



**Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.**

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	1-112848964
<b>Our reference</b>	INS1-991373541
<b>Location name</b>	Barnet Supported Living Service

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not taken proper steps to ensure service users were protected against the risk of receiving care or treatment that was inappropriate or unsafe, by not meeting individual service users' needs and ensuring their welfare and safety. Regulation 9(1)(b)(i)(ii).</i>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*We reviewed eight risk assessments. We saw that they were not comprehensive and were not always being reviewed ... it was difficult to follow changes that had been made as these were hand written and it was not clear what the level of risk was.*

- The service is in the process of introducing a new support plan for all service users.
- The support plan has been reviewed to ensure that it is more person centred.
- The support plan clearly links to the individuals risk assessments.
- Risk assessments have all been reviewed and updated to ensure they are more detailed and include review dates.
- Support plans and risk assessments will be reviewed at least every six months (more often if required)
- Changes to support plans and risk assessments identified by the key-worker will be added by the business support team to ensure that it is legible and clear for all support staff to understand.

<b>Who is responsible for the action?</b>	Service co-ordinators
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**How are you going to ensure that the improvements have been made and are**

**sustainable? What measures are going to put in place to check this?**

- All documents will be in place and fully in use by the end of April.
- The service co-ordinators will review a sample of support plans during monthly 1:1 meetings.
- The registered manager (or registered provider in the absence of the manager) will carry out sampling of the documents on a monthly basis to ensure that improvements have been made and are sustainable.

**Who is responsible?**

Service co-ordinators & registered manager respectively

**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Service co-ordinators are providing sufficient non-contact time for key-workers to update all support plans and risk assessments.
- Additional admin support is being provided by the business support team to ensure that the documents are kept up to date, are legible and clear for all to understand.
- This additional resource is in place currently and will remain in place.

**Date actions will be completed:**

30.04.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

Current support plans and risk assessments are in place, however they are confusing and lack clarity, the service co-ordinators will discuss these in team meetings to ensure that team members are aware of service users' needs and any changes that have been added since the documents were written in order to ensure that people are being supported safely.

Regulated activity	Regulation
Personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service Providers</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider were not protecting service users and others who may be at risk, against inappropriate or unsafe care and treatment, by the means of effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the service and identify, assess and manage risk. Regulation 10 (1)(a)(b).</i>
<b>Please describe clearly the action you are going to take to meet the regulation and</b>	

## what you intend to achieve

*Although there were some systems in place to monitor the quality of the service they were not always effective.*

A series of quality monitoring 'spot checks' and 'planned checks' systems are already in place and some new ones have been introduced in response to the inspection; these are to ensure that the service is being managed and delivered in a safe, appropriate and effective manner, and to a good standard.

### Quality monitoring includes:

- Daily checks for infection control carried out by support staff and monitored by service co-ordinators.
- Food safety arrangements will include daily checks when supporting service users to cook and weekly when menu planning prior to the weekly shop, this will be monitored by the service co-ordinator.
- Weekly health and safety checks in service user flats and communal areas, carried out by the service co-ordinators and monitored monthly by the registered manager and quarterly by the health and safety officer from The Barnet Group.
- Weekly medication checks are carried out by the key worker and sampled monthly by the registered manager.
- Service user finances are checked monthly by the service co-ordinators and sampled monthly by the registered manager.
- Service user commissioned/delivered hours are checked monthly as part of the invoicing and billing process, this is reviewed monthly for accuracy by the business support team.
- Support plans and risk assessments are being updated and will be reviewed at least every 6 months and more often where required, sampling will take place on a monthly basis during 1:1 meetings and by way of spot checks by the registered manager.

### **Who is responsible for the action?**

Key workers, service co-ordinators and the registered manager

### **How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

- The registered provider has introduced clearer documentation for quality audits and will be monitoring this with the relevant team members to ensure compliance.

- An overview document for all monitoring is in the process of being developed for ease and will be in use from 01.04.15; this will provide an audit trail for review.
- A Quality Assurance Group (QuAG) has been set up since October 2014, this group of family carers will carry out quarterly audits at each of the services and report their findings back, the topic of the audits will be based on the CQC standards and actions from the outcome of those visits will be provided to the service co-ordinators and monitored for improvement by the registered manager.

**Who is responsible?**

Director of Care & Support

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Key worker, service co-ordinator, registered manager and registered provider's time respectively.

This resource is in place and available.

**Date actions will be completed:**

31.03.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

People who the service will not be affected as more robust quality monitoring systems have now been introduced.

Regulated activity	Regulation
Personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not ensured that service users, persons employed and others were protected against identifiable risk of acquiring an infection by means of not having appropriate standards of cleanliness and hygiene. Regulation 12 (1)(a)(a)(b)(c)(2)(a)(c)(i)</i>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*Of the six toilets we saw across all the units we saw none had paper towels available for people or staff.... Staff we spoke with said that disposable gloves were not always available*

*when supporting people with personal care. We saw that gloves were available in each unit but staff were unaware this was where gloves were kept.*

**Infection Control arrangements**

- Paper towels are available in all bathrooms and daily checks are carried out to ensure that stocks are replenished.
- All team members have been reminded where the PPE is stored at each location.
- After the inspection feedback that was given complimented the registered manager on the cleanliness within the services, the hand washing posters in the communal toilets were specifically mentioned.
- The infection control policy was reviewed by the Inspector who stated that she was satisfied with the document. The service co-ordinators will revisit this policy during team meetings to ensure that team members are aware of their responsibilities.
- Each service has a cleaning schedule for communal areas and specific support for service users (the medication cabinets have been added to this schedule) and in addition the landlord for the services (Notting Hill Housing) provides a cleaning service twice weekly.

<b>Who is responsible for the action?</b>	Service co-ordinator
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**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

- Daily checks by support staff have been introduced to ensure that adequate PPE and hand towels etc. are always available. This is monitored by the service co-ordinator.
- Infection control arrangements spot checks (sampling) are taking place as part of the monthly monitoring schedule. This is monitored by the registered manager.

<b>Who is responsible?</b>	Service co-ordinator and registered manager respectively
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Service co-ordinator and registered manager's time to undertake the monitoring, this is in place.

<b>Date actions will be completed:</b>	Completed
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**How will people who use the service be affected by you not meeting this regulation**

**until this date?**

This is in place, so people will not be affected.

**Regulated activity**

**Regulation**

Personal care

**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines**

**How the regulation was not being met:**

*The registered person and the provider did not have appropriate arrangements in place for recording, and dispensing medicine. Regulation 13.*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*The service was not safe as we found that people using the service were exposed to significant risk to their safety*

- The medication policy has been reviewed and updated to ensure clarity around responsibilities and this has been rolled out with team members in team meetings.
- All medication cabinets have been thoroughly cleaned and are now included on the routine cleaning schedule.
- The service user who had run out of foot soak for four days had this replaced immediately.
- The service user who was taking PRN pain killer daily had a review with his GP and his prescription was changed to reflect his needs.
- Patient Information Leaflets were stored in the service co-ordinators office at each service however these are now stored within the service users medication file.
- A medication administration 'one-page' easy guide has been introduced and is now on each service user's file.
- The local pharmacist will be asked to carry out an independent audit of the services.

**Who is responsible for the action?**

Service co-ordinator

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

Medication spot checks (sampling) are taking place as part of the monthly monitoring schedule, this includes;

- Cleanliness of medication cabinet
- Signatures and medication on MAR sheet reconciled
- 'Opened on' date on homely remedies and creams
- Stock control

**Who is responsible?**

Registered manager

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Registered managers time

This resource is in place.

**Date actions will be completed:**

Completed

**How will people who use the service be affected by you not meeting this regulation until this date?**

This is in place, so people will not be affected.

**Regulated activity**

**Regulation**

Personal care

**Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs**

**How the regulation was not being met:**

*The registered person and the provider did not ensure that service users are protected from the risk of inadequate nutrition and dehydration by means of the provision of a choice of suitable and nutritious food and hydration in sufficient quantities to meet service users' needs.*

*Regulation 14(1)(a).*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*...when we looked in communal fridges and freezers where people and the service kept food we saw out of date food such as mushrooms, bread and open soft cheese which was green with mould. In the freezer we saw several items of food that had not been resealed such as chicken, mince, sausages and five open bags of vegetables. There were no dates to indicate*

when these had been opened.

### Food safety arrangements

This information was not feedback at the time of the inspection, however since receiving the report the services have introduced the following arrangements to maintain food safety;

- All opened food that is not used is sealed and labelled with the date that it was opened.
- All food is regularly checked (weekly before shopping and daily prior to use) for use-by date.
- Food hygiene training is being sourced and all staff will be required to attend.

<b>Who is responsible for the action?</b>	Service Co-ordinators
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**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

Food safety arrangements spot checks (sampling) are taking place as part of the monthly monitoring schedule.

<b>Who is responsible?</b>	Service co-ordinator
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Service co-ordinators time to ensure that staff are following food safety requirements
- Food hygiene training

<b>Date actions will be completed:</b>	30.06.15
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**How will people who use the service be affected by you not meeting this regulation until this date?**

All staff will be reminded of food hygiene regulations and the organisation policy in team meetings, additional support will be provided from team members who have attended food hygiene training, this will ensure that people who use the service will not be affected by the regulation not being met.

Regulated activity	Regulation
Personal care	<b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>The registered persons and the provider did not have suitable</i>



arrangements in place to make a decision regarding service users' capacity to make decisions and consent to their care and treatment. Regulation 18.

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*All staff we spoke to did not understand the Deprivation of Liberty Safeguards (DoLS).*

- The registered provider has made a formal request that London Borough of Barnet carry out Mental Capacity Assessments with regard to Deprivation of Liberty for all service users as the services provide 24 hour support and people are under constant supervision and people who leave the service are supported to return.
- The service co-ordinators and registered manager have all undertaken 'MCA and DoLS Leads Training' facilitated by LBB.
- The staff will undertake further training in safeguarding to ensure that they have an understanding of their responsibilities
- The service co-ordinators will review with individuals their responsibilities during 1:1 meetings

**Who is responsible for the action?**

Service co-ordinators with support from the registered manager

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

The registered manager will maintain log of MCA's carried out and will include for each person:

- Copies of completed documents
- Date MCA completed
- Outcome of assessment

If an application to the Court of Protection is needed

- Date the application is made
- Outcome of the application
- Additional comments and information

**Who is responsible?**

Registered manager, with support from BLDS

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Service co-ordinators time to request the assessment, registered manager to keep and

maintain information log.

Training in safeguarding.

This resource is in place

**Date actions will be completed:**

30.06.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

People who use the service may be affected by unlawful deprivation of liberty where a service user does not have capacity to consent and this has not been referred to the Court of Protection.

<b>Regulated activity</b>	<b>Regulation</b>
Personal care	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not taken appropriate steps to make sure there was sufficient staff to meet service user's needs. Regulation 22.</i>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*We saw a person who had communication difficulties and could not move without staff assistance.*

The person is able to move without staff assistance and to communicate their needs.

It is disputed that there are insufficient staff to meet service user's needs, the contract moved from a block purchase arrangement in 2013 and all service users had an assessment of their needs at the time. The hours provided are commensurate with support plans and identified outcomes for each individual.

The services are commissioned to provide 859 hours of contact time per week and there are 1,030 hours per week of staffing hours, this ensures that there are 171 hours per week of non-contact time to allow for supervision, staff training and admin time. Within each service there are permanent, as and when and regular agency workers covering these hours.

<b>Who is responsible for the action?</b>	Service co-ordinators
<b>How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?</b>	
<p>Hours provided are commensurate with support plans and identified outcomes for each individual; this is monitored on a monthly basis and reported to LBB as part of the invoicing process. Evidence of this was not requested by the inspection team.</p> <p>The services co-ordinators will ensure improved communication with families and support staff to ensure that they understand how the hour's for service user's needs are assessed and allocated.</p>	
<b>Who is responsible?</b>	Service co-ordinators
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Service co-ordinators time.	
<b>Date actions will be completed:</b>	Completed

<b>How will people who use the service be affected by you not meeting this regulation until this date?</b>
N/A

Regulated activity	Regulation
Personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider did not have suitable arrangements in place in order to ensure that persons employed were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, by receiving regular supervision and appraisals, appropriate training. Regulation 23(1)(a)(b).</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<i>We reviewed staff training, supervision and appraisals. We saw that managers had received appraisals however all other staff had not.</i>	

All permanent staff except one had their appraisals before the end of July 2014 which was prior to the inspection, evidence of this was not requested by the inspection team at the time. Appraisals are recorded on iTrent (electronic HR system) therefore evidence was available at the time of the inspection.

*Supervision occurred in some of the homes but this was not consistent.*

- Supervisions have been carried out for the majority of staff; however, one service co-ordinator had not been vigilant in carrying out this support regularly for all staff.
- Supervision is now recorded monthly on iTrent (from January 2015)
- Since the report has been received a plan has been put in place to ensure that supervisions are carried out by all managers and are recorded as per the organisational policy.

*Relatives we spoke with believed that staff had the skills to care for their relatives. Comments included, "staff seem suitably trained and competent." However when we spoke with all staff we had concerns about their understanding of the MCA, DoLS, medicines, food hygiene and understanding peoples physical needs such as dementia and epilepsy.*

- Staff training was not identified as an area for concern during feedback after the inspection other than for dementia support.
- All team members supporting people who have dementia were provided with training on this subject in October 2014.
- Mandatory training identified in the report is in the process of being sourced.

**Who is responsible for the action?**

Service co-ordinators with support from the training manager

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

All of the above will be monitored by the registered manager and registered provider as appropriate through iTrent at suitable intervals.

**Who is responsible?**

Registered manager and registered provider

**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Funding for training has been agreed.
- The dates for all training have been agreed.
- Service co-ordinators will ensure all staff attend as required.

**Date actions will be completed:**

30.06.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

- Staff briefings will be undertaken in team meetings to ensure that staff are aware of their responsibilities
- Organisational policy will be reviewed in team meetings

<b>Completed by:</b> (please print name(s) in full)	Julie Riley
<b>Position(s):</b>	Director of Care & Support
<b>Date:</b>	27.03.15