

## Northern Life Care

# UBU - 67 Elland Road

### Inspection report

67 Elland Road  
Morley  
Leeds  
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Website: www.ubu.me.uk

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection carried out on the 13 January 2015. At the last inspection in November 2013 we found the provider met the regulations we looked at.

UBU - 67 Elland Road is registered to provide accommodation and personal care for up to seven people who have learning disabilities.

At the time of this inspection the home had a 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.

We found people using the service were safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risk to people was carefully managed. There were enough staff to keep people safe.

# Summary of findings

The provision of induction, training and supervision required improvement to ensure all staff were provided with up to date skills and knowledge. Staff understood how to treat people with dignity and respect and were confident people received good care.

People received person centred care and were comfortable in their home. In the main, people's support needs were assessed and plans identified how care should be delivered. However, there were gaps in the care planning process which could result in people's care needs being overlooked. The service met the requirements of the Deprivation of Liberty safeguards.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service provision.

We found the home was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

Risk associated with people's care was identified, assessed and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

There were enough staff to keep people safe. Robust recruitment checks were carried out before staff started working for the provider.

People's medicines were managed consistently and safely.

Good



### Is the service effective?

The service was not consistently effective.

Some staff did not complete a comprehensive induction when they started work. There was no evidence staff knowledge and implementation was checked following completion of specific training courses or that actions from supervision meetings were completed.

Staff understood how to support people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty safeguards.

People received good support at meal times but we could not establish that people received a balanced diet because food records were not always completed.

Health professionals were involved and consulted when health concerns were identified, however, health action plans were not kept up to date.

Requires Improvement



### Is the service caring?

The service was caring.

People looked well cared for and were comfortable in their home. People received care that was person centred and staff tried hard to help people express their views.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



### Is the service responsive?

The service was responsive.

In the main, people's care and support needs were assessed and plans identified how care should be delivered.

Requires Improvement



# Summary of findings

People enjoyed a range of person centred activities within the home and the community.

Comments from family, friends and other professionals were acted upon.

## **Is the service well-led?**

The service was well led.

Staff spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

Regular meetings were held so people had opportunities to share their views.

**Good**



# UBU – 67 Elland 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 13 January 2015 and was unannounced.

At the time of our inspection there were seven people living at the home. During our visit we spoke with three members of staff and the registered manager. We spent time observing interactions and care in communal areas and joined people in the dining room for lunch. One person who used the service answered simple questions but others were unable to tell us about their experience of living at the home. We looked at areas of the home

including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. This included any statutory notifications that had been sent to us. The provider had completed a provider information return (PIR). This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission.

We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who lived at UBU - 67 Elland Road were safeguarded from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One member of staff was working at the home but had not received safeguarding training. The registered manager agreed to ensure the member of staff completed the relevant training.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

During our inspection staff were visible and regularly checked to make sure people were safe. Staff told us regular checks were carried out to make sure people lived in a safe environment. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Risk assessments had been carried out to cover a range of activities and health and safety issues. The risk assessments we saw included eating and drinking, choking, falls and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Through our observations and discussions with staff members, we found there were enough staff with the right experience to meet the needs of the people living at the home.

The registered manager told us staffing levels were assessed depending on people's needs and adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or other UBU services were contacted. This helped ensure there was continuity in service delivery. One staff member told us, "There are generally enough staff and everyone gets the support they need."

The registered manager told us robust recruitment procedures were in place. The provider's human resources team were responsible for co-ordinating the recruitment process systems and all relevant records were held at the provider's head office. We saw an email that confirmed appropriate checks had been completed before staff worked at the home. The registered manager said all checks included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had to be completed before employment commenced. The DBS is a national agency that holds information about criminal records. We spoke with one member of staff who had recently been recruited. They said they had gone through a robust recruitment process and all checks were completed before they had started working at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. Staff who were responsible for administering medicines said they had completed training. We saw from staff files that a medication competency assessment had been carried for staff who administered medication to people living at the home. We saw medicines were audited on a regular basis and these showed that the correct number of medicines were in stock.

# Is the service effective?

## Our findings

Staff we spoke with told us they were well supported by peers and management. One member of staff was new and still had to complete their training. The other two staff we spoke with told us they had completed a range of training courses but said it was a while since they had done some of the sessions. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical, however, these did not provide us with all the information because the records were not up to date. We saw staff had completed medication, moving and handling, balloon gastrostomy and fire safety training.

The registered manager said a new online training system had been introduced and they were still getting used to it. At the time of the inspection there was no operational system for monitoring staff training requirements or the training they had completed. The registered manager anticipated this would be available in the near future.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw from staff records that supervision had taken place on a monthly basis and topics discussed included health, training, issues and environment. Actions for each section were identified for staff learning and development. However, we noted the actions were not reviewed at the next supervision meeting so we could not establish if these were followed up. The registered manager told us staff appraisals were called 'how was it for you' and these were completed by the regional manager on an annual basis. One member of staff told us they had received supervision in November 2014 and a 'how was it for you meeting'. One file contained evidence that the member of staff had shadowed more experienced members of staff before working unsupervised.

We were told by the registered manager that staff completed an induction programme which included information about the company and principles of care. We looked at two staff files and were only able to see information relating to the completion of an induction in one of the files. We noted in this person's file, induction days one and two had been signed to say they had been completed on the same day. This included shift plan, values, fire evacuation, security, confidentiality, staff

structure, equipment and the provider's online systems. Another member of staff was working unsupervised even though they had not completed the mandatory training. This meant staff may not fully understand how to deliver care safely and to an appropriate standard.

The registered manager said they should not have worked unsupervised before completing their training.

We noted that some staff did not complete a comprehensive induction when they started work and training requirements were not being appropriately monitored. There was no evidence staff knowledge and implementation was checked following completion of specific training courses or that actions from supervision meetings were completed. We concluded the provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care safely. This breached Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were confident any decisions made on behalf of the people who lived at UBU - 67 Elland Road were in their best interest. We spoke with members of staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interest or for their safety. Two of the staff we spoke with discussed the key requirements of the Mental Capacity Act 2005 (MCA), however, one of those told us even though they had worked at the home for over a year they had not completed training in this area.

People's support plans contained mental capacity assessments, which were carried out to check their ability to make decisions and identify when a best interest meeting was required. A best interest meeting takes place when a person lacks the capacity to make decisions. The person's representatives and professionals meet and make a decision on the person's behalf. We looked at one person's support plan which contained a 'best interest decision' record regarding healthcare treatment. The decision had been made with a health professional, family members and the registered manager. It was evident a best interest decision was made but there was no record about what had been included in the discussion and how the decision was reached. The registered manager said they would record more details in the future when these types of decisions were made.

## Is the service effective?

The service was meeting the requirements of the DoLS. Authorisations were in place which restricted people from leaving the home unaccompanied. These ensured people were kept safe and received the correct support. Staff members were aware of the restrictions and why they were in place. People's care files contained relevant information about the restrictions and who had been involved in the decision making process.

Staff we spoke with said people always had enough to eat and drink, and had balanced diets. They said they knew people's preferences and made sure the meals suited everyone. Throughout the day people received a variety of drinks and at lunch time people were offered different meals. One person was offered several alternatives. People enjoyed the food.

We looked at the food records and could not establish what people were always eating. Some meal times were left blank, and others were incomplete, for example they only contained details of the main dish but no detail of vegetables. This meant it was difficult to establish if people were getting a varied and balanced diet. It was also unclear how the service was monitoring the meals to ensure everyone's preferences and dietary needs were being met. We spoke with the registered manager about the arrangements and they agreed to review these to ensure people received a nutritious diet that met their individual needs and preferences.

Members of staff told us robust systems were in place to make sure people's healthcare needs were met. They said people living at the home had regular health appointments and their healthcare needs were carefully monitored. One member of staff told us, "People attend routine hospital appointments, have their six monthly dental checks and when necessary the speech and language therapist comes in."

Before the inspection the provider sent us information about what improvements they were planning in the next 12 months. They told us they were going to improve the healthcare planning process by ensuring people's health action plans (HAP) were kept up to date. We looked at these records and found they did not always evidence people's health care needs were being appropriately monitored and met. For example, one person's HAP had no information in the 'healthy issues' and 'exercise' sections. The HAP stated the person received chiropody care every three months but there was no record of these. The HAP identified specific eye care but there was no evidence appropriate care and treatment was being delivered. A date for the last flu injection was incorrect. The registered manager said although they had already identified shortfalls with the people's health action plans they would ensure they prioritised this piece of work to ensure all aspects of healthcare were being appropriately monitored and met. Care records showed a range of health professionals had been involved in people's care and were consulted when health concerns were identified.



# Is the service caring?

## Our findings

People who used the service were unable to tell us about their experience of living at UBU - 67 Elland Road. One person answered some simple questions. We asked them if they liked living at the home and they responded very clearly and indicated they did.

We observed interaction between staff and people living at the home on the day of our visit. People were relaxed and enjoyed the company of staff. Staff clearly demonstrated they knew people well and had a good understanding of their support requirements, and likes and dislikes. Staff had knowledge of people's history and future goals which helped them understand the person and how to respond when offering support.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. People were comfortable in their home and spent time in different areas of the home.

People received care that was person centred and staff tried hard to help people express their views. One person used pictorial cards to help them communicate. Staff encouraged the use of the cards and gave the person lots of time to respond.

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed working at the home. All the staff we spoke with were confident people received good care. One member of staff said, "Care is pretty good. Staff are here because they want to be and not because they get paid for it." We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "Most personal care is carried out in people's bedrooms and I keep the curtains closed because of the houses nearby. I knock on people's doors before going in and cover people when I am using the hoist."

# Is the service responsive?

## Our findings

We found people's care and support needs were not always assessed and care plans did not always identify how care should be delivered. The assessment and care planning process was not consistent because sometimes there was a lack of assessment and insufficient guidance for staff which could put people at risk of receiving inappropriate care. For example, some people had been prescribed 'when required' medicines which included laxatives, however, we found there was no guidance for staff to follow so it was not clear when to administer the medication. One person's daily records showed that staff had given them prunes and prune juice because they were constipated but had not administered medicine that was prescribed by the GP. There was no agreed guidance for using prunes and prune juice as an alternative to the prescribed medicine. This puts the person at risk of receiving unsafe care. One person was prescribed cream but there was no topical chart or care plan to guide staff as to where and when to apply the cream which would ensure they were given the correct treatment.

We found that some people's movements were monitored through the use of monitors and sensors to help keep them safe. For example, a monitor was used when one person spent time on their own and a sensor was used to make staff aware if another person moved when they were in bed. However, there were no assessments to show the associated risks were being monitored and managed appropriately so we could not establish these were the best mechanisms to keep people safe.

We looked at one person's weight chart which recorded their weight monthly until November 2013 and then their weight was not recorded again until June 2014. We were not able to see in the person's support plan or risk assessment how often the person should be weighed. The registered manager told us the person's weight had not been consistently recorded and was not sure if it was recorded or how often the person should be weighed in their support plan. We concluded the provider had not taken proper steps to ensure people received care that was planned and delivered in such a way to meet their individual needs and ensure their welfare. This breached Regulation 9 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although we saw some shortfalls in the care planning process, we also saw that some aspects of the care plans we reviewed contained information that was specific to the person and a good level of detail about how to provide care and support. For example, one person's care plan contained very detailed information about risks in eating and drinking and the support they required at meal times to ensure they ate their meal safely. We observed the guidance was carefully followed. Another person's care plan contained good information about assistance they required with bathing and personal care.

People enjoyed a range of person centred activities within the home and the community. On the day of the inspection, people engaged in planned activities; one person attended day care activities, another person went to a hydrotherapy session and another person was on holiday. We looked at daily planners for people living at the home which included activities and appointments. These showed people were enabled to carry out activities. One person's daily planner included massage, tidy room, nail care, DVD, local walk, relaxing bath and hydro bath. However, it was not always clear what activities were carried out because the daily notes and daily planner did not always match.

Before the inspection the provider sent us information about what improvements they were planning in the next 12 months. They told us they were working with other professionals and reviewing care packages to ensure dedicated staffing could be allocated on the rota to enable people to receive more individual staff time.

The registered manager told us they had no on going complaints. They said although people were unable to say if they wanted to make a complaint, staff knew the people they supported very well and understood when they were not happy and would offer appropriate help and support. The registered manager said all complaints were fully investigated and resolved where possible to their satisfaction. Comments from family, friends and other professionals were acted upon. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

# Is the service well-led?

## Our findings

At the time of this inspection the registered manager had been registered with the Care Quality Commission since December 2013. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Staff spoke positively about the registered manager and said they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. One member of staff said, "I love working here, the other staff and consumers are great. I feel involved with the running of the company and we have away days about the company and how it is developing. The manager is firm but fair."

Staff and the registered manager discussed the systems in place for monitoring quality and safety. They all said regular checks were carried out to make sure the service was running smoothly. Records showed financial, fire safety and medication audits were carried out.

The provider sent us information before the inspection which told us ten support visits to assess the quality of care provision had been made in the last 12 months by senior managers or quality auditors. We saw some visits reports, including the regional manager's visit for November 2014 which showed they had reviewed different aspects of the service.

'House meetings' were carried out on a monthly basis. We looked at the minutes from the August 2014 meeting which included discussions about the fish tank, new items of furniture, holidays, birthdays and staff changes. Records of meetings from September to December 2014 were still waiting to be printed off so at the time of the inspection were not available for everyone to read. The registered manager said they would complete this shortly and acknowledged this information should have been accessible. Meetings with relatives were held every three months.

Staff meetings were carried out on a regular basis. Minutes showed the team had discussed a range of topics which related to the quality and safety of the service. In November they had discussed medicines administration and in December 2014 they had discussed safeguarding and different types of abuse people may experience in residential care settings.

Staff and the registered manager told us they were going through a transition process because the organisation was working towards operating a paperless system. They said this was a positive move but had created some difficulties, such as duplicating information. We saw the provider used electronic and paper records to document the care and support people required. However, we found these records did not always match and it was difficult to work out which was the most up to date. The electronic staff training and supervision system did not enable the registered manager to access the necessary information. Everyone was confident that once the systems were transferred information would be easier to access.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person did not take proper steps to ensure each service user received care that was appropriate by means of planning and delivery of care in such a way to meet the service user's individual needs and ensure the welfare of each service user.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have suitable arrangements in place to ensure persons employed for the purposes of carrying out the regulated activities receive appropriate training, supervision and appraisal.