

Community Integrated Care Finchley House

Inspection report

57 Brandling Street
Roker
Sunderland
Tyne and Wear
SR6 0LP

Tel: 01915108448
Website: www.c-i-c.co.uk






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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 

Summary of findings

Overall summary

This inspection took place on 22 May 2017 and was unannounced. This meant the provider did not know we would be visiting. We last inspected the service on 7 and 8 April 2015 and found the provider was meeting all legal requirements we inspected against. We found some improvements were needed in relation to the completion of some training and annual appraisals.

Finchley House is a care home run by Community Integrated Care. It is a detached bungalow set in a mainly residential area with good access to shops and local amenities. Six people can live there and it has good access both into and outside of the property. It is registered to provide accommodation for people and their nursing needs are met by the local community nursing services. At the time of the inspection five people were living at Finchley House.

There was an established registered manager in post at the time of the inspection. 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.

During this inspection we found some ongoing concerns in relation to the completion of some training. Some staff had not attended training such as health and safety, infection control and food hygiene but were booked to attend. Staff had had no recent training in epilepsy or diabetes and were supporting people who lived with these conditions. Staff had not attended training in mental capacity and Deprivation of Liberty Safeguards (DoLS).

Care records and risk assessments were in place but reviews had not always been completed to the specified timeframe. When reviews had taken place they were dated and an entry was recorded as 'no change.' Where care plans had been updated following a review additions were handwritten and were not signed or dated and the out of date information was crossed out.

Quality assurances systems and audits had not been effective in improving the concerns noted during the inspection. An internal audit had rated the location requires improvement and had identified areas to improve but a detailed action plan covering all areas was not available. There was an action plan in relation to medicine management which had been developed on 15 May and needed to be completed within four weeks. This had not identified concerns in relation to a failure to temperature check medicine storage cupboards, gaps in the recording of the administration of prescribed creams or a failure to complete weekly medicines audits, as required by the provider.

Team meetings had not been held regularly and this had been identified as an area for improvement.

People were supported in a respectful and warm manner by staff. We observed lots of smiles, laughter and

people instigated lots of appropriate touch and warmth with their staff.

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

Staff supported people with their nutritional and health needs. A health champion was in post.

People enjoyed one day a week where they were supported to have one to one time with staff to participate in activities of their choosing. On other days people were supported with activities in the house, or attended group activities.

Safe recruitment practices were in place and staff told us there were enough staff to meet people's needs. On the majority of days there were four staff to support five people.

There had been no safeguarding concerns or complaints raised since the last inspection but detailed procedures were in place for staff to follow should they arise. Accidents and incidents were recorded and analysed for any triggers or actions required to minimise the risk of reoccurrence.

Staff attended regular supervision and all staff who had been in post for over a year had received an annual appraisal. Newer staff had completed a thorough induction and had attended a probation review meeting to discuss their performance.

Staff told us they thought the service was well managed and they worked together as a team to achieve positive outcomes for the people they supported.

The registered manager was open and transparent about the areas needing improving and told us the organisation was going through a transitional phase with new senior staff being employed and new documentation and quality assurance systems being implemented.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not always safe.

There was no evidence that medicines were being stored at the correct temperature. Gaps in the recording of the administration of prescribed creams had not been identified and addressed.

Risk assessments were in place but there was limited evidence of an effective and timely review process.

Health and safety checks were completed and appropriate servicing of equipment was completed.

There were enough staff to meet people's needs and safe recruitment practices were followed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had continued to fail to ensure staff attended relevant training, learning and development at regular intervals to enable them to fulfil their role.

Support staff attended regular supervision and an annual appraisal. New staff attended a comprehensive induction.

Authorised Deprivation of Liberty Safeguards (DoLS) were in place.

People were supported with their nutritional needs and had access to healthcare specialists as needed.

Is the service caring?

Good ●

The service was caring.

People were involved in decision making and their views were respected.

Staff approach was caring, compassionate and professional.

People were supported to maintain relationships with their families.

Is the service responsive?

The service was not always responsive.

Support plans were in place, and were detailed however reviews were not completed to the specified timeframe and they were not detailed. Some amendments had been made to support plans recently, by way of crossing out some information and adding an unsigned and undated handwritten update.

Staff confirmed the content of support plans was accurate and we noted people were supported in a safe and consistent way.

People had an activities plan and were supported to go bowling, swimming, to the park or into the city dependent upon their interests.

There had been no complaints since the last inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Quality assurance and governance systems had not been effectively established and operated to ensure compliance. When concerns had been identified a robust action plan was not in place to drive improvement.

Team meetings had not been held on a regular basis.

Support staff said they thought the service was well-led.

Plans were in place to implement a robust audit system and annual improvement plan but this had not yet been implemented.

An employee forum had been established to develop open and transparent communication.

Requires Improvement ●

Finchley House

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.

The inspection took place on 22 May 2017 and was unannounced. The inspection team included one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspection we met with all five people who lived at the service. We spoke with the registered manager, a senior support worker and two support workers. We contacted some family members the week of the inspection but they were not available.

We contacted the local authority safeguarding team and commissioners of the service to gain their views.

We looked at two people's care records and three staff files including recruitment information. We reviewed medicine records for three people and supervision and training logs as well as records relating to the management of the service.

We looked around the building and spent time with three people in the communal areas of their home. Some people had complex needs and were not able to verbally communicate with us during the inspection.

Is the service safe?

Our findings

We looked at the management of medicines. Each person had their own secure medicine cabinet in their room but temperature checks were not completed. This meant the provider could not be sure medicines were being stored at the correct temperature. The effectiveness of some medicines can be compromised if they are not stored at the correct temperature.

For each prescribed medicine a support plan was in place. For one person these had been completed in July 2016 with review dates in January and May 2017 but there was no evidence of a review having been completed. Some medicine administration records (MAR's) contained gaps where prescribed creams had not been signed for. The deputy manager said, "Creams are applied by the support worker who does the personal care so they may not be the person who administers the medicines. It would have been applied but not signed for." As the MAR had not been signed we could not be sure the cream had been applied as prescribed. All other medicines had been signed for.

A new weekly medicines audit had been introduced by the provider. The registered manager said, "It's been fed back that it's too onerous for staff to complete for each person each week. The existing weekly audit would pick up concerns." It was shared with the registered manager that there were significant gaps when this audit had not been completed and when it had been completed it had not identified gaps in MAR charts.

The registered manager shared a detailed medicine action plan that had been developed following an audit by the internal quality team. They said, "It's been identified that improvements are needed with medicines and I have an action plan to complete in four weeks." The action plan was dated 15 May 2017. The action plan had not identified the specific concerns noted during this inspection.

These concerns form a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe care and treatment.

The senior support worker said, "The sleep over person is going to check the medicines so they can pick up on gaps and speak to the staff member."

New medicines profiles were being completed which included the route; dose and reason for the medicine. These were to be signed by the person's doctor and any amendments were to be sent, in writing by the GP.

Risk assessments were in place and were integrated within care plans. They identified the hazard and the controls staff should follow to minimise and manage the risk. As detailed in the responsive domain of this report reviews were not always completed in a timely manner and comments generally stated, 'no change.' Staff confirmed the information was correct and we did not see any evidence of unsafe practice.

There had been no safeguarding concerns raised since the last inspection but a detailed procedure was in place. The provider also advertised a confidential reporting system so staff could raise concerns

confidentially. An easy read safeguarding policy was in place. Support workers were aware of the procedures to follow should they be concerned.

A range of health and safety checks were completed routinely, such as fire drills, fire alarm checks and emergency lighting. Safety certificates were in place in relation to electrical installation, gas safety and moving and handling equipment. Contingency plans were in place for gas leaks, floods, electrical failure and burglary or theft.

Personal emergency evacuation plans detailed the support people would need to evacuate the premises but they had contact details for staff who were no longer employed by the provider. This meant some information was out of date.

Accident and incident forms were completed electronically and flagged with the senior support worker and registered manager. The information was reviewed and commented on to identify actions to take to reduce the likelihood of a reoccurrence or to identify any trends. The senior support worker said, "There are very few actually. Medicines errors result in an observation of competency being completed before the staff member administers any future medicines, and we would ring 111 for medical support and advice."

We observed people's needs were met in a timely manner. Staff told us there were enough staff to meet people's needs. The senior support worker said, "Yes, there's enough staff with the empty bed. Two people need two staff to meet their needs but there's enough." One support worker said, "Yes, there's enough, people get a day a week one to one support so we can go out for the day and there's no need to rush back." Dependent on planned activities there were three or four staff during the day and overnight there were two staff, one working a waking night, and completing a sleep-over shift.

Safe recruitment practices continued to be followed, and included the receipt of two references and a satisfactory disclosure and barring service check (DBS) prior to commencing in post. DBS checks help employers make safer recruitment decisions to prevent unsuitable people working with vulnerable adults.

Is the service effective?

Our findings

During the last inspection we noted some staff training in safeguarding and medicines management had not been attended or was out of date. We were told, "Head office have sourced new trainers due to being behind on delivery of training."

A training matrix was emailed to us which showed not all staff had attended training in food hygiene, health and safety or infection control. We spoke with the senior support worker after the inspection and they said, "They have been booked on the next available course in June, and for anyone who can't attend they will be booked on the next one. A new course on mental capacity has just been rolled out so I am booking staff to attend that." We also asked if staff had attended training in epilepsy and diabetes. They explained that the longer standing members of the team had attended training years ago but the new staff had not. We expressed concern that people were being supported by staff who had not had the training they needed to meet people's needs. The senior support worker said, "Yes, it is something we are looking at and can rectify. The provider has identified that there are gaps in specialised training and are looking to source it."

One staff member told us the training was generally good, but they said, "We are expected to do care plan reviews but we haven't had any training." The registered manager confirmed that they were in a transitional period as care documentation was being changed. They explained that training would be rolled out to care staff to enable them to fulfil this part of the role.

The provider had continued to fail to ensure all staff had the relevant training needed to meet the requirements of their role.

These concerns form a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing.

Staff had attended training in safeguarding, medicines, moving and handling, management of actual and potential aggression and emergency first aid. We were also told that dignity training was to be rolled out, and a support worker would be appointed as a dignity champion. The registered manager explained there were also plans to have a health and safety champion who would be IOSH trained. IOSH is the chartered body for health and safety professionals.

A support worker said, "Training seems to have improved. Fire safety has been organised and it's now classed as mandatory. A new provider is being sought for moving and handling facilitator training due to the poor standard of the last one."

Newer members of the staff team had attended induction, and completed the care certificate. The care certificate is a set of standards that social care workers adhere to in their daily working life. It includes the new minimum standards that should be covered as part of induction training of new care workers. Probation review meetings had also been held to assess staff performance, discuss any concerns and plan any future development.

A supervision and appraisal matrix was in place which showed all staff, except for two had attended two meetings with their line manager so far this year. During the last inspection it was noted that staff had not attended an annual appraisal. We found support staff who had been in post for over a year had now had an appraisal to discuss their performance and future goals with their line manager. A support worker said, "There's lots of support from the team."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found appropriate applications had been made and DoLS were in place with no conditions on authorisations. Relevant persons representatives (RPR's) had been appointed. The role of the RPR is to keep in contact with the person and represent their views, making sure decisions are made in the persons best interests.

We observed staff sought people's consent as a matter of course, and respected people's decisions if they said no.

People were supported to eat a healthy, well balanced diet and were offered a choice of meals. If people said no to the options offered they were asked what they would like. Staff had attended specialised training to enable them to appropriately support one person who had specific needs in relation to their nutritional needs. Food and fluid charts were maintained if needed and people were regularly weighed.

One of the support workers had been trained to be a health champion. This meant they shared information with the rest of the team and could issue certificates when other support workers had attended training.

We saw evidence that regular contact was maintained with external health care professionals, such as speech and language therapy, GPs, consultants and community nursing staff.

Bathrooms and shower rooms had been adapted to meet people's needs, including overhead tracking and a shower bed was delivered during the inspection. Shower beds were used to provide increased comfort and dignity for people with complex mobility needs.

Is the service caring?

Our findings

During the last inspection Finchley House was rated 'Good' in this domain. We found this rating had continued.

One staff member said, "I think we look after people well, they are comfortable, we have time to spend with people. It's important that it's a home and that no one's excluded. I think we are welcoming."

People were involved in decision making and were supported to spend time with a person who was being considered to move into Finchley House. This meant people could get to know each other, and ensure they were happy with the decision before a move took place. It also meant the person and the staff could get to know each other. It was explained that by doing this the door had been opened for people to try new activities and go to different places. One staff member said, "The new person fits in well with everyone, it's nice to have that balance. It's people's home and we work for them."

Some of the people living in Finchley House had an advocate. An advocate's role is to ensure people, particularly those who are most vulnerable, are able to have their voice heard on issues that are important to them. Advocates safeguard people's rights and ensure their views and wishes are genuinely considered when decisions are being made about their lives

People were supported to maintain relationships with their family members, including those who lived abroad. One person chatted about seeing their mother and told us who they kept in contact with and where they lived. They were very excited about their birthday and told us they were having a party and who they were going to invite. This included staff who had left Finchley House but had stayed in touch with people.

There were lots of photographs of people enjoying various events on display around the home, and there was a warm, welcoming, family feel to the house. People had been involved in choosing the décor of their rooms, and each person's room reflected their personality and likes. For example one person had some graffiti style artwork, whilst another person had an extract from a favourite song on their wall.

People were confident in their environment, choosing to spend time in the dining area or lounge with each other, or having a walk around to see what the staff and other people were doing. We observed lots of positive engagement, staff were friendly and encouraged people to spend time outdoors or get involved in making the lunch, reading or doing some craft work.

When one person had been out they returned with some flowers which were placed on the dining room table. Another person really enjoyed smelling the flowers and spent a period of time touching them, smelling them and smiling. A support worker said, "The garden has been done since the last time you were here, a staff member did it, put the slate down and the flowers." The garden was a well planted, relaxing space for people to spend some time outdoors if they chose to do so."

Staff treated people with dignity and respect and supported people discretely and appropriately.

Is the service responsive?

Our findings

The registered manager and senior support worker explained that the provider was in the process of implementing new care record documentation. They explained this was to be the third version in recent months so they were in a period of transition.

We saw one person had a newer version of care records which had been completed in January 2017, whilst other care records were on an older style format.

We found the older style care plans which had integrated risk assessments were detailed and information was relevant to the person however reviews stated 'no change' and had not always been completed to the specified time frame. One person's cooking and kitchen skills support plan and risk assessment had been implemented in August 2014. The risk criteria specified a review was required every six months. We found a review had been completed in November 2016 and recorded as no change. The next review had been completed in May 2017 and had identified a change was required to the support plan so information had been crossed out and updated. The update was not signed or dated. We found this pattern of reviewing was evident for the majority of the older style care plans. One person had a medicine support plan which was implemented in November 2013; the document specified a six monthly review was required. Reviews were dated as August 2014; January 2015 and July 2015 but there was no content to the review. A further review had taken place in May 2017 due to a change in medicines. This change had been added to the support plan as an undated, unsigned, hand written entry.

A document called 'My Memories' was completed on a monthly basis which included people's memories about things that had happened that month as well as a review of documentation to ensure things like communication passports, activities plans, accidents and incidents, goal plans and so on were completed and up to date. This had not identified that reviews were required.

We spoke with the senior support worker who said, "We are changing the support plans which is why the changes are just hand written." We discussed best practice in relation to support planning and reviews with the senior support worker and the registered manager. They explained the new system the provider was implementing would flag when reviews were due so this would not happen again.

We asked staff if there was a timeframe for the completion of the new care records and they were not sure. The registered manager said, "The staff team need to be trained. There have been several versions of care plans over recent months. I get my training on Thursday and the priority is to complete medicines care plans as soon as possible. Then the team need to be trained before rolling out the other support plan documents." After the inspection we received an email from the senior support worker which stated, 'We have had discussion with quality team with regards to implementation of new care and support plans. We have a plan that within the next six months we will have the new format in place and staff (will have) attended workshops with a champion who will receive more in depth training. Reviews will highlight on agrapho now so we will receive an alert that they require reviewed. The team training will be completed in workshop style events led by the quality team.' Agrapho is a computerised record management system used by the provider.

Person centred documents included one page profiles which detailed what was important to the person and how best to support them. There was also information on people's lives so far, their relationship circle, aspirations and what made a good and bad day for them.

Outcomes were recorded including what was working for the person, what wasn't working for them and what needed to happen on build upon what was working for the person and therefore reduce what wasn't working for them. These support plans contained information linking them to specific risk assessments such as moving and handling.

Morning, evening and night time routines were also completed so staff were aware of people's preferences in relation to how they were supported during these key times of the day.

People had a weekly activity plan and a social participation and involvement support plan. People had one full day a week where they were supported to access activities such as bowling or the Alan Shearer Centre, swimming and going to the park or into Sunderland. People's activities and memories were also noted as part of a monthly review. One person expressed that they liked feeding the ducks, whilst another person said they enjoyed music.

No complaints had been received since the last inspection, but a procedure was in place. The registered manager said, "All complaints whether formal or informal would be looked and investigated. Complainants would be kept informed and would be asked if they were happy with the outcome of the investigation. If not, there is an appeals process they can follow."

Is the service well-led?

Our findings

There was a well-established registered manager in post and in their absence the senior support worker held responsibility for the day to day management of the service. The senior support worker and the registered manager supported us with the inspection.

We spoke with the registered manager and senior support worker about quality assurance and governance procedures. The registered manager explained the current audit process as being a weekly medicines audit, a service visit report completed by the regional manager which resulted in an action plan and a pre compliance check. They were waiting feedback from the pre-compliance check but said the main concerns were in relation to team meetings and the emergency response file so they had planned to introduce scenarios to assess staff response in emergency situations.

A regional managers audit had been completed in December 2016 and had rated the service requires improvement. It had identified areas of improvement in relation to medicines, support plans and risk assessments, staff training and supervision. We asked the registered manager if there was an action plan in place and they referred us to the medicines action plan dated May 2017.

During the inspection we found concerns in relation to medicines had not been acted upon in a timely manner following the regional manager's audit. Weekly medicines audits had not been completed routinely. They had failed to identify any concerns with medicines management. The concerns noted in the audit in relation to support plans and risk assessments had not been addressed and we found similar concerns in relation to a lack of detailed review. It was therefore difficult to assess if the information in the support plans and risk assessments were accurate and current. The support staff we spoke with assured us the information was current. One support worker said, "People's needs haven't changed so they are correct." The registered manager explained that the provider was in the process of implementing a new care planning system which had been recently amended due to staff feedback. This was the third change to care records in recent months.

We asked about team meetings and were told they weren't held as frequently as they should be. The senior support worker said they should be held every other month. We saw a meeting was scheduled for June, but prior to that the last team meeting was February 2017, then November 2016. Agenda items included activities, health, food hygiene, health and safety, safeguarding, medicines and the people supported at Finchley House.

One managers meeting had been held since the last inspection, but the plan was to hold them every month moving forward. Agenda items included support needed to achieve targets, expectations, staffing and serious incidents. The registered manager said they had not been held due to regional manager vacancies.

There was a failure to maintain an accurate, complete and contemporaneous record in respect of each person. Quality assurance systems had not been established or operated effectively to ensure compliance. These concerns form a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17. Good governance.

The registered manager was open and honest about the areas that needed to be improved and said, "There's a new regional director in post so there's been lots of change over the past few months. It's for the better and we are getting this rings, we now have a plan on a page and key themes to meet before we think about growth." They added that moving forward there would be new systems in place for governance, including a monthly manager's audit which was to be introduced in June. The registered manager said, "This will be checked by the regional manager as well." The audit included areas as support plans, medicines, DoLS and restrictions, finances, wellbeing, staff and the team, the environment and events and incidents. They also explained that the regional manager would complete a monthly service visit report and there would be a six monthly audit by the quality partners. They added, "We will have an annual action plan which is generated by all the audits, it's an annual improvement plan with is linked to the business plan."

The business plan contained key themes which were quality, workforce and team work, annual surplus and growth. The business plan had been generated following feedback from surveys and trustees.

An employee forum had been established in relation to concerns from the staff survey about communication. Representatives had attended some ACAS training. ACAS stands for the Advisory, Conciliation and Arbitration Service. It is a publicly funded independent organisation that aims to promote better employment relations. The registered manager explained that it was important that staff remained engaged with it, and that concerns were allayed with regards to repercussions if staff shared negative comments.

Support staff said they thought Finchley House was managed well. One staff member said, "We are in a transitional period, but I think [registered manager] has the balance right. We've done extra things to make it nicer for people and we are working together to achieve things."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that is reasonably practicable to mitigate risk, by way of failing to ensure medicines were administered accurately, in accordance with prescribers instructions. The provider had failed to ensure the proper and safe management of medicines.</p> <p>12(2)(b), 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate effective systems and processes to ensure compliance. There was a failure to ensure the audit and governance systems remained effective.</p> <p>The provider had failed to maintain an accurate complete and contemporaneous records in respect of each person's support, specifically in relation to reviewing people's needs.</p> <p>17(1), 17(2)(c), 17(2)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had continued to fail to ensure staff had completed training, learning and development to enable them to fulfil the requirements of their role.</p>

