Mr J & Mrs D Cole

No 19 Third Row

Inspection report

19 Third Row
Linton Colliery
Morpeth
Northumberland
NE61 5SB
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 24 September 2015 and was announced. A previous inspection undertaken in June 2014 found there were no breaches of legal requirements.

19 Third Row is one of four locations owned and run by Mr J & Mrs D Cole and is situated in the village of Linton, near Ashington. It provides accommodation for up to two people with a learning disability, who require assistance with personal care and support. At the time of the inspection there were two people living at the home.

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

about how the service is run. Unfortunately the registered manager was not available at the time of the inspection but we were supported by the provider's general manager.

People who lived at the home were not always able to communicate with us or did not wish to speak with us. We asked one person if they liked living at the home and they indicated that they did. Staff had a good understanding of safeguarding issues and said they would report any concerns to the registered manager or general manager. We found some issues with the premises and equipment. Windows on the upper floor did not have restrictors which met current health and safety executive guidance and a risk assessment had not been undertaken in relation to this. The general manager was unable to find a fixed electrical system safety certificate for the building and later agreed that this had been over looked. He subsequently sent us a copy of a new certificate to indicate this matter had been addressed.

The general manager said staffing levels were maintained to support the individual needs of people living at the home. Staff said they felt there were enough staff available to provide adequate support. Appropriate recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. One staff member who had recently started at the home told us she had received good support during her induction. Medicines were stored safely and records were up to date.

Staff told us they were able to access a range of training including on line courses and face to face sessions. Areas covered included first aid, moving and handling and food hygiene. They told us they had access to regular supervision and appraisal sessions.

A range of food was provided at the home. The general manager told us that the weekly menus had recently been revised to try and improve the range of meals offered and make them healthier. We observed people had access to food and drink throughout the day.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The general manager told us no one at the home was subject to any restriction under the DoLS guidelines, although discussions were ongoing with their care manager and the local safeguarding team to determine if one person did fall within the MCA guidance. There had been no recent best interest decisions but the general manager described to us the process followed previously when one person required an operation.

We noted the decoration of the home was in need of refreshing in some areas. Some carpets were slightly stained and required cleaning or replacing. The general manager confirmed refurbishment of the home was an ongoing process. The outside of the property was well maintained and people had access to a secure garden area.

We observed staff treated people well and people living at the home appeared happy and relaxed. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. People were supported to participate in activities they liked or to go out on trips and visits.

People had individualised care plans that were detailed and addressed their identified needs and considered risks associated with the delivery of care. The general manager was introducing new care planning records. There had been no recent formal complaints. Relatives told us issues they had raised with the general manager had been addressed but had not made any formal complaints. The general manager said they tried to address concerns early to prevent them becoming complaints.

The general manager said formal audits were not undertaken. He said that because the home was small and was regularly visited, matters were dealt with on an immediate basis. However, the issues with the electrical system testing and window restrictors had not been noted through this process. Other records were up to date and complete.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment. You can see what action we told the provider to take at the back of this 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?

Requires improvement

Not all aspects of the service were safe.

The property had not been subject to a fixed electrical systems test and upper floor windows did not have restrictors that met current health and safety guidance or risk assessments in place.

Staff had undertaken training and had knowledge of safeguarding issues. People's money was stored securely and checked by managers. Medicines were stored and handled safely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels were appropriate to meet the needs of people living at the home.

Is the service effective?

Good

The service was effective.

Staff were aware of the need to promote choice. The need for best interests decisions in line with the MCA (2005) was considered. The general manager confirmed that no one living at the home was currently subject to any restriction under the DoLS guidance.

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals.

People were offered a variety of meals and dishes. A new menu programme had been developed. The decoration of the home was in need of updating in some places but the general manager said refurbishment was being carried out on an ongoing basis.

Is the service caring?

Good

The service was caring.

People indicated they were happy living at the home. We observed staff supporting people with kindness and consideration and saw there appeared to be good relationships between staff and people living there.

People had access to a range of health and social care professionals, for assessments and checks, to help maintain their health and wellbeing and were encouraged and supported to attend appointments.

People's dignity and privacy was respected by all the staff. Staff understood about supporting people to be as independent as possible.was being carried out on an ongoing basis.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Care plans reflected people's individual needs, were reviewed and updated as needs changed. Care plans contained an assessment of risks associated with people's care and detailed instructions for staff to follow when delivering care.

People were supported to engage in activities which interested them and were helped to make trips and visits out.

Relatives told us they knew how to raise any complaints or concerns, but were happy with the home. There had been no recent formal complaints.

Is the service well-led?

Requires improvement

No all aspects of the service were well led.

The general manager carried out a range of informal checks. These had not picked up the issues with the fixed electrical systems testing or window safety. However, other changes had been made in light of regular checks.

Staff were happy with the support they received from the management.

Formal meetings were not regularly undertaken because the size of the service meant issues could be dealt with directly. Records were complete and up to date.

No 19 Third Row

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 took place on 24 September 2015 and was announced. We announced the inspection 48 hours prior to calling. This was to ensure that people would be at home on the day that we visited.

The inspection team consisted of one inspector. This was because the location supports only two people and we were aware that the environment was their home. We did not want to distress people living at the home by visiting with a number of colleagues.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support the planning of the inspection.

People living at the home were not always able to speak with us but indicated they were happy at the home. We spoke with the general manager and a support worker on duty at the time of the inspection. Additionally, after the inspection we conducted telephone interviews with a relative of a person who used the service and one person's care manager.

We observed care and support being delivered in communal areas. We looked in the kitchen areas, bath/shower rooms, toilet areas and checked people's individual accommodation. We also inspected exterior areas of the home. We reviewed a range of documents and records including; two care records for people who used the service, two medicine administration records, three records of staff employed at the home, complaints records, accidents and incident records, and a range of other management and safety records.

Requires improvement

Is the service safe?

Our findings

We found there was no up to date safety certificate for the fixed electrical systems at the home. The general manager said this had been overlooked and would arrange for an electrician to carry out the work. He subsequently sent us a copy of the new certificate to show this work had been completed. We also found that windows on the upper floor did not have any window restrictors fitted and no risk assessment had been undertaken to determine the potential hazard to people who used the service. The general manager told us he was not aware of the most recent Health and Safety Executive guidance and would look to address this issue as soon as possible.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment.

Some risk assessments were in place for the location. A fire risk assessment had been undertaken along with checks related to infection control. Checks were also undertaken on smoke alarms and carbon monoxide monitors. The home had recently been inspected in relation to food hygiene and had received a five star rating.

Emergency plans were in place and fire procedures were on display with visual prompts and pictures to help people at the home understand what they should do in the event of a fire. Staff told us there was always a senior member of staff on call, if they needed any advice or support. One staff member told us, "(General managers) are available; we just phone them directly."

Staff said they had received training in relation to safeguarding adults and were able to describe the signs of potential abuse they would look out for. They said they would immediately report any concerns to the registered manager or general manager. The general manager told us there had been no recent safeguarding issues at the home.

Staff supported people by helping them manage their money on a day to day basis. Monies were kept in locked cabinets and a record made of any purchases and additions. Receipts for all purchases were also saved. The general manager told us they carried out monthly checks on people's money to ensure there were no irregularities. We checked people's current balances and found they matched the recorded totals.

The general manager showed us the accident and incident book. He told us there had been no accidents involving people living at the home over the last 12 months. Other accidents, involving staff had been appropriately recorded.

Staff told us there were enough staff and always at least two members on duty in the home during the day and one member of staff during the night. The staff member we spoke with told us they felt safe working alone at night and could always access support if required. Staff rotas confirmed this was the case.

Staff recruitment was undertaken centrally by the provider, although staff were then assessed and allocated to specific locations, depending on their skills, experience and the needs of the people living at each location. We saw appropriate processes had been followed. People had completed an application form, attended for interview and provided two references, one of which was from their most recent employer. Disclosure and Barring Service checks had been undertaken, including for the provider's family members who were employed in the service. Any issues highlighted by these checks had been risk assessed.

Medicines at the home were managed safely. All people's medicines were listed on their medicine administration record. The information on the medicines was detailed and there were no gaps in signatures. "As required" medicines are those given only when needed, such as for pain relief. Where these were in place details of when people should receive these and any restrictions on dose were noted. Where people had creams or lotions there was information on where they should be applied and how much should be used. Staff told us, and records confirmed they had received training in the safe management of medicines.

The home was generally clean and tidy. Staff had access to gloves to aid them if they were helping with personal care. Liquid soap was available. People living at the home had access to designated towels to limit the potential spread of any cross infection. There were colour coded chopping boards available in the kitchen, to be used for different food groups to limit the chances of cross contamination when cooking.

Good

Is the service effective?

Our findings

Staff told us they had access to training. They confirmed they had completed a range of mandatory training including fire safety, first aid, food hygiene and moving and handling. They told us training was a combination of computer based modules and some face to face sessions. They said they received sufficient training for them to undertake their role. A member of staff who had recently started working at the home told us she was well supported during her induction and had been given the opportunity to shadow more experienced members of staff.

The general manager showed us the training matrix for both the home and the wider service. A number of training courses was provided and he stated that the provider was currently looking to extend the range of training provided, including specialist training on autism, learning disabilities, challenging behaviour and diabetes. One staff member told us they had recently started their level three diploma in care. The training matrix highlighted when individual staff were approaching deadlines for training to be updated and when it was due. The majority of staff were up to date with mandatory training. Staff told us, and records confirmed that staff had regular supervision and appraisal sessions, although many issues were dealt with immediately because the home was so small and the staff group limited. Supervision took the form of observed care sessions as well as face to face meetings.

Relatives we spoke with said they could always contact the general manager if they had any issues or concerns. They felt that the home communicated well with them. Staff told us that they learnt how people communicated at the home and were able to interpret gestures or expressions. One care worker told us, “You learn how to communicate; you can tell how they are by their body language.”

The general manager told us that no one at the home was subject to restriction under the DoLS guidance of the MCA.

He told us there may be one person that could fall within this guidance and they were in discussion with the person’s care manager and the safeguarding adults team to decide if an application needed to be made.

The general manager was aware of the best interest issues and the need to consider capacity for any significant decisions and such issues were covered in care plans. There had been no recent best interest decisions but the general manager described to us the process followed previously when one person, who did not have capacity, required an operation.

We saw people’s consent was sought on a day to day basis. For example, people were asked if it was acceptable for the inspector to look in their rooms as part of the inspection. One person took us personally to see his bedroom. Staff had a good understanding of people’s right to make choices and right to refuse, if they wished. Where this refusal could have consequences for their health there were clear instructions for staff to seek advice from health professionals. It was not always clear how people had had their care explained to them. The general manager said he would look at how people’s consent could be more fully considered and recorded.

Staff told us they cooked the meals at the home and that people had access to a range of food and drink. The general manager told us that the home’s menu had recently been revised to increase the range of food available, although people’s individual likes and dislikes were still catered for. We saw the menu offered a range of meal types including, Sunday lunch, casseroles and salads. We looked at the food stores for the home and saw there were a range of fresh, dried and frozen food available. People’s dietary intake, drinks and weight were regularly recorded. A relative told us, “He gets good food and a varied diet.”

19 Third Row is a homely terraced property. The two people living at the home had full mobility and no specific adaptations were necessary. They had access to their own rooms, a lounge area, conservatory and a large rear garden.

Good

Is the service caring?

Our findings

People who lived at the home were not always able to communicate with us or did not wish to speak with us. We asked one person if they liked living at the home and they indicated that they did. A relative we spoke with said she felt the staff at the home were caring and supportive. She told us, "He seems quite happy and that's the main concern."

Staff told us they tried to involve people in their care and encouraged them to do as much for themselves as possible. They said this could vary from day to day, often depending on a person's mood. They said the most important thing was to get to know the people, so that they could receive care that was specific to them. One care worker told us, "Their needs are a priority. You try and support them to have a good day."

Staff responded to people's need. For example, one person came to the kitchen and staff recognised that the person wanted a drink. Staff said that the other person living at the home was also able to indicate that they wanted a cup of coffee or other drink.

People were supported to maintain their health and wellbeing. We saw evidence from care records of people attending or being seen by health and social care professionals. Records also showed that people were offered the chance to attend local doctor's surgeries for flu vaccinations and well man checks. One person's care records indicated they had particular problems with their feet and that staff should pay particular attention to this during the delivery of personal care. A relative told us that they had raised concerns about a person's health and the home ensured checks were undertaken. They said, "I had a concern. (General manager) took him to the doctor for a check. Everything was okay. They are proactive at looking after him." Both people living at the home had hospital passports, with information about their health that could be useful if they need to attend for medical treatment. We noted that some of the information was limited and in need of updating.

The general manager told us that no one living at the home was currently using an advocate to help them express their views. He said that both the people residing at the address had regular contact and reviews by their care manager and also had relatives who visited or supported them. A relative we spoke with confirmed they were involved in discussions about their care and support.

Staff were aware of the need to maintain confidentiality. They were aware the home was situated in a small community and whilst they felt people were part of the community, they understood about keeping information safe. Staff were required to sign a confidentiality agreement when they started working at the home. The general manager told us that most people in the village were aware of where people lived and the support they were receiving and it was important they were accepted as members of the local community.

Staff also understood about maintaining people's privacy and dignity. They recognised that people enjoyed having their own rooms and that this was their personal space. People were also treated with dignity and respect. Staff always approached people with questions such as, "Would you like..?" and "Is it alright..?" One person liked to listen to music and had a particular spot in the conservatory where he could sit and do this.

People were encouraged to maintain their independence. One person went regularly to stay overnight with their relatives.

Good

Is the service responsive?

Our findings

Care plans at the home were comprehensive and contained good detail. Care records encompassed identified needs alongside the risks associated with these needs. Plans included an overview of people's health and relevant conditions, an indication of the person's routine, medicine needs, allergies and nutritional needs.

Care plans identified people's particular likes, dislikes and needs. For example, it was noted in their care plan that one person became anxious when in crowded or busy areas. The care plan indicated that staff should ask to sit in a quiet area of the waiting room, if supporting the person to attend appointments. The same person also had a specific care plan detailing how staff should support them with an epileptic condition. Care plans were individualised and reminded staff that people's need were paramount. For example, in one care plan we saw written, "Remember that (person) does not have to be dressed and ready for breakfast at 9.00am. We go at (person's) pace."

Another care plan indicated that a person may have issue with personal care and may refuse to have showers. Staff were reminded that personal hygiene was an important aspect of care and action should be taken if the person consistently refused.

Care plans were dated as to when they were established and a date included when they should be reviewed. The general manager said most care plans would be up dated at least every six months, but this could be sooner, if additional needs were identified or changes were required.

The nature and size of the service meant that activities were wholly based around the individual. People had their own routines and went out to places that were of interest to them. We saw in one person's care plan was written, "Likes to go for trips to quiet locations." A list of suggested locations were then included in the care plan. Care records indicated that the person was taken out for trips and more locally around the village regularly. A relative told us that their relative had been to swimming and football sessions in the past, although these were in abeyance at the moment due to transport issues with the local authority. They also told us that the person had a cinema pass and that staff from the home regularly took him to the cinema, along with theatre trips.

People were able to make choices about how they spent their time. They could choose to spend time in their rooms, communal areas or in the home's garden. The general manager told us that one person enjoyed the freedom of walking around the garden; although staff kept an eye on him to make sure he was safe. People were also encouraged to decorate their room to meet their individual tastes. One person had a collection of soft toys in their room. A relative told us, "I'm happy with his room and décor of the house. He's had new carpets and curtains and things."

The general manager told us there had been no formal complaints in the last 12 months. He said that the advantage of a small service was that they were able to take any concerns and deal with them immediately, hence avoiding any escalation into formal complaints. However, the provider did have a complaints policy in place and information about how to make a complaint was available. One relative told us, "I did have one issue, about the (medicine) they were giving him. But it was all sorted out."

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since October 2010. Unfortunately the registered manager was not available at the time of the inspection but we were supported by the provider's general manager.

The general manager told us that because of the small size of the home he did not carry out any formal audits or checks, but dealt with matters on a daily basis, as they arose. This meant there were no formal systems in place to monitor issues, such as there being no fixed electrical system safety check. The general manager told us that they addressed things as and when needed. He told us about a recent issue regarding staff dress when on duty. He said the immediate issue had been dealt with there and then but that a wider reminder had been given to staff. He showed us copies of a memo to staff about what was expected in terms of appropriate dress when on duty. He also told us how the management of the service had taken on board the issues raised in past inspections, such as the changes made to the care planning process.

The general manager told us that the provider was looking to move to a supported living model of care rather than the residential model that was currently being provided. He said that the supported living model would give people living at the home more flexibility in how they lived their lives and meant they could choose to live in other areas, possibly closer to family and friends, and still receive the support they needed. He said discussions about this change were still ongoing with people, their families and the local authority. He said that the small nature of the service meant management staff were always on hand and visited the home daily.

Staff said they were happy working at the home and felt well supported by the management team. They said there was good back up and if there were any concerns or issues they could phone them any time of the night or day. They said, "I am pleased I have done it (move to work at the home). There is a great deal of job satisfaction knowing you are coming to work to help people" and "Nothing would make it better. I have made the right move."

Staff said that there were limited staff meetings, but this was because most issues were dealt with on a daily basis. They told us they could approach the management about anything. One staff member told us, "We are supported. If I had any questions they (management) would answer them straight away."

The general manager told us there were limited formal meetings with people who used the service. This was because this format did not meet their needs. He said there were daily discussions with people and regular meetings with family members when they visited. He also told us that they had regular contact with people's care managers, to review care and ensure that needs and issues were being addressed.

With the exception of the five year fixed electrical certificate, records at the home were up to date and stored appropriately. Daily records contained good detail of people's activities during the day and detailed any significant events, such as the person's mood, meals taken, medication refused and any treatment by a visiting health professional or health appointments attended.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Premises and equipment used by the service provider were not maintained safely. Regulation 12 (2)(d).