United Response

United Response - 1 Arundel Close

Inspection report

1 Arundel Close
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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 20 September 2015 and was unannounced. The last inspection took place on 16 April 2014 and no breaches of legal requirements were found at this time.

The home provides care and accommodation for up to four people with a learning disability. At the time of our inspection there were three people living in the home. There was a registered manager in place at the home. 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.

The service was safe in most aspects; however more needed to be done to ensure that the risks associated

Summary of findings

with infection control were minimised. A shower room was in need of deep cleaning and renovation. The area was dirty and the tiles were mouldy, as was the silicone filler. This posed a risk to people as this area could not be effectively cleaned.

People in the home were supported by safe numbers of staff who were able to meet their needs, and people's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary. Staffing levels were flexible to accommodate the needs of people and the activities they chose to do in their local community.

Support plans were representative of people's current needs and gave detailed guidance for staff to follow. Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Medicines that we checked matched the records that were kept.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

A detailed system was in place to monitoring the quality of the service that people received. This included a system to manage people's complaints.

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

The service was safe in most aspects; however we found the standards relating to cleanliness and infection control was not always followed in one person's shower room.

Sufficient numbers of staff were on duty to ensure people's needs were met.

Staff were aware of their responsibilities to safeguard people in the home from possible abuse and aware of reporting systems.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Medicines that we checked correlated to the records that were kept.

There were individual risk assessments in place to guide staff in providing safe care for people, including the safe management of their long term health conditions.

Is the service effective?

Good

The service was effective.

Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and had a good understanding of the protection of people's human rights.

People received effective care and staff worked with other healthcare professionals when necessary to support the person when their needs changed and also before people moved into the service.

Staff received training and support to fulfil their roles and ensured that people's needs were met. Including specific training related to people that used the service.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

Staff included people in their daily life choices and enabled them to maintain their independence.

The service received positive feedback from people in relation to their caring approach to people. This included supporting people through a period of bereavement.

People were able to maintain relationships with people that were important to them.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Staff understood people as individuals with their own likes and preferences.

Individual activities took place with people and strong links were built with the local community.

Support plans were representative of people's current needs and gave detailed guidance for staff to follow. People made choices about all aspects of their daily lives.

There was a process in place to manage complaints and people were supported to raise issues or concerns. Information was supplied in appropriate formats to meet people individual communication needs.

Is the service well-led?

Good

The service was well led.

There was a senior management team in place to support the registered manager.

The registered manager demonstrated an open and transparent culture in the home. People told us they felt listened to and supported.

There were quality assurance systems in place. The registered manager and other managers of the organisation undertook regular audits.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September 2015 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people in the home and also looked at one staff member's personal file to see how they were trained and supported. We spoke with the two people who were at home. We made observations of the care people received and spoke with one member of care staff who was on duty. Following the inspection we also spoke with the registered manager. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

Requires improvement

Is the service safe?

Our findings

The service was safe in most aspects; however more needed to be done to ensure that the risks associated with cleanliness and infection control were minimised. We viewed a person's shower room and this needed deep cleaning and renovation. The area was dirty and the tiles were mouldy as was the silicone filler. One side of the shower wall had visible bevelled tiles that could collect moisture and dirt; therefore this area cannot be effectively cleaned. People could be at risk of cross infection as germs could harbour in these areas.

We discussed this with staff who told us and showed evidence in the form of cleaning schedules, that this area was cleaned regularly. They also told us a steam cleaner had been used to try and remove the mould but it didn't work. The registered manager provided evidence following the inspection, that this area along with another bathroom upstairs, was currently in the process of being quoted for replacement. Emails were sent to us following the inspection, that confirmed quotes have been requested for the work to be undertaken. However no confirmed date for completion was available at the time of our inspection.

The laundry area which was situated adjacent to this shower room also had no hand washing products for staff to use. This meant staff had to move from the laundry area into the clean kitchen area next door to wash their hands. Therefore the risks associated with cross infection and maintaining the standards required by 'The Department of Health published Health and Social Care Act 2008 Code of Practice, On The Prevention And Control Of Infections And Related Guidance' was not always followed.

The rest of the home was clean and free from odours. Cleaning schedules were in place and staff used personal protective equipment (PPE) when undertaking some tasks such as cleaning and assisting people with their personal routines. We evidenced this during the inspection whereupon we saw a member of staff using gloves and an apron when undertaking a person's diabetic regime. This ensured the person's health regime was managed cleanly and safely.

We spoke with people who were at home during our inspection. One person said "Happy nice and safe". People also used non-verbal ways to communicate. For example, one person smiled and used facial expressions when we spoke with them that indicated they were happy speaking with us. People were content and settled in their home environment and interacted with staff in a relaxed way. We also saw that when staff gave a hot drink to a person they remained available in the area, to ensure their safety and encourage them to drink safely.

People were protected against the risks associated with the administration and storage of medicines. The administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. This demonstrated people received their medicines in line with the GP instructions. Stock levels matched people's records and weekly audits took place in line with the organisation's policy and when the monthly stock of medicines were received. No one living in the home had been assessed as being able to manage their own medicines. However staff told us they would support this and this would be assessed before people came into the service.

There were sufficient numbers of staff that to ensure that people's needs were met. The member of staff we spoke with told us that during the day there were sufficient numbers of staff to allow people undertake their chosen community activities. A 'sleep in' member of staff was in place and the member of staff told us this was sufficient to meet people's night time routines. They told us "if anyone was not well we would always be able to get someone in. We cover any shortage of shifts between us as we know people well". Staff told us that the staffing levels worked well and meant that people's needs were met. Records that we viewed confirmed this and included staff available to support people's daily community activities.

There were recruitment procedures in place to help ensure that staff were suitable for their role. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helps prospective employers ensure people are suitable for employment in their organisation.

We found the provider had systems in place that safeguarded people. Staff we spoke with had a good

Requires improvement

Is the service safe?

understanding of what safeguarding meant and the processes to follow. Pictorial policies were also viewed in people's files. This helped people understand what safeguarding meant and how they were protected.

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. For example, clear guidance was documented to ensure two staff members signed out a person's medication when a person went home to family for weekend stays. Another person's assessment clearly identified how the person was supported to safely go to the shops independently. This highlighted how the member of staff would support the person unobtrusively from a distance until they arrived at the shop. This meant people's risk assessments supported people's needs safely.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Good

Is the service effective?

Our findings

People received effective care. Support was in place that ensured that people's health needs were met. Staff worked with healthcare professionals where necessary and followed their advice to ensure that the risks to people's health were minimised. For example, we saw evidence in a person's file of how referrals were made when the person experienced a change in their need. The service involved various professionals resulting in a medication review and liaison with the person's family. Staff said "we have good links with medical professionals and the community learning disability teams. We would involve social workers and families whenever needed the GP was happy for us to involve the person's family as well".

People's ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. People had Health Action Plans (HAP's) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals and helped health professionals understand the way in which people liked to be supported. Pictures were used to help the person to understand what it might be like and this was developed with the person to gain their preferences.

Advice and guidance was sought from external health professionals. We saw documentation to support referrals were made to external professionals. For example, to the community nurse. A person's file showed the input the nurse gave to the staff to manage a long term health condition. The member of staff told us "[name] is excellent we have good communication with the team and they always record any changes or new instructions. They also provide training to staff to ensure the most up to date best practice is followed".

People's rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw examples of best interests decisions being taken on behalf of people where it had been assessed that they did not have the capacity to consent and contained details of who was consulted and involved in their care and planning. Pictures were used to aid people's understanding and aid their involvement.

Staff confirmed they had received training in the Mental Capacity Act 2005 and were able to tell us about key aspects of the legislation. They also told us how they ensured this happened on a daily basis. For example the member of staff described how one person would respond if they didn't wish to do something. The member of staff had a good understanding of the person's non-verbal communication needs that ensured their rights were respected. Where it was felt that person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, applications were made to relevant authority for DoLS authorisation. This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. DoLS provided a legal framework to deprive a person of their liberty if it is in their best interests to do so and there is no other less restrictive option.

Staff were positive about the support and training they received. We viewed the overall training records which showed when all mandatory training topics had been completed. These included: safeguarding adults, dementia awareness, equality and diversity, person centred care, moving and handling and health and safety. Training relevant to the needs of the individuals in the home was also provided in addition to the mandatory training topics. For example we saw that staff received training in autism, learning difficulties and working with families. Where people had particular needs associated with their health staff told us they had received training to support them. This included for example, diabetes and epilepsy management. Staff said "They are a good company to work for, we have all the training we need in relation to people we support. Staff will not undertake anything alone until they feel confident". A staff briefing document that we viewed also confirmed the organisation is implementing 'The Care Certificate' induction program. This is an identified set of standards to which health and social care workers must adhere in their daily working life. The registered manager confirmed all new staff would be following this route as well as the standard local induction into the home.

Staff received appraisals and supervision that guided them in their role and highlighted any development and training needs. Staff said "yes I am supported well. We are a good team we have been together a long time. We can do further development training to become a senior support worker and have greater responsibilities".

Good

Is the service effective?

People's nutrition and hydration needs were met. People's independence was promoted and they were involved in preparing of some of their meals. We observed this during our inspection, we heard the member of staff say "[name] would you like to help me peel the vegetables for lunch". The person said "Yes" and proceeded to follow the member of staff into the kitchen. Staff had the nutritional information for people to ensure their needs were met. for example, where people required sugar free options this was adhered to. The member of staff said "[name] is diabetic and therefore needs that piece of fruit at 11am. We have all the guidance and information in the care plan". We saw this in the persons file. The member of staff confirmed no set menu was in place in the home but it was discussed regularly to ensure people's preferences were respected. People were given options at meals times and alternatives were provided for people as required. All meals were recorded on a daily basis to ensure balanced meals were offered. The meal we observed during the inspection was balanced and visually attractive. The member of staff sat with one person at the table while the other person chose to eat in their own personal space. This meant people's individual needs related to nutrition were met.

Good

Is the service caring?

Our findings

People felt positive about the care they received and the staff that supported them. One person we spoke with was animated visually when we asked them how they felt and said; “happy” and “Nice”. Another person repeated the things we said and smiled saying “happy me”.

People were supported to maintain relationships with the important people in their lives. People’s files showed the people they wished to see and why they wanted to. Documentation called ‘Important to’ clearly showed who was important in their life and another document call ‘important for’ clearly showed how it was important to maintain theses family and friends contacts for the person.

Compliments received by relatives and friends clearly identified their caring approach. Comments included “thank you so much for supporting [name] we are all really aware of your commitment and appreciate all you do "and “thank you for making us so welcome”.

People were supported by staff who were kind and caring in their approach. Staff spoke to people in a considerate and respectful manner. We observed pleasant interaction throughout our inspection. Staff asked people what they wanted to do and often asked if they were ok.

Independence was promoted. It was clear in people’s support plans the aspects of their care routine they were able to manage for themselves. For example, one person’s support plan stated ‘staff to wash [name] hair, wash legs and back. [Name] can wash the rest of their body themselves’. This showed how the person’s independence was recognised and promoted.

People were involved in decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people if they were able. Support plans were personalised and were written in the first person. Staff told us how they involved people in their holiday and activity choices when they may be unable to verbally express their wishes. Staff said “we show [name] pictures of different activities such as bowling, cinema and walking. We would show pictures of camp and cottages for holiday choices”. Pictures were viewed of holidays people had recently undertaken. Staff supported a person to tell us about their recent seaside holiday.

People and their relatives had opportunity to attend resident meetings. These meetings were called ‘diverse voices’. Staff told us these events promoted people’s involvement and gave opportunities for people to meet others, to look at particular issues such as bullying, safeguarding and safety. They told us people enjoyed this engagement event and a newsletter was publicised.

As part of the provider’s quality monitoring, people’s opinions were sought through surveys on a yearly basis and through person centred planning reviews. Staff told us a pictorial survey was used to help people understand what was being asked of them and comments were positive.

People’s cultural needs were taken in to consideration and accounted for. Staff told us this was considered and discussed at the pre admission assessment and would be provided for. They said they would be able to meet any cultural dietary or spiritual need. Staff said “people currently don’t have any specific cultural needs, but that’s not to say they wouldn’t in the future and we would ensure we gain any knowledge that we need”.

People were supported sensitively by staff at times of loss and bereavement. Staff told us how they supported people in a sensitive and caring way. Staff said “when [name] passed away we were all involved in the service. [Name] carried flowers and we all helped to compile a memory book to help people with the loss we all felt”. We saw the memory book that was sensitively put together. One person vocalised in a happy way when staff showed them the pictures and repeated the person’s name.

Good

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who understood their individual needs and preferences. People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams were involved such as a psychiatrist and mental health teams. The service also undertook their own detailed assessment to ensure the person's needs could be met. Staff said "we are not rushed into filling any vacancy it has to be right for the person and others already living in the home. People are carefully assessed".

Personalised care and choice was offered to all people that used the service. Personalised care plans were put in place. These were person centred and written in the first person. Each person's individual file held comprehensive information around their care and support needs. The information included; support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Some of the documentation viewed was in a pictorial format to aid the person's involvement. This meant different communication formats were used to involve people in the development of their care and support planning.

Support plans were clearly written and gave a good picture of people's individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a regular basis to ensure they were current and reflected any changes in the type of support that people required. Photographs and evaluation information was gathered before reviews to show the progress people made in their goals and analyse what didn't work so well. There was information available in people's support files describing their lives prior to coming to the home, including important events in their lives and relationships that were important to them and how they wanted to maintain these relationships.

People were able to follow their own preferred routines, getting up and going to bed at a time of their choosing. Staff said "people do have choice in what they do. We support people to achieve what they can. We try to get them to take responsibility for their own rooms and cooking. If they choose not to then we will do it. But we do encourage them".

People's bedrooms were well furnished and they were encouraged to personalise their rooms with photographs and memorabilia from home. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding and complaints information. Records showed no complaints had been received since our last inspection. People's records evidenced this information was discussed with the person.

People were able to choose what activities they undertook. We observed activities taking place during the day on a one to one basis. One person undertook water play activity and another person helped with the cooking. People's files showed a wide range of activities in their local community that included: bingo, going to the pub, horse riding, attending local clubs and trips on holiday. Staff told us people undertook one to one activities that were meaningful to them and keyworkers would evaluate this to feed into their care review. Rotas that we viewed evidenced staff were available to support people on one to one activities.

Not all of the people in the home were able to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations. This was confirmed by our observations during the inspection.

Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement. There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary. We read a number of positive comments praising the standard of care in the home.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place and a team of senior support workers. They also received support from an area manager and their peers in the organisation. Staff were positive about the management arrangements and told us they were very well supported. Staff felt very confident about raising concerns with the manager and this created and open and transparent culture within the staff team. Staff told us they worked together well as a team. They said "we are a well established team and always help each other. Even as keyworkers we all get involved with things together".

The registered manager communicated with staff about the service. Monthly staff meetings took place and were also used as 'group' supervision forum. Minutes confirmed detailed discussion took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. Discussions included: resident review, information gathering, things that went well or not so well for people and events and dates.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends or patterns in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation.

There were systems in place to monitor the quality and safety of the service provided. There was a programme of audits in place. These included the environment, staffing and care delivery. The quality assurance system included weekly, monthly, quarterly and six monthly checks. Checks included: medicines, people's vehicles, finances, incidents/accidents, observations of staff interactions, training and fire and health & safety checks. These checks were undertaken by both the registered manager, staff and included visits from staff within the wider organisation. We viewed documentation that confirmed detailed checks were undertaken in line with the organisations policy and any actions were followed up at the next visit. This ensured the care delivery and facilities were safe and effective.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly questionnaires. Staff told us "we work very closely with families and value their input and we always try to do the best and look for ways to improve".

The registered manager kept up to date with changes in the law and various pieces of legislation. They were fully aware of CQC's fundamental standards and changes in the way inspections now took place. This was observed in policies and documentation that we viewed that had integrated the 'five key questions' that were covered during inspection. When we spoke with the registered manager they also understood the intention of the 'duty of candour'. This regulation ensures that providers are open and transparent with people who use services when things go wrong with care and treatment. The registered manager confirmed this was embedded within the service and demonstrated they took responsibility to ensure policies and staff were kept up to date with the changes.