

United Response

# United Response - 8 -10 Woodlawn Crescent

## Inspection report

8-10 Woodlawn Crescent  
Twickenham  
TW2 6BE

Tel: 02036681557

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09 December 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

United Response - 8 -10 Woodlawn Crescent is a 'care home' that provides care and support for up to 4 people. All the people who live at Woodlawn Crescent have a learning disability. There were 4 people living there at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The service people received was safe for them to live in and staff to work in. The quality of service provided was regularly reviewed, and changes made to improve people's care and support when required. This was in a way that best suited people. The home maintained well-established working partnerships that promoted people's participation and reduced the danger of social isolation.

### Right Care

There were enough appropriately recruited and trained staff to support people to live safely, whilst enjoying their lives. People and staff had risks to them assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded, appropriately. Trained staff safely administered people's medicines.

### Right culture

The home had a culture that was open, honest, and positive with leadership and management that was clearly identifiable and transparent. Staff understood and followed the provider's vision and values which were clearly defined. Staff understood their responsibilities, accountability and were happy to take responsibility and report any concerns they may have.

### Rating at last inspection

The last rating for this service was Good (published 14 June 2019).

### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response - 8 -10 Woodlawn Crescent on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

United Response - 8 -10 Woodlawn Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 6 December 2022 and ended on 19 December 2022. The inspection visit took place on 9 December 2022.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke in person with the registered manager. We also spoke with 3 people using the service, 4 relatives or advocates, 2 staff, and 4 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 2 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider, after the inspection visit to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not directly comment on how safe the service was. Their body language during our visit was relaxed and positive indicating that they felt safe. One person commented, "I love you [referring to staff]." A relative told us, "A very safe service, [person using the service] is very happy there." Another relative said, "She [person using the service] wouldn't be there if it wasn't safe." A staff member told us, "A very safe environment for people to live in."
- Staff received training in how to identify signs of possible abuse and the appropriate action to take if required. They were aware of how to raise a safeguarding alert. Staff were required to confirm that the provider had made their safeguarding procedure available to them and they had read it.
- People were advised by staff, how to keep safe and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff enabled people to take acceptable risks by following their individual risk assessments. The risk assessments covered all aspects of people's health, daily living and social activities. People were kept safe by staff regularly reviewing and updating people's risk assessments as their needs, interests and pursuits changed.
- The home had a well-established staff team who knew people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "Staff know everyone [people using the service] well and are very conscious of keeping people safe."
- The general risk assessments were regularly reviewed, updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received training in de-escalation techniques and appropriately dealt with situations where people displayed behaviour that communicated distress. People had personal behavioural plans if required. This was demonstrated by the way staff appropriately dealt with situations patiently helping people to calm down when they were getting anxious.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The provider staff recruitment process was thorough, and records showed it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with reviews.
- Enough staff were provided to flexibly meet people's care and support needs. During our visit, staffing levels matched the rota and enabled people's needs to be met safely.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

#### Preventing and controlling infection

- We were assured that the care home was using Personal Protection Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We have plenty of PPE and have been trained."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- Staff said they were prepared to use the provider whistle-blowing procedure.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing were reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people



to receive care and live in.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and Well-Led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a culture that was positive, open, inclusive, empowering, person-centred and achieved good outcomes for people.
- People did not directly comment on how well-led the service was. Their relaxed, positive body language towards the registered manager and staff demonstrated that the service was well-led and met people's social as well as health needs. One person said, "I'm looking forward to Christmas." A relative said, "Lovely staff who provide a homely place to live." A staff member told us, "I love it here, looking after people. That is what we are here for."
- Relatives told us the home was well-run and the registered manager was approachable. Staff made people's lives enjoyable by the efforts they made to meet their needs. This reflected the organisation's vision and values. A relative said, "The [registered] manager is easy to get hold of." A staff member said, "We get the support we need."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding duty of candour and were open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood and were clear about their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives.
- The QA systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Thorough audits were carried out by the provider, registered manager and staff. They were regularly reviewed and kept up to date. The internal audit checked specific records and tasks were completed. These included finances, staff training, staff observations and health and safety and there was also a service

development plan. This meant the people received a service that was efficient and focussed on them.

- The records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. The home also provided hospital information passports for when people had to go into hospital. Our records told us that appropriate, timely notifications were made to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and the public were engaged by partnership working, listened to and people's wishes acted upon.
- The home had close links with services, such as speech and language therapists, physiotherapists, and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure that people had access to local resources such as a community activity hub run by the provider where they socialised with friends, a visiting music organisation, trips to the shops, lunch out and going to the local parks. One person went to the bank during our visit.
- Relatives told us they visited and had regular contact. They were kept informed of what was going on at the home, updated and adjustments were made from feedback they gave. One relative told us, "The [registered] manager and staff keep us up to date with what is going on and we also get a newsletter."
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures about how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- Regular feedback was provided by people and their relatives to identify if the care and support given was focussed on their needs and wishes. Feedback from people using the service who couldn't use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives and staff said they had the opportunity to voice their views about the service. One relative said, "They [registered manager and staff] do listen." A staff member said, "We are a good, well-established staff team with excellent teamwork."
- Throughout our visit the registered manager and staff checked that people were happy and receiving the care and support they needed within a warm family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 6 to 8 week supervision and monthly staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership

and staff support that promoted a nurturing and caring environment.