

## United Response

# United Response - 66 & 66a Lemsford Road

### Inspection report

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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

United Response - 66 & 66a Lemsford Road provides accommodation and personal care for up to 11 people with physical and learning disabilities or autistic spectrum disorder. At the time of our inspection nine people were living at the service.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People were unable to communicate with us due to their complex medical conditions. However relatives told us they felt their family members were safe living at the service. Individual risks to people were appropriately assessed, identified and managed.

We observed that there were enough competent staff to provide people with support when they needed it. Staff had been recruited through a robust recruitment process and had received appropriate training, support and development to carry out their roles effectively.

People received appropriate support to maintain healthy nutrition and hydration. Where required specialist diets were provided and professional input was sought.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible and the policies and systems in place at the service supported this practice.

People's relatives told us and we observed that people were treated with kindness by staff who respected their privacy and maintained their dignity.

People and their relatives were given the opportunity to feedback on the service and their views were listened - and acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access and participate in meaningful activities and to pursue hobbies and individual interests.

People were supported to share their views by commenting or to complain if they were unhappy with any aspect of the service and were confident they would be listened to. We saw feedback forms had been completed, for example a person was unhappy about a delay in food being served in a restaurant, and staff assisted them to complete a feedback form.

There was an open, transparent and inclusive atmosphere within the service. People and staff had regular meetings to take part in discussions around shaping the future of the service, along with a suggestion box to share ideas.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

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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 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 comprehensive inspection was carried out by one inspector on 25 July 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service. We reviewed the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we were unable to speak with people who used the service due to their complex medical conditions. However we spoke with three relatives of people who used the service, two care staff and the registered manager. We requested feedback from commissioners and the local safeguarding authority.

We reviewed two care records, the staff recruitment process and records relating to the overall management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

People who lived at Lemsford road were unable to tell us whether they felt safe living at the service. However relatives and family members told us they had no concerns about people's safety. One relative said, "No, safety has never been a concern for us and [Name] has been there for many years. The staff does take good care of [Name] and I don't ever feel unduly concerned about anything." Another relative told us, "I do feel [Name] is safe here and they [staff] are very good at keeping you informed as well, even when [Name] goes into town they always have staff with them to make sure they are safe."

We observed that people were supported by staff who demonstrated they understood how to keep people safe and knew how to report and elevate any concerns they had around suspected abuse.

Risks to individuals were assessed and when identified actions put in place to mitigate and manage the risks to help keep people safe. Staff demonstrated an awareness of risks and how to reduce them and keep people safe. For example in the case of one person, furniture had been moved and equipment was put in place to help reduce the risk of injury to the person in case of a fall.

Staff had been recruited through the provider's robust recruitment procedure and pre-employment checks were completed including a (DBS) Disclosure and Barring check and taking up of references.

Relatives told us that there were enough staff on duty at all times to meet people's needs in a timely way. We saw from staff rotas that this was the case and staffing levels were kept under regular review.

People received their medicines regularly and in accordance with the prescriber's instructions. There was a robust process in place for the safe ordering, storage, administration and disposal of medicines. People's medicine administration records were completed properly and audited periodically.

## Is the service effective?

### Our findings

People were supported appropriately by a staff team who had the skills and experience required to support people effectively. One relative told us, "I do not know what training or support the staff get, but they do care for people properly." Another family member said, "[Name] uses several types of equipment and they [staff] definitely know how to use it properly. Yes I am quite sure they have been trained." The third relative told us, "The staff are very good here and most of them have been here for years so they know the place and the people."

Staff confirmed that they had induction training when they started work and that they had regular updates since. Training was provided in a variety of topics including moving and handling, fire safety, the administration of medicines and other specialist training such as epilepsy and diabetes which helped them to carry out their roles effectively. Records demonstrated that staff received appropriate supervision and they attended bi-monthly team meetings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority for the nine people who lived at Lemsford road. Some had been authorised while the others were pending authorisation.

Staff understood how to obtain consent from people even though they were 'non-verbal'. One staff member told us, "We always explain and give people choices, sometimes they smile or make eye contact or just work with you. They can indicate by their body language if they are in agreement." For example, we observed staff discussing the options for the evening meal giving people an opportunity to choose what they wanted to eat. Specialist diets were catered for such as soft, moist and diabetic diets.

People were supported to maintain their health. Each person had a purple folder which contained information about their health needs and appointments. Professionals visited the home on request such as GP's, district nurses, and opticians.

## Is the service caring?

### Our findings

People were cared for by a staff and management team who were kind and caring and who knew people well. We observed that staff spoke with people in a respectful manner and made eye contact. They explained things to people even though people could not always respond. One staff member told us, "I always speak with the person just because they don't answer back does not mean they don't understand what you are saying to them." Another staff member told us, "This is my favourite place to work, the people are so lovely, and I really enjoy my job and miss them when I am not at work."

We observed staff interacting positively with people. For example, explaining why we were at their home and providing reassurance. Staff showed interest in the people they supported and we observed that people were comforted by staff's presence.

Relatives of people told us that they were involved in making decisions about people's care. One relative said, "We always get invited to review meetings and often get a call from a staff member asking for input. Yes I believe we are fully involved and can always speak to staff or the manager we would not need to wait for a review." Relatives, advocates and professionals were involved in making best interest decisions when people were unable to make these decisions themselves.

People's privacy was respected by staff. For example we observed staff knocking on people's doors before entering and staff told us how they maintain people's privacy when other people were around, especially in communal areas and the dining room.

People's care plans were both detailed and person centred. They provided staff with people's personal profile and detailed information on how to support them. Staff supported people to retain everyday living skills where they could for example by assisting people with domestic duties and meal preparation where they could. This reduced the risk of people losing the skills they still had, and helped people to feel valued.



## Is the service responsive?

### Our findings

People's changing needs were kept under regular review and responded to accordingly when required. For example the registered manager told us that staffing levels were flexible depending on people's plans and activities. For example, when people were going into town depending on what activity they were doing determined if they required the support of one or two care staff.

Staff's skills were matched to people's needs. For example if a person enjoyed swimming the staff assigned to them was also a keen swimmer and enjoyed going swimming. Care records contained information about people's hobbies, and interests and staff worked tirelessly to make sure they were able to participate in various things that they enjoyed.

People's relatives were asked for feedback on the service. People too completed a feedback form with the help of staff if they were not happy with any aspect of the service. One relative told us, "Yes we are involved and I have been asked on many occasions if I am happy with the service [Name] gets." Another relative told us, "I had an issue a long while ago, before this [registered] manager was at the home, but they listened and it got sorted. It was not a problem."

Staff were able to give feedback on the service at meetings or anonymously through a suggestion box. Relatives and staff told us they felt their comments were taken on board and listened. Relatives told us they knew how to raise a concern and felt confident that management would act on their feedback.

## Is the service well-led?

### Our findings

Relatives and staff felt that the service was well-led and managed. There was a registered manager working at the service. 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 registered manager promoted an open and inclusive culture within the service. Relatives and staff felt that the service had developed well since the registered manager had been at the service. Relatives told us that the registered manager had made some changes and were proactive in their approach. One relative said, "I think they [registered manager] have introduced some new ideas to the service, like moving the staff around, not everyone liked it but I think it's better."

Feedback was sought from stakeholders and ideas discussed, so that a balanced view could be taken. The registered manager told us, "If we can make positive changes, then that's a good thing." The information was used to help with the future development of the service. The registered manager told us any developments took into account the people who were already living at the service and had done for many years.

People's individual rooms were personalised and the home had been refurbished and had a new kitchen fitted which made the environment pleasant for people to live in. People had been involved in choosing the colour scheme for the home. Staff felt well supported and were clear and motivated in their roles.

There were systems in place to monitor the overall quality and safety of the service. Where shortfalls were identified, actions were put in place to address and improve these.