

# Northern Life Care Limited

## UBU - Cragmere

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection visit took place on 29 September 2017 and was announced.

UBU Cragmere is a detached dormer bungalow in the village of Glusburn. It provides support for up to four people with learning disabilities. Each person has their own bedroom and shares communal facilities of a kitchen/dining area, two bathrooms and two lounges. There is a garden to the front and rear of the property. When we inspected four people lived at UBU Cragmere.

At the last comprehensive inspection on 24 August 2015 the service was rated overall as good with requires improvement in the responsive domain. At this inspection we found the service remained overall good with well led as requires improvement as there had been no registered manager for over a year.

At the last inspection we recommended an increase in social and leisure activities and improvements to the maintenance of the garden area. On this inspection we saw people were involved in regular work, social and leisure activities. Also the garden was tidy and maintained.

There was not a manager registered with CQC. The previous registered manager had left the service in June 2016. The service had attempted to recruit and register a new manager since this time. They had recruited three managers who had left before completing the registration process. This had left staff without stable leadership over this period.

We spoke with people who lived at Cragmere and observed staff interactions with people. People told us they were happy at UBU Cragmere and liked the staff team. We saw interactions were frequent and caring.

There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were in place which provided guidance for staff. This minimised risks to people.

There were enough staff to support people with personal care and social and leisure activities. There had been a period of high staff turnover but this had settled when we inspected. Staff said they were supported to develop their skills and knowledge to assist them to carry out their role and to provide safe care and support in the way people wanted.

Medicines were managed safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People indicated they were happy with the variety and choice of meals available to them.

Care plans were personalised and informative. They described how people wished to be supported and their needs and wishes. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement were sought before providing care.

People who lived at UBU Cragmere knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they could let staff know if they were not happy about something.

Senior staff monitored the support staff provided to people. Audits of care and surveys of the views of people and their families were carried out regularly.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service was responsive

People were involved in a choice of work, social and leisure activities of their choosing which encouraged them to enjoy meaningful activities.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led

Despite the providers efforts there had not been a registered manager in post for over a year.

A range of quality assurance measures were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People told us staff were approachable and willing to listen. They, their relatives and staff were encouraged to give their opinions on how the home was supporting them.

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# UBU - Cragmere

## 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 visit took place on 29 September 2017 and was announced because it was a small service and people were often out during the day. We needed to make sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 29 September 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We met all four people who lived at UBU Cragmere when we inspected. Two people were out for much of the time but we were able to have brief conversations with everyone. We observed staff interactions with one person who lived at the home. We spoke with the manager, the deputy manager and two care staff. Prior to our inspection visit we contacted the commissioning department at the local authority. They had no concerns about the service. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care and support and medicine records of two people, the arrangements for meals, social and leisure activities information and records relating to the management of the home. We reviewed the services

recruitment procedures and checked staffing levels and staff training. We also looked around the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

People who spoke with us indicated they felt safe and comfortable with the staff who supported them. One person told us, pointing at staff, "They're good." Another person laughed and said "Ok." There were procedures to minimise the risk of unsafe care or abuse. Staff told us they had received safeguarding training and understood the safeguarding process and how to report any unsafe care or abuse. Training records reflected this

Risk assessments were in place for each person. These identified potential risk of accidents and harm to staff and people in their care. They were personalised and informative. They assisted staff to provide a level of support that reduced risks but enable the person to be as independent as they could be. This minimised risks to people and gave staff guidance.

We saw staff supported people with their medicines safely. We looked at how medicines were prepared and administered. We checked medicines and looked at medicines information. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. People indicated staff gave them medicines as needed. We spoke with staff, who confirmed they had been trained to support people to take their medicines. There were audits and competency checks to ensure they were given medicines safely.

There had been a high turnover of staff and use of agency staff in the previous year. However this had settled when we inspected. Specific agency staff worked regularly in the home and new staff had been appointed. People we spoke with all said there were enough staff. We observed staffing on the inspection and looked at staff rotas. We saw that there were sufficient staff to support people safely. Senior staff monitored staffing levels to make sure there were enough staff to support people as they needed.

When we looked around the home we found it was clean and hygienic. We saw the environment and equipment had been maintained and repairs carried out promptly. Staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of infection. This reduced the risk of spreading infections.

There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.



## Is the service effective?

### Our findings

We observed people at breakfast and lunchtime. They chose and made their meals with support as needed. When we spoke with people, they told us they enjoyed the meals and they could decide what they wanted to eat. Snacks and drinks were offered to people regularly. People's food and fluid intake had been monitored and their weight regularly recorded. We looked at care records. These were informative and showed people's food preferences and any dislikes or allergies. We spoke with staff, who were aware of people's food likes and dislikes. We saw this information also formed part of people's care records.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. They had been awarded a rating of five, the top rating following their last inspection by the Food Standards Agency.

We looked at care records. People's healthcare needs were monitored and discussed with the person or family members as part of the care planning process. Each person had an informative health action plan. Information regarding their health and support needs was recorded in this. They also had a health passport. This is a document used to inform hospital staff about an individual when they go to hospital. It provides important information such as health, support and communication needs about the individual. Staff told us and we saw on care records, people had visited health professionals promptly when needed.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records were in place to indicate where people had capacity they consented to their care, and care plans included information in relation to the person's capacity. Staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and had followed the correct processes to ensure people's legal rights were protected. Where decisions had to be made a best interests meeting had been arranged. People also had access to independent advocates where needed.

Staff were trained and knew how to support people. We spoke with staff and looked at individual training records. Staff told us the training they received was useful. One staff member said how pleased they were to be working towards national care qualifications. They felt they had learnt a lot through this. Records seen and staff spoken with confirmed they received regular supervision and appraisal of their performance. They told us they were well supported by senior staff and could ring or call in the office anytime.

We looked at the building and found it clean and hygienic, comfortable and maintained. It was suitable for people's needs. Rooms were comfortable, homely and personalised according to each person's individual preferences.

## Is the service caring?

### Our findings

People indicated they liked staff and enjoyed spending time with them. One person indicated staff were good. Another person said staff were friendly and nice. We saw staff treated people in a friendly respectful way and had a good understanding of protecting and respecting people's human rights. They knew and responded to people's diverse needs and treated people with respect and care.

Staff were aware of people's individual needs around privacy and dignity. We saw people could have privacy when they wanted it. Staff knocked and waited to be invited into people's bedrooms. They respected people's family and personal relationships and supported people to keep in touch with families and friends. People looked well groomed, cared for and dressed according to their personal style. They told us staff helped them choose new clothes.

People's preferences for support and diverse needs were recorded in their care records and staff spoken with were knowledgeable about these. We saw people were able to make choices about what they wanted to do. We observed people got up and went to bed when they chose. We saw people chose their breakfast and lunch and their activities during the inspection

We looked at two people's care and support records. We saw they were personalised and people, and where appropriate their relatives had been involved in developing and reviewing their care plans. We spoke with the manager about access to advocacy services. There was information available for people where people needed assistance with decision making.

Staff told us people would be supported to remain in the home where possible towards the end of their life. This would enable them to be cared for by familiar staff rather than strangers. People's end of life wishes had been recorded in their care records so staff were aware of these.

Before our inspection visit we contacted external agencies about the service. They included health and social care professionals. They told us they had no concerns about UBU Cragmere.

## Is the service responsive?

### Our findings

At the last inspection we recommended an increase in social and leisure activities and improvements to the maintenance of the garden area. On this inspection we saw people were involved in regular work, social and leisure activities. Also the garden was tidy and maintained with plants and garden ornaments.

Daily routines were organised according to people's needs and personal preferences. We observed two people getting ready for a planned shopping trip. We could hear them excitedly discussing what they would do on the trip.

We saw staff supported people to get involved in a variety of work, social and leisure activities. These were recorded in care records. One person told us about their job helping with drinks at a care home. They were getting ready and went to their job during the inspection. They clearly took pride in and enjoyed going to this job. Another person had helped in a local charity shop. Other people were involved in various social and leisure activities including shopping, visits to café's, swimming, gym classes and holidays.

We looked at two people's care and support records. Care plans we looked at were reflective of people's needs and wishes. They were comprehensive, personalised and provided guidance to staff on how to support people with their daily routines and personal care. Care and support records and risk assessments were regularly reviewed with individuals and updated in response to any changes in care or circumstances. This enabled people to follow them and be as involved as they wanted to. People who lived at the home told us they were happy with the care and support they received. They said staff helped them as each person wanted.

The service had a complaints procedure which was made available to people on their admission to the home and was accessible to people, their relatives or representatives. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. The service had not received any formal complaints since our last inspection, although staff regularly checked if the service was meeting people's needs. Staff told us they reported any concerns to the management team who raised the concerns with the person to prevent them escalating into a bigger issue. One person said "No complaints." Another person indicated they knew how to make a complaint if they were unhappy but were 'fine.'

## Is the service well-led?

### Our findings

There was not a manager registered with CQC when we inspected. The previous registered manager had left the service in June 2016. The service had attempted to recruit and register a new manager since this time. They had recruited three managers who had left before completing the registration process. This had left staff without stable leadership over this period.

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. The changes in leadership and high turnover of staff had made continuity difficult. However the deputy manager had showed care and support and tried to keep morale high.

People said they enjoyed living at UBU Cragmere and they liked the staff team. They said the staff team listened to them and made changes where possible. They also regularly spoke with relatives where appropriate.

There were systems in place to govern, assess and monitor the quality of the service and the staff. Audits were organised, and completed regularly. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly. The service worked well with other agencies. They had positive relationships with other professionals and kept them informed of any relevant information or concerns.

House meetings for people who lived at UBU Cragmere had started. These gave people the opportunity to be involved about decisions regarding the running of the home. Surveys had been sent out shortly before the inspection. Team meetings were ongoing. Staff told us the management team were approachable. They said although the manager changes had been challenging they had supported people who lived at UBU Cragmere and reduced the effects of this. They said they could express their views and ideas through team meetings and supervisions. This motivated them to support people in the best possible way.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and that the people in their care were safe. This included the local authority, GPs and other health and social care professionals.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.