the service against three of the five questions we ask about services: 'Is the service safe?' 'Is the service effective?' and 'Is the service responsive?' This was because the service was not meeting three legal requirements at the time of our initial 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.

This inspection was undertaken by one adult social care inspector. During the inspection we spoke with two people who used the service, although due to their needs we were unable to gain a clear understanding of their views on the service. We spoke with four staff members; two in detail. The registered manager was on leave at the time of this inspection. We looked at three people's care plans, their progress notes, risk assessments and care review records. We made general observations of how people were supported throughout the inspection.

Is the service safe?

Our findings

At our last inspection in October 2015 a breach of legal requirements was found. This breach related to staffing levels. At the time of our last inspection there were four staff and the registered manager on duty to provide care for six people (in two separate sides of the building). All the people needed two staff to support them with their personal care needs. This meant when the two staff were providing personal care to one person the other two people were unsupervised. Some people required close supervision due to their health care needs.

We reviewed the action plan the provider sent to us in November 2015 following our comprehensive inspection. This gave assurances that action was being taken to ensure staffing levels would be increased.

During this inspection we found improvements had been made. A staff member said, "We (staff) appreciate the increase in staffing." They explained staffing levels had increased from four to five staff employed in the home during the day, increasing to six when activities were planned. A cleaner had also been recruited to undertake a weekly 'deep clean'. These staffing levels were confirmed by our observations and records held at the home. We saw staff interacted attentively and at a pace that suited each person. Some people had been out on an activity. Other people were being assisted in the kitchen to prepare a meal. We therefore found the assurances the provider had given in the action plan with regard to staffing levels had been met.

At our inspection in October 2015 we made a recommendation that the registered manager considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes. This was because medicines prescribed for use 'when required' were not dated on opening. This meant they could be used beyond their shelf life. During this inspection we looked at a sample of medicines and saw the date they had been opened was recorded, along with an expiry date, beyond which they should not be used. Those medicines we examined were not being used beyond their expiry date.

Is the service effective?

Our findings

At our last inspection in October 2015 breaches of legal requirements were found. One breach related to specific training required by staff to ensure they safely met people's needs. The other breach related to the eating and drinking needs of people living at the home, which had not been adequately assessed, planned for and monitored.

At the time of our last inspection we had concerns that all staff had not received the required training to meet people's needs safely and effectively. At that time some staff we spoke with told us they had not received training from a District Nurse who had then signed them off as being clinically competent to carry out Percutaneous Endoscopic Gastrostomy (PEG) care. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines). We were told some senior staff had received the training from the District Nurse and they had cascaded this training to other staff. The staff on duty we spoke with had not received PEG training from the District Nurse and had therefore not been signed off as being clinically competent to administer the person's food and medicines.

At the time of our last inspection we were also concerned that accurate records and support plans were not in place to ensure people's nutritional needs were always met by staff. People's nutritional status was not assessed, planned for and monitored with reference to a nationally recognised tool, such as the BAPEN MUST (Malnutrition Universal Screening Tool). People's risk of dehydration was also not adequately monitored. Fluid intakes were recorded, but not totalled or evaluated. In addition we found the use of a four weekly menu did not always provide flexibility and person centred care to people.

We reviewed the action plan the provider sent to us in November 2015 following our comprehensive inspection. This gave assurances that action was being taken to ensure staff received appropriate training and improve nutritional and fluid balance records.

During this inspection the staff we spoke with confirmed they and all other staff had received PEG training, delivered by a District Nurse. Since that time they had also been observed in practice by a senior staff member working at the home. One of the staff we spoke with told us, "(Name – registered manager) organised two sessions. The new starters had training three weeks ago." Another staff member stated, "Everyone's received their PEG training from the District Nurse."

Staff confirmed their competency to use this equipment to help provide nutrition, fluids and administer medicines to people had been checked. We were unable to access these records as they were accessible only by the registered manager who was on leave. We will follow this up at our next comprehensive inspection. Nevertheless, staff were able to explain clearly the technique they would use to administer medicines, administering one medication at a time and flushing the tube in between.

We found the assurances the provider had given in the action plan with regards to training for staff had been met.

During this inspection a staff member explained to us how they encouraged and supported people's individual meal choices. They explained how the four weekly menu had been scrapped and how staff had created over 200 picture cards which displayed different food choices. These were shown to people, who would then pick their individual meal choices. The staff member told us, "There's much more choice and variety now." They continued by informing us, "One person is actively making healthier choices." We saw there were adequate food stocks to prepare a variety of meals. Staff told us they were able to prepare meals from a range of fresh foodstuffs and prepared meals. During the inspection we saw a person was being actively supported to prepare their evening meal.

Staff completed nutritional records to assess people's needs and document what food and fluid they had consumed. They had received the advice of a dietitian on a person's diet and fortifying their meals. Staff had compiled a care plan for eating and drinking. This identified the need to monitor the person's weight, check their body mass index (BMI) and assess the person using the MUST. We saw guidance about the MUST was in place, but the assessment tool itself wasn't in place or being used.

We saw fluid balance charts were in place for this person. The supporting care plan referred to the need to thicken the person's drinks to reduce the risk of choking. However, there was no target level of fluid intake set or guidance on what staff should do if the person's fluid intake was poor. The person's fluid intake was recorded at a very low level (600 or 700ml) on five occasions during a five week period during July and August. Staff explained they would aim to encourage the person to drink 1500ml of fluid each day and monitor urine output for signs of dehydration. We saw our previous concerns about people's fluid balances not being totalled or evaluated continued.

We found the assurances the provider had given in the action plan with regard to nutrition and hydration had not been fully met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

At our last inspection in October 2015 a breach of legal requirements was found. This breach related to the assessment, planning and monitoring of people's care needs.

At that time we had concerns that records did not accurately reflect people's care and support needs. Assessments were not in place with regard to mental capacity, pressure area care and continence. Other risks to people's safety had not been assessed to address each individual's needs such as for choking, eating and drinking, moving and assisting, mobility and skin damage. Information was not available for all risks that included clear instructions for staff to follow to reduce the chance of harm occurring. Instructions to help support a person when they had a seizure were contained in the risk assessment rather than the information being transferred to a support plan. Furthermore, support plans were not in place for nutrition, continence, dysphagia, (swallowing) and pressure area care to help staff provide support to the person and identify when other professionals needed to be involved.

During this inspection we found some improvements had been made to the way people's care needs were planned. Where areas of risk to a person's health or wellbeing had been identified, staff had also compiled care plans to outline how the related areas of need were to be met. We saw some risk assessments were generic in nature, covering areas such as bathing and choking. Others were more person-centred, including those related to the risk of aspiration when supporting a person with their nutritional and hydration needs via their PEG (Percutaneous Endoscopic Gastrostomy) tube.

The improvements we found were not consistent in all areas of need or risk. One person was recorded as having developed superficial pressure ulcers or skin damage on several occasions over the previous 18 months, requiring the input of the District Nursing team. Although a care plan had been developed, the risk of developing pressure ulcers had not been assessed using a recognised assessment tool, such as the 'Braden' or 'Waterlow'. Neither had the associated risk from poor hydration evident in this person's fluid balance records been highlighted as a relevant risk factor. We saw the guidance in the care plan was limited in scope, simply outlining the need to move between the person's bed, wheelchair and postural chair. There was also reference made to an unspecified 'skin care regime'. Staff explained this to us, but there were no clear instructions or body map, highlighting where topical (external) creams were to be applied, in place.

The District Nurse had also attended the home to treat another person for a pressure ulcer. This person had been discharged from their care as the wound had healed. The District Nurse had left advisory information for staff. However, there was no supporting risk assessment in place. An untitled care plan contained limited information to guide staff on the care regime required and preventive actions for them to take to minimise further skin damage occurring.

We found the assurances the provider had given in the action plan had been only partially met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of service users had not been consistently designed to ensure their needs were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The hydration needs of a service user had not been consistently met.