United Response

United Response - 131 Kneller Road

Inspection report

131 Kneller Road
Whitton
Middlesex
TW2 7DY
Tel: 020 8893 4636

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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

Overall summary

This was an unannounced inspection that took place on 22 and 26 May 2015.

The home provides personal care and support for up to six adults who have a learning disability and is run by United Response.

The home had a registered manager. 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 and associated Regulations about how the service is run.

In June 2014, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People who use the service and their relatives told us a good service was provided by the home, its staff and they enjoyed the environment they lived in. People were supported to choose and engage in the activities they wanted to do by staff. The activities were both individual, group and provided people with the opportunity to develop relationships within the local community as well as at home. The home was well maintained, furnished, clean and provided a safe environment for people to live and work in. The home's atmosphere was warm, comfortable and enabling.

The records were comprehensive and kept up to date. This included care plans and risk assessments that contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties and people to live in a safe environment.

The staff had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. Those we spoke with were very knowledgeable about the people they worked with and the field they worked in. They had access to good training, support and career advancement. During our visit people were enabled and supported by staff to enjoy themselves, in a safe way and there was a lot of smiling and laughter.

Relatives told us they were kept informed of any changes in people's care and support including health needs. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives were positive about the choice and quality of food available. Staff also supported people to access community based health professionals, as required. During our visit staff knew when people were experiencing discomfort or anxiety and took appropriate action to make them comfortable and less anxious, in a calming way. Relatives also said the management team at the home were approachable, responsive and encouraged feedback from people. There were processes to consistently monitor and assess the quality of the service provided.

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?
The service was safe.

Good

Relatives said that they felt people were safe and were not mistreated. There were effective safeguarding procedures that staff used, understood and the home was risk assessed. There was evidence the home had improved its practice by learning from incidents that had previously occurred.

The staff were robustly recruited, well-trained, experienced and in numbers to meet people's needs.

People's medicine records were completed and up to date. Medicine was regularly audited, safely administered, stored and disposed of.

Is the service effective?
The service was effective.

Good

People received effective care, provided by skilled, well trained staff. They had their support needs assessed and agreed with them and their families. They received specialist input from community based health services as required. People's care plans monitored food and fluid intake and balanced diets were provided to maintain health that also met their likes and preferences.

People had their rights protected. The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged as required.

Is the service caring?
The service was caring.

Good

People felt valued, respected and were involved in planning and decision making about their care. The way people preferred to be supported was clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs. Staff were patient, gave continuous encouragement when supporting people and provided support in a kind, professional, caring and attentive way.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational activities at home and within the local community. Their care plans identified the support they needed to meet their needs including involvement in their chosen activities.

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people as individuals and the manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager who had an approachable management style.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 was an unannounced inspection that took place on 22 and 26 May 2015.

This inspection was carried out by the inspector.

There were six people living at the home, some of whom had very limited communication skills. We spoke with four people, two relatives, two care workers and the registered manager.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service and two staff files.

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.

We contacted two health care professionals, as part of the inspection process to find out their views regarding the home.

Good

Is the service safe?

Our findings

Relatives said in their opinion the service was safe. One relative told us, "I visit a lot and people are always well looked after." They told us they had not witnessed any bullying or harassment at 131 Kneller Road.

During our visit people were treated equally and given as much time and attention as they needed to have their needs met safely. Staff were provided with mandatory induction and refresher training regarding identifying instances of abuse. Staff explained to us their understanding of what abuse was and the action to take if encountered. The responses matched the provider's policies and procedures. There was information in the office regarding the action to take if abuse was encountered.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. Care plans also contained action plans and guidance to help prevent any previous accidents and incidents from re-occurring. Safeguarding contact information was available in the home's office.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. Some of the plans and risk assessments were reliant on staff observation and relatives input. This was governed by people's capacity to communicate verbally.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and at staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring Service (DBS) security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota was flexible to meet people's needs throughout the day and night. One person had recently moved in and the staffing levels had been increased accordingly to meet their specific needs. During our visit there were sufficient numbers of staff to meet people's needs. This was reflected in the way people were enabled to do the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them.

The home had a de-escalation and non-confrontational rather than a restraint policy and staff had received training in how to defuse behaviour that may challenge. There was individual de-escalation guidance contained in the care plans as required and any behavioural issues were discussed during shift handovers and staff meetings. During our visit people using the service displayed behaviour that may challenge. Staff re-acted appropriately, in line with contingency action plans specific to the person and managed situations in ways that focussed on the individual and keeping them and others safe. They also monitored the affect the behaviour had on other people using the service that was recorded in their care plans and used to shape their care.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date. This meant people were given appropriate medication.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. One person told us, "My friends gave me a cake." Another person said, "I went shopping."

Relatives said people were involved in making their own decisions, wherever possible about their care and support and that they as relatives were also able to be involved. They said the type of care and support provided by staff was what people needed. It was delivered in a friendly, enabling and appropriate way that people liked. One relative told us, "I could not be more positive about this place."

Staff were fully trained and received induction and annual mandatory training based on Skills for Care 'Common induction standards'. The induction training included completing a workbook satisfactorily and new staff also spent time shadowing experienced staff to increase their knowledge of the home and people who lived there.

The training matrix identified when mandatory training was due. Training included infection control, medication, food hygiene and equality and diversity. There was also access to service specific training such as epilepsy; dementia awareness and behaviour that may challenge.

Monthly staff meetings, bi-monthly supervision sessions and annual appraisals were partly used as an opportunity to identify further training needs and any gaps in training. Experiences were also shared with staff from other homes within the organisation. There were staff training and development plans in place. The records we saw demonstrated that staff supervision and annual appraisals took place. One staff member said, "I received full induction training and the training in general is very good."

Staff at the home demonstrated a variety of communication techniques that were very successful. These ranged from communication tools to objects, symbols and pictures so they could make themselves understood better. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand for people using the service.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Applications under DoLS, for all people living at the home had been submitted by the provider and were authorised by the supervisory body. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

The home carried out a pre-admission assessment, with the person and their relatives that formed the initial basis for care plans. The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dieticians and other health care professionals in the community as required. Where possible people were encouraged to visit the health care professionals rather than being visited. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. The home worked closely with the local authority and had contact with other organisations that also provided service specific guidance. Health care professionals said they had no concerns with the service provided.

It was quite warm during our visit and people were encouraged to drink to make sure they were appropriately hydrated. Staff encouraged people to choose the meals they wanted to eat throughout our visit.

Good

Is the service caring?

Our findings

People using the service and relatives told us that the staff treated people with dignity, respect and compassion. The staff made sure that people experienced a good quality of life, their needs were met and they were supported to do what they enjoyed doing. The care practices we saw during our visit showed that people were listened to, their opinions valued and acted upon by staff who were friendly, attentive and helpful. Staff were skilled, patient, knew people, their needs and preferences very well. They made efforts to ensure people led happy, rewarding lives, rather than just meeting basic needs. People's body language was positive and they smiled a lot that indicated they were happy with the way staff delivered care. One person said, "I went to the shops and bought (bottled) water." Another person told us "Staff are nice." One relative we spoke to told us, "The staff couldn't be more caring." Another relative said, "(My relative) settled in and staff couldn't be kinder."

Staff received training about respecting people's rights, dignity and treating them with respect. This was reflected in the approach of the staff to people using the service during our visit. They were courteous, discreet and respectful even when unaware that we were present. When we arrived one person who had limited speech took us to their bedroom and directed us to a wardrobe. A staff member was discreetly in attendance. It was unclear what the person was trying to show us. The staff member explained that the person wanted some clothes from the wardrobe and this was the case.

People were constantly consulted by staff about what they wanted to do and if they had been out, what they had been doing. One person told a member of staff they, "had got the sausages." The staff member explained that this person enjoyed going to the local butchers every Friday for their Saturday morning cooked breakfast. They also asked them were else they had been. They replied "To the pub to see my friends." Another person told us, "I visited the hairdresser today."

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives said they visited whenever they wished, were always made welcome and treated with courtesy. A relative said, "The staff were charming and delightful."

The health care professionals we contacted said they had no problems with the care and support provided or way it was delivered.

Good

Is the service responsive?

Our findings

People's relatives said that they were asked for their views formally and informally by the home's manager and staff. They were invited to meetings and asked to contribute their opinions. During our visit staff asked people for their views, opinions and choices. Much was based on staff knowledge of people, their body language and re-actions as people had limited communication skills. Despite this staff enabled them to decide things for themselves, listened to them and took action as required. Needs were met and support provided promptly and appropriately. A relative said, "Staff are open and responsive."

During our visit staff encouraged people to contribute whenever possible. They gave people time to decide and explain the support they wanted. This was governed by people's capacity to do so. The appropriateness of the support and way it was given was reflected in the positive body language of people using the service. If there was a problem, it was resolved quickly. Any concerns or discomfort displayed by people using the service were attended to during our visit.

There was a policy and procedure that stated where possible people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. The manager was fully aware of this policy and procedure. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of people's visits the manager and staff would add to the assessment information.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home would then carry out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and there were regular reviews to check if the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. A relative said, "We received plenty of information about the home."

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

The care plans were separated into four folders for health, lifestyle, finance and support plans. They were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, personal care, recreation and activities, last wishes and behavioural management strategy. People's personal information was also recorded such as race, religion, disability and beliefs. This information enabled staff to respect them, their wishes and meet their needs in these respects.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service where ever possible. If goals were met they were replaced with new ones. They recorded people's interests and the support required for people to participate in them. Daily notes identified if the activities had taken place.

The care plans contained individual communication plans and guidance. These were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. Key points within the care plans were themed to areas of specific interest to people and put on their bedroom walls to make it easier for them to understand and participate in. One person liked Dr Who and the information was themed accordingly. People's bedrooms were also decorated to reflect their interests and hobbies. One person was very interested in football and this was reflected in the way the room was decorated which included a large ceiling lampshade in the shape of a football.

Good

Is the service responsive?

Everyone was encouraged to join in activities and staff made sure no one was left out. There was a combination of individual and group activities with a balance between those that took place at home and those within the community. Each person had their own weekly individual activity plan that recorded the activities they would be doing. During our visit one person visited the shops whilst another had a visit from a relative. People had lunch outside in the garden as the weather was nice. The activities that took place included music, train trip, sensory sessions, swimming, care ride, cooking and bowling. One person had done paid work for the provider, providing catering for meetings. The home was engaged in funding raising and had stalls at local fairs where they were looking to sell vegetables and herbs they had grown in their greenhouse. There had been a trip to the Richmond Theatre and a boat trip on the Thames was planned for June 2015.

Relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using.

Good

Is the service well-led?

Our findings

Relatives told us the manager was very approachable and open door policy made them feel comfortable. One relative told us, “The manager is very open and approachable.” Another relative said, “Staff keep us informed of anything that happens”. Relatives said they were actively encouraged to make suggestions about the service and any improvements that could be made. During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff treated them as their equals. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

There were clear lines of communication within the organisation and specific areas of responsibility. Staff told us the support they received from the manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration by the home. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “The manager is very supportive and helps if we need it.” Another member of staff told us, “This is a very good organisation and they check the home a lot.”

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. The home used a range of methods to identify service quality. These included daily, weekly, monthly and quarterly provider, manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person. This enabled required improvements to be made that meant the care provided was on the individual.