

37 Coleraine Road

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Inspection report

Wood Green
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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 caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was on 21 July 2014 and was unannounced. At our last inspection in January 2014 we found the service was compliant with the standards inspected.

37 Coleraine Road is a care home providing care and support to up to four adults with learning disability. Each person has their own room and shares a communal lounge and dining areas. At the time of our inspection there were four people using the service.

At the time of our inspection the service did not have a registered manager in place. The provider appointed a new manager in June 2014 who is yet to submit an application to be registered. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with people living at the home. One person told us, "I like living here, it's my home." Another person told

Summary of findings

us, “I can go out when I like.” We observed some positive and caring interactions between staff and people using the service. People were treated with dignity and respect. We saw that staff knocked on people’s doors before entering their rooms and explained what they were doing before assisting someone with personal care.

However, we found breaches relating to standards of cleanliness, maintenance of the building, staff support and quality assurance.

People were put at risk of unsafe premises because the service had not maintained standards relating to the building and cleanliness and hygiene. Although staff said they felt supported by the new manager, they had not received regular supervision or an appraisal for some time.

We found a number of breaches 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 not safe.

People who used the service were being put at risk because standards relating to cleanliness and hygiene had not been maintained.

Although staff knew what to do if they had concerns a person was being abused, staff were not aware of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and the impact of this on the people they cared for.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff received training and supervision. However, staff had not received an appraisal.

People were given a choice of food and drink. However, on the day of our visit we saw that snacks were not available should people need one between meals.

People had access to healthcare professionals as needed and individuals had hospital passports which enabled professionals to better understand their individual needs.

Requires Improvement



Is the service caring?

The service was caring.

People at the home had access to an independent advocate if this was needed.

People told us that they were treated with dignity and respect.

Although staff knew how to care for people, we saw that staff were not aware of people's personal histories prior to living at the service. However, we saw that the manager had started to address this.

Good



Is the service responsive?

The service was not always responsive.

Although people took part in activities, staff were not always responsive to people's individual needs.

Each person had an individual activity plan in place. However, staff shortage sometimes prevented people from taking part in their chosen activities.

Requires Improvement



Is the service well-led?

The service was not well-led.

Requires Improvement



Summary of findings

Although systems were in place, these were not always effective for reviewing the safety of the building, infection control and monitoring the quality of the service.

The provider had completed a consultation exercise and sought feedback from people and their relatives.

There were systems in place for incidents and accidents.

37 Coleraine Road

Detailed findings

Background to this inspection

We inspected 37 Coleraine Road on 21 July 2014.

The inspection team consisted of two inspectors and a specialist professional advisor who was a nurse with experience of working with people with learning disabilities.

Before the inspection we reviewed information we held about the service and the provider. Following our visit the provider completed a Provider Information Return (PIR). 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.

At the time of our visit there were four people living at the home. We spoke with two of the four people, one relative, three care workers and the manager who had been newly appointed. Prior to and following our visit we spoke with local authority commissioners.

We reviewed care records for three people living at the home, personnel files for two staff and audits carried out by the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People were being put at risk because the building had not been adequately maintained. We found a number of repair issues around the building. The communal bathroom was in poor decorative state and the bath panel was loose, the wood was split and paint was flaking off. We saw that there were no restrictors on the window. This put people at risk of falling out of the window. We noted that the door to the staff sleepover room which was also the staff office did not close properly, therefore people put staff lone working at risk. The manager told us that this would be repaired the day of our visit. However, this had done at the time our visit ended.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were being put at risk because standards relating to cleanliness and hygiene had not been maintained. We found the communal bathroom did not have any hand soap or paper towels for people to wash their hands. The air vent in this bathroom was blocked with dust, therefore not fit for purpose. The shower rail was rusty and the shower head was crusted with lime scale. The windows had not been cleaned for some time. In the kitchen we found worktops were chipped and peeling in several places. Therefore, surfaces could not be properly cleaned and may cause infection to spread. Staff told us that as well as looking after people, they were responsible for cleaning the home, shopping and preparing and cooking meals. However, staff did have a cleaning schedule to ensure that the premises were cleaned to a standard to prevent the spread of infection. Staff had received training in infection control, however this had not been effective in ensuring that the building was cleaned properly.

We saw that the provider had recently sent a questionnaire to people using the service. This showed that most people felt the house was as clean as they would like it to be, although one person commented that staff should, “clean under the bed.”

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We reviewed the way medicines were stored and managed by the service. We saw that medicines were kept in a locked cupboard in the office. We reviewed medicines administration records (MAR) sheets for two people and

saw that these were up to date. Staff told us that they received training in administering medicines. However, one staff member told us that they had not been trained in administering medicine and worked alone for sleep over shifts. When we asked what would happen if someone required emergency medicines during the night, the staff member told us that they could not administer medicines and would have to call the emergency services or the on call manager in the event of an emergency. Staff we spoke with did not have an understanding of the medicine they were dispensing and any possible side effects. Therefore people were put at risk by staff who had not been appropriately trained and did not have the knowledge to deal with issues relating to their medicines.

Staff we spoke with were able to tell us signs that would suggest someone was being abused and action they would take which included reporting their concerns to the manager and the local authority safeguarding team. Staff we spoke with did not have an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the impact of this on the people they cared for. The manager was not aware of the recent ruling concerning DoLS and how this might apply to people living at the home. However, we saw that she had completed a recent DoLS application for one person living at the home. We saw that people were free to come and go as they pleased and were able to make choices. .

We reviewed personnel files for two staff and saw criminal record checks and references were obtained before commencing employment. Staff also went through an interview process. Therefore, the provider had employed staff who were suitable for their role and demonstrated that they were suitable to work with people who need support.

We reviewed personnel files for two staff and saw that the provider had obtained criminal record checks and references before staff commenced employment, as well as undergoing an interview process. The manager also checked that staff were legally permitted to work in the UK. Therefore the provider had carried out the necessary employment checks.

On the day we inspected we saw there were sufficient staff to meet people's individual needs. We were told by staff, “There is normally enough staff on duty.” However, training had been cancelled in the past as there was not enough

Is the service safe?

staff to cover. One staff member told us, “We used to use a lot of agency staff but not now with the new manager.” The manager confirmed that she had recently employed permanent staff and no longer used agency.

Is the service effective?

Our findings

We spoke with people who used the service. One person who invited us into their room told us, “I like living here, it’s my home.” We saw that their room had been personalised with photos of family and friends. They told us, “I like my room. I keep it tidy.”

All staff had last received supervision in June 2014, except one. This was confirmed by staff. We saw that the one remaining staff member had been booked in the diary for July 2014. However, the manager told us that staff appraisals had not taken place for some time. Most staff we spoke with told us that they felt supported by the new manager.

Staff records showed that staff had received an induction before starting work. This included staff shadowing more experienced staff. We were shown a staff training matrix which listed training completed by staff and covered training in areas such as, safe handling of medicines, safeguarding of adults, equality and diversity, infection control and challenging behaviour.

People had access to healthcare professionals to assist staff to meet their needs. We saw records of recent appointments attended by people using the service. This included visits to the opticians and chiropodist. One person’s records showed that they were on a diet, however we could see no evidence that advice had been sought from the GP or a dietician to support this person and help staff to understand how to lose weight safely whilst managing their health condition. The last recorded visit to the GP was in January 2013. This same person was

prescribed medicines that required frequent blood tests. However, there were no records found to evidence that regular blood testing had taken place. Therefore this person was at risk of receiving too much or too little medicine which would have an impact on their health.

Each person had a medical appointment sheet with details of when they were last seen by a healthcare professional. We saw that each person had a health action plan (HAP). This detailed areas such as people’s medical condition and things people needed to do to stay healthy.

We saw that each person had a hospital passport detailing their individual needs and contacts. In one person’s file we saw that the service had recorded information about the local advocacy service.

People made choices about what they wanted to eat. Staff told us about people’s likes and dislikes. On the day of our inspection we saw one person using the service going out alone to buy lunch. Staff told us they, “often went out for lunch three or four times a week to buy foods they liked.” We saw that this was written on the person’s weekly activity programme. We noted that the fridge was sparse and did not contain suitable snacks should people require a snack between their main meal or during the night. However, we saw that staff went food shopping on the day we visited, which was also the day when the weekly shopping took place. We saw that people were supported with eating and drinking to prevent them from eating too quickly and choking. Staff told us they had received first aid training and were able to describe the action they would take to prevent someone from choking.

Is the service caring?

Our findings

People we spoke with told us that they were treated well by staff. We saw from a recent questionnaire completed by people living at the home that people felt staff respected their privacy.

We observed that staff treated people with dignity and respect. When we spoke with staff they were able to give us examples of how they would treat people with dignity and respect such as knocking on people's doors before entering. During the inspection we saw that staff knocked on people's doors and communal bathroom facilities before entering. We also observed staff providing care to another person in a dignified manner. We saw that staff explained to the person quietly before assisting them and taking them to a private area.

During the inspection we observed that staff interacted positively with people in a caring manner. Staff told us about people's individual needs and how the service accommodated these, such as one person who enjoyed sitting quietly with the support of a staff member to use a musical instrument. Staff told us that this person liked to

feel the vibration and that this was relaxing for them. However, we noted that staff did not have knowledge about people's personal histories prior to moving to the home.

The manager told us that the service was in the process of reviewing the format of the care plans to incorporate people's past histories which would enable staff to have a better understanding of how to care for the people they support. We saw that this work had started and saw that this had involved relatives. However, we saw no evidence that people using the service had been involved, although the manager told us this. The manager told us that these changes would be fully implemented by the end of August 2014.

Staff were able to tell us about people's care needs. One staff member told us that they used non-verbal communication to interact with one person who often visited the service from a neighbouring home. Staff were able to interpret changes in this person's behaviour that would indicate that they required support, such as changes to their facial expression. We observed staff notice that this person wanted a drink, which was provided by staff.

We saw that people had access to an independent advocacy service should they need this.

Is the service responsive?

Our findings

On the day of our inspection there were two people at the home, two others were out in the community. People told us they were happy living at the home. One person told us, “it’s my home.” Another person said they were “very happy”.

People’s independence was promoted by the service. Each person living at the home had an individual activity plan. One person who enjoyed going out in the community was encouraged by staff to do this. This person independently visits the local shops and attends a club where they regularly meet friends and family.

We reviewed two people’s care records at the home. We saw that these had been recently reviewed. These contained details, such as information about relatives and friends that are important to the person, activities that people enjoyed and attended and how people prefer to be addressed. Care plans also provided information on how staff should communicate with people such as, staff tone of voice.

Staff were able to give us examples of the care they provided to people living at the home. For example, one

person with specific needs when having negative thoughts responded well to one to one support and using positive messages, such as talking about things they liked and what to look forward to on that day.

People told us that they would speak with the manager about any concerns they had and felt confident that this would be acted on. We saw that the provider had a process in place for dealing with complaints. Staff were aware of the complaints policy and told us that people wishing to make a complaint were supported to do so. During our inspection we observed people entering the office to speak with the manager. The manager told us that there had been no complaints in the last 12 months.

The manager told us that monthly ‘residents meetings’ were held at the service and people from the neighbouring home were encouraged to attend. These had not been regular. The manager told us that the last meeting was held in June 2014. However, minutes of this meeting were not available as these had not been recorded. The manager told us that people using the service had attended the last meeting, however people we spoke with were unable to say whether they had attended the last meeting.

Is the service well-led?

Our findings

People were asked their views about the service. We saw that the provider had asked people living at the service their views using a questionnaire. Staff had supported people where necessary to complete these. This covered areas such as food choices, privacy, staff, social and bullying. Most people had indicated that they were very happy living at the home.

Although the provider had quality assurance systems in place to audit and monitor the quality and safety of the service, these were not always effective. The quality audits covered all three services owned by the provider and managed by the new manager, including two neighbouring services. We saw that a yearly 'quality monitoring visit,' conducted in July 2014 had stated that this service and the neighbouring service looked clean and tidy, however, this had not identified the infection control issues we saw on the day we inspected. We noted this was the day after this quality visit had taken place. We saw that although other areas of health and safety were in place, such as updated gas and electric safety checks, the provider did not identify health and safety concerns found on the day of our inspection. We saw that a monthly health and safety check carried out in June 2014 had indicated that there were no concerns with the windows. However, on the day we inspected we saw one first floor window that did not have window restrictors.

We saw that an action plan developed by the provider following an audit in December 2013 had highlighted various areas for improvement. This included infection control monitoring, which were to be actioned by April 2014. However, on the day of our inspection we saw no evidence that these had taken place.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us that monthly meetings were held with staff, the last in June 2014. We saw from these minutes that staff had discussed various areas regarding the running of the service, including an update on how to support people living at the home and staff responsibilities. We also noted that concerns about the standard of cleaning had been discussed.

Following a period of change, the provider had appointed a new manager in June 2014. Staff told us that there had been a lot of instability at the home and this had started to improve when the new manager was appointed. Most staff we spoke with told us that the new manager was "very approachable". One staff member told us, "We've had five managers in two years, it's disruptive when they keep changing things." Staff said that the new manager was "good" as they had acted straight away on a request to have more board games at the home, along with notice boards in people's rooms so that people could put up personal pictures. We saw evidence of this in people's rooms.

There was a system in place for dealing with incidents and accidents at the home. Staff told us that following an incident they would first report this to the manager or person on-call if at the weekend. They then completed an incident form and which was passed to the manager. However, some staff were unclear what happened to the form once this had been completed. The manager told us that learning from incidents were discussed during supervision and at handover meetings. Staff told us that there had been changes following a serious incident in May 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People were not protected from the risk of inappropriate of unsafe care and treatment because the provider did not have effective systems in place to identify asses and manage risks relating to health, welfare and safety of people using the service. Regulation 10 (1)(a)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The provider failed to protect people who use services and others from acquiring a healthcare associated infection. Systems were not in place to assess the risk of and prevent, detect and control the spread of a health care associated infection. Regulation 12 (1) (a) (b) (c) (2) (a) (c) (i).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).</p>