

United Response

United Response - 36

Harvey Road

### Inspection report

36 Harvey Road  
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Hounslow  
Middlesex  
TW4 5LU

Tel: 02036681557

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### Ratings

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

# Summary of findings

## Overall summary

About the service:

- United Response - 36 Harvey Road provides personal care, support and accommodation for up to five people with learning disabilities. At the time of the inspection, there were five people living there.

People's experience of using this service:

- Relatives of people using the service told us they were happy with the care and support their family members received. They told us that care workers were caring and treated their family members with respect and that they were kept safe from harm.
- There were enough staff employed to meet people's needs.
- Staff received training that was relevant to the needs of people using the service. This included both induction training for new staff and ongoing mandatory training for experienced staff.
- Staff received regular supervision and told us they felt supported by the manager.
- Risks to people were assessed so they were kept as safe as possible. Ways in which risks to people could be reduced were recorded and staff followed the guidelines that were in place.
- People received good support in relation to their medicines, eating and drinking and their ongoing health needs. Appropriate care records were in place in relation to these areas.
- Care plans were individual and met the needs of people using the service. They were person-centred and were completed in people's best interests. They included people's preferences and the views of their relatives and other health professionals.
- No formal complaints had been received from people or their relatives.
- Feedback from relatives, staff and health professionals was that the service was well-led.
- Regular checks to monitor the quality of service were completed.
- The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".
- More information is in our full report.

Rating at last inspection:

- This was the first inspection of the service since it was taken over by United Response. It was previously managed and registered under a different provider.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates as per our re-inspection plan.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# United Response - 36 Harvey Road

## **Detailed findings**

### Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type:

- United Response - 36 Harvey Road is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager who was in the process of applying to become registered with the Care Quality Commission.

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.
- We were not able to have meaningful verbal conversations with people using the service. However, we observed care workers supporting people during the inspection. We spoke with relatives of three people

who used the service.

- We spoke with the area manager, three care workers and one health and social care professional.
- We reviewed two people's care records, staff records, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- The provider followed appropriate procedures when recruiting staff. Staff had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- There were enough staff employed to meet the needs of people using the service. There were three care workers on duty during the day and two at night, one waking and one sleep-in. Care workers told us "There is always enough staff for us to carry out our tasks for the day. The rota is well organised so we all know beforehand who is in and what our daily duties are."

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us their family members were safe and well cared for. One relative said, "She is well looked after. There is never anything untoward." Another said, "[My relative] is very safe there."
- Care workers demonstrated an understanding of what action they would take if they had concerns about people's wellbeing. One care worker said, "If there are any concerns about the safety, and wellbeing for the people we support, I will have to report to my manager regarding it."
- Records showed that safeguarding training was delivered to care workers on a regular basis.
- There had been no safeguarding concerns raised against the provider.

Assessing risk, safety monitoring and management:

- The provider took appropriate steps to identify and manage risks to people using the service.
- Care records included risk management plans which included ways in which risk to people could be reduced. Risk assessments were individual to each person and were comprehensive in scope. They included risk management plans in relation to fire evacuation, falls, medicines, choking/food, bedrails.
- We saw that staff were following the risk reducing steps that were in place.
- Each person had a Personal Emergency Evacuation Plan (PEEP) with both a day and night time procedure. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. Fire evacuation practice records were seen. Emergency lighting and fire doors were tested weekly.
- Environmental risk was assessed and managed. A fire risk assessment had been completed in July 2018 with the overall risk rating 'tolerable'. There were some actions for the provider for improve which the area manager confirmed had been done, however these were not clearly documented in the fire risk assessment. The fire alarm system was tested every six months.
- Test certificates for the sprinkler system, electrical and gas safety were seen

Using medicines safely:

- People were supported to take their medicines in a safe manner. Each person had a medical profile with details of their GP and pharmacist and their prescribed medicines.
- Care workers received an induction prior to being signed off as being competent to administer medicines. This included confirming they had read the policy, had completed the necessary training and gone through the medicine administration record (MAR) charts.
- We observed a care worker supporting people with medicines and they did so in a safe manner, informing people they were giving them their medicines and obtaining consent to do so.
- Medicines were stored safely and were stock checked on a regular basis. Storage cabinets were temperature checked to ensure medicines were being stored at the correct temperatures.
- Care workers completed medicine (MAR) charts when they supported people with medicines. These were completed correctly. A record of staff signatures was documented to identify which care workers had administered medicines.

#### Preventing and controlling infection:

- People's bedrooms and communal areas were clean and well maintained.
- Good kitchen hygiene was practised. Fridge temperature records were kept which showed that food was stored at the correct temperature and food items were within their best before date. Colour coded preparation boards were used to minimise the risk from cross infection.
- Care workers received regular training in food hygiene.
- Hazardous cleaning materials were kept locked.

#### Learning lessons when things go wrong:

- Incidents that had occurred were recorded and signed off by the manager. These evidenced what had occurred, the action taken and whether the necessary notifications were submitted if required.
- There had not been any serious incidents that had occurred. One care worker said, "I would speak to my manager and explain any issue that I may have and see what steps they feel I should take. I would always follow procedure and ensure I always do what is best for people."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were good, and people's feedback confirmed this.

Staff induction, training, skills and experience:

- Care workers said they were happy with the training and support on offer. Comments included, "Yes, I feel United Response provide adequate training and supervision for me as well as the other staff, in order for us to do our jobs well" and "I feel I receive enough training from my managers to help me carry out my duty in the correct manner, if anything changes within the work place I am always kept up to date with any changes." On the day of the inspection, care workers were receiving training in positive behaviour support.
- New care workers received an induction which included shadowing existing care workers, getting familiar with the service by reading support plans and policies. Care workers with a NVQ level 3 or equivalent were not required to do the Care Certificate training as part of their induction. If not, they were required to do so over six months during their probation period. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.
- Care workers completed training that was relevant to supporting people with learning disabilities. This included, moving and handling, epilepsy, positive behaviour and challenging behaviour amongst others. This helped them to carry out their roles effectively. □□□□.
- Care workers received regular supervision during which they were able to discuss their performance, a review of any developmental needs and a review of any outstanding actions from their previous supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had been living at the service for a number of years, care records showed that appropriate assessments had been completed and reviewed on an ongoing basis which had resulted in comprehensive care plans and risk assessments.

Supporting people to eat and drink enough to maintain a balanced diet:

- People using the service needed some level of support with eating and drinking, some needed encouragement whilst others needed more intensive support.
- Care records included details of how staff could support people to eat and drink effectively. These included eating and drinking guidelines from Speech and Language Therapists.
- We observed care workers preparing lunch for people in line with the eating and drinking guidelines that were in place.
- The kitchen was well stocked with good quality food produce.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:



- People's health care needs were met by the provider.
- People had Health Action Plans (HAP) in place. A HAP is a document recommended for people with a learning disability should have. It is an accessible plan that belongs to the person that says: What things they are doing to keep fit and well. What other things they want to do to be healthy. People's health needs were recorded along with details of health professionals involved in their care.
- People were supported to attend annual health checks, medicines reviews and other health related appointments such as eye tests, dental check-ups and audiology appointments.
- Each person had a hospital folder which contained information in the event of a hospital admissions. This contained the hospital procedure, a hospital handover chart, hospital passport, their dietary support needs, list of their prescribed medicines and a one-page profile.
- We saw health professionals and other agencies such as diabetic services, hospital reports and GP referral letters.

Adapting service, design, decoration to meet people's needs:

- The environment was fit for purpose and met the needs of people using the service. For example, the corridors were wide enough for wheelchairs to manoeuvre easily. There was a lift for people to use and hand rails on the stairs.
- People lived in individual bedrooms which were well maintained and furnished to their liking. There was a large communal lounge and a separate kitchen for people to socialise in if they wished.
- The lounge opened out into an accessible outside space.
- There were standing hoists and accessible baths that were suitable for people with high mobility support needs.
- There were fire resistant doors and appropriate fire exit signs on display.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Relatives told us they were happy with how their family members were cared for and said that care workers were kind and showed empathy to their needs. Comments included "The carers are caring and respectful", "Very well cared for", "They have been very supportive towards [my family member] which is very reassuring" and "Very happy, I can't imagine a better place for [my family member]."
- Staff received training in equality and diversity and inclusion. People's religious and cultural needs were included in care records. A care worker said, "I value all the people I work with and treat them with respect, over the time I have spent with them I have built relationships with the individuals and have an understanding with them."
- Some care workers acted as key workers for people which meant they were able to provide consistency of care and were a familiar face for people and their relatives. We observed care workers supporting people in a caring manner, speaking to them in a kind manner when helping them to eat or when engaging with them in the home.

Supporting people to express their views and be involved in making decisions about their care:

- Care records were person centred and were completed with the input of relatives and other relevant people such as key workers and health professionals in people's best interests. One relative said, "They always involve me with any decisions."
- Care records included a one-page profile which gave information about things that were important to people, how best to support them and what a typical good and bad day looked like. This helped to ensure that care was delivered according to how people using the service wanted it.
- Care workers said they cared for people according to their preferences as recorded in their care records.

Respecting and promoting people's privacy, dignity and independence:

- Relatives said that care workers were respectful towards their family members. Care workers told us they were careful about respecting people's privacy and maintaining their dignity when supporting them with personal care. We observed this to be the case during the inspection.
- Although all the people using the service needed level of support, care workers encouraged them to maintain their independence. For example, encouraging people to eat independently with the appropriate level of support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were written from the perspective of people using the service and reflected their current needs. One care worker said, "We are able to care for the people we support in a person-centred manner by following each individual care plan and guides."
- Care plans included communication profiles. These helped to ensure their communication needs were identified and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Communication profiles were detailed and included any sensory impairments, people's gestures and what they meant, how they communicated whether it was through objects of reference, eye contact, pointing or other means. These were developed with the input of care workers, relatives and health professionals. A care worker said, "We meet their needs through their body languages and facial expressions."
- Each person was assigned a key worker who was responsible for ensuring their needs were being met. Care workers told us, "My role as a key worker is to work with residents and to review them and assess how they are doing. Once I have a good idea I will update my manager in regard to their health. I work closely with my manager and the residents."
- People's interests and activities were recorded. We saw people taking part in their preferred activities during the inspection.
- Key workers completed monthly summaries with details of how people had been during the previous month, progression against their support plans and any other significant events in relation to their health or other areas of support.

End of life care and support:

- The service was not supporting people who were on palliative or end of life care. However, where people had DNAR (Do Not Attempt Resuscitation) these were completed with the appropriate authorisation and after discussing with people's relatives.

Improving care quality in response to complaints or concerns:

- There had been no formal complaints received from people, relatives or other stakeholders such as health professionals. The area manager told us that yearly reviews were held with social service which relatives were invited to. They also said they had regular contact with relatives and explored any concerns during these.
- Relatives told us they had never raised any formal complaints but were familiar with the staff and the manager should the need ever arise.
- The complaints form and complaints policy were on display in the home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Relatives said the service was well-led. One relative said, "It's got a very good manager at the moment" and "There has been some new staff but the new manager and the key worker are great." Care workers also felt the service was managed well and the managers made themselves available to provide support if needed. They said, "The manager is approachable, I am able to reach out to her whenever there is any concern" and "Yes I feel I have a very good manager who is easy to talk to and is ready to help me if I ever needed it."
- The service manager was in the process of applying to become registered with the Care Quality Commission. She was supported by an area manager who was a regular presence at the service.
- The staff demonstrated a good understanding of the needs of people using the service and how best to support them, this was reflected in the conversations we had with them and in the person-centred care plans that had been developed for people.
- Managers were aware of their regulatory responsibilities with respecting to notifying the relevant authorities of any notifiable incidents or safeguarding.
- One health professional said, "The residents to my knowledge are all settled and have their needs well met."

Continuous learning and improving care:

- Quality assurance audits and regular monitoring took place.
- Every month the manager submitted a report to the area manager reporting on any incidents, safeguarding, compliments, complaints that had been received.
- A monthly audit looking at general standards of care, the environment and staff conduct was completed.
- Every quarter there was a comprehensive audit carried out by a manager of another service. This meant there was some level of independent scrutiny. This audit looked at finances, staff supervisions and employment, health and safety and support and records compliance.

Working in partnership with others:

- There was evidence that the provider worked with external professionals. For example, working with community learning disability teams to develop eating and drinking guidelines and working with social services during annual reviews.
- A quarterly report was sent to the quality assurance team at the local authority reporting on a number of quality indicators.

- One health professional said, "I have knowledge of the home and I am not aware of any recent Safeguards or concerns. The staff are good at letting us know of any issues."

Engaging and involving people using the service, the public and staff:

- Relatives told us they were kept up to date by staff and were involved in any major decisions that needed to be made. They were invited to care plan reviews where their input was sought. Comments included, "[The service] invite me for care plan reviews, always ask for my input."
- Care workers felt their views were considered and told us they felt comfortable approaching the manager if they had any concerns.
- Regular staff meetings were held. These were used to brief staff on any major changes, talk about work related issues such as health and safety, medicines and staffing issues.