United Response

United Response - 51 Coachmans Drive

Inspection report

51 Coachmans Drive
Liverpool
Merseyside
L12 0HX
Tel: 0151 228 2295
Website: www.unitedresponse.org.uk

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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

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012. This was an unannounced inspection.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has a legal responsibility for meeting the requirements of the law.

51 Coachman's Drive is a residential care home that provides accommodation, care and support for up to two

Summary of findings

adults. The home provides ground floor accommodation and is fully accessible to people who are physically disabled. The service is situated in the Croxteth Park area of Liverpool.

During this inspection we met people living at the home, we also spoke with a relative, three members of the care staff team and the registered manager.

People living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to allegation of abuse were in place. Staff were confident about recognising and reporting suspected abuse and the registered manager was well aware of their responsibilities to report abuse to relevant agencies.

Risks to people's safety and welfare had been assessed and plans were in place to manage these.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's individual needs in line with the advice of relevant professionals.

People were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

There were sufficient numbers of staff on duty to meet people's needs and keep people safe. Staff recruitment checks were robust and staff were only employed to work at the home when the provider had obtained satisfactory checks on their suitability.

Staff were able to tell us about the different approaches they used to support people to make choices. People's care plans included detailed information about their preferences and choices and about how they were supported to communicate and express choices.

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They worked alongside family members and relevant health and social care professionals in making decisions in people's best interests when this was deemed necessary.

People were provided with good care and support that was tailored to meet their individual needs. People's needs had been assessed and they had a plan of care which was detailed, personalised and provided clear guidance on how to meet their needs.

People were supported to access a range of healthcare professionals as appropriate to their individual needs. This included supporting people with their nutritional needs.

Medication was managed safely and people received their medication as prescribed. People's support plans included detailed guidance about how to support people with their medicines.

People were regularly supported to use the facilities in their local community and were supported to take part in work placements and social and recreational activities. The activities were based on the needs, wishes and choices of the individuals living at the home.

Staff presented as caring and we saw that they treated people with warmth and respect during the course of our visit. A relative we spoke with told us they felt staff genuinely cared about the welfare of their family member.

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they attended regular supervision meetings and team meetings.

Staff were aware of their roles and responsibilities and the lines of accountability within the home and the larger organisation. The registered manager had worked for the provider for over 30 years and had been the registered manager for the home for four years.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service.

There was an open culture at the home and staff told us they would not hesitate to raise concerns and felt that any concerns they did raise would be dealt with appropriately. Throughout our visit staff demonstrated how they supported the aims and objectives of the service in ensuring it was person centred and inclusive.

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?

Good

The service was safe. Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse. Risks to people's safety had been assessed and were well managed. Staff recruitment procedures were robust to ensure staff were suitable to carry out their roles and responsibilities. People's medicines were managed safely and in line with clear procedures.

There were sufficient numbers of staff on duty to protect people's safety and procedures were in place for responding to emergencies such as fire or medical emergencies.

Is the service effective?

Good

The service was effective. Staff had been provided with the training they needed to support people effectively and they received good support through regular supervision and attending team meetings.

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and they worked alongside family members and relevant health and social care professionals in making decisions in people's best interest when it was deemed that people did not have the capacity to do so.

The home was fully accessible and aids and adaptations had been made in order to meet people's individual needs and in line with advice from relevant professionals.

Is the service caring?

Good

The service was caring. Staff presented as caring and we saw that they treated people with warmth and respect during the course of our visit. A relative we spoke with told us they felt staff genuinely cared about the welfare of their family member.

Staff had a good knowledge of people's needs and preferences. They were able to tell us about the different approaches they used to support people to make choices. People's care plans also included detailed information about people's need, wishes and choices and how they were supported to communicate and express choices.

The culture within the service was person centred. 'Person centred' means the individual needs of the person and their wishes and preferences are at the centre of how the service is delivered.

Is the service responsive?

Good

The service was responsive. Staff engaged well with people who lived at the home and involved them in decisions about their day to day care as much as they could. Staff communicated well with relatives to share information about their family member's needs, to seek their feedback and to ask them to advocate on people's behalf.

People received personalised care that was responsive to their needs. People were well supported with their healthcare needs and relevant health professionals were referred to promptly for advice and support.

People were supported to access work and pursue social and leisure activities on a regular basis. The activities were based on the needs, wishes and choices of the people living at the home.

Summary of findings

Is the service well-led?

Good

The service was well-led. We found that the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home and across the organisation.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to monitor the service, these included health and safety audits.

There was an open culture at the home and staff told us they supported the aims and objectives of the service in ensuring it was person centred and inclusive.

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Detailed findings

Background to this inspection

The inspection was carried out as part of the new inspection process we have introduced for adult social care services. The inspection was carried out by an adult social care inspector.

The inspection was carried out on 23 October 2014 and was unannounced. The previous inspection of the service was carried out on 15 October 2013 and we found the service was compliant.

As part of the inspection we reviewed the information we held about the service. We also contacted relevant professionals outside of the service who had knowledge of the service in order to obtain their feedback.

At the time of our inspection there were two people living in the home. We spent some time observing the care provided to people to help us understand people's experiences of the service and we looked at all areas of the home environment.

We spoke with the registered manager of the service and three support workers who were on shift on the day of the inspection. We also contacted relatives of people who lived at the home to gain feedback about the quality of the service provided to their family member.

During the inspection we viewed a range of records including the care records for one of the people who lived at the home, four staff files, records relating the running of the home and the policies and procedures of the organisation.

Good

Is the service safe?

Our findings

The service was safe. People who lived at the home were protected from risks to their safety. A relative we spoke with told us they had no concerns about how their family member was treated. Their comments included "I am confident that [person] is safe."

A safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with Local Authority safeguarding policies and procedures. We spoke to three support workers about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. The registered manager was able to provide us with a detailed overview of what actions they would take in the event of an allegation of abuse, these included informing relevant authorities such as the Local Authority safeguarding team, the police and the Care Quality Commission (CQC).

Each of the people who lived at the home had a detailed support plan which highlighted any risks to their safety and provided staff with guidance on how to support them to manage these. Risks were highlighted in red within the main body of people's support plans. This was an effective way to ensure risks were recognised whilst also ensuring people's rights to choice and independence were respected.

Throughout the inspection visit we observed staff supporting people in a safe way. Staff made sure people were comfortable and were transferred safely using appropriate equipment. Staff spoke with people before they provided support to prepare people and make sure they knew what to expect before they provided care.

We found staff had recorded accidents and incidents that had taken place in the home. These were then reported through the provider's quality assurance systems. This was to ensure appropriate action had been taken following incidents. This indicated that appropriate steps had been taken to keep people safe and protect them from abuse and avoidable harm.

Hazards to people's safety had been identified as part of a service level risk assessment and management plans were in place to control/manage any identified risks. Procedures were in place for responding to emergencies such as fire or medical emergencies and there were managers 'on call' to ensure staff could seek guidance, advice and support at all times.

We found that the number of staff on duty was sufficient to meet people's needs appropriately and safely. Staff told us they felt the staffing levels were safe and that they had time to support people on a one to one basis with activities of their choice. A relative we spoke with told us that they were happy with the consistency of staff as many of the team had supported their family member for a long time. We viewed staff rotas for the previous two months and these showed us that there had been a consistent number of staff on duty over this period.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff members began work. We found application forms had been completed and applicants had been required to provide confirmation of their identity. References about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. All staff had been provided with training in medicines management. Staff had also been provided with specific pieces of training for the safe administration of medicines which was based on the needs of the people who lived at the home. We found people's support plans included detailed and individualised guidance about how to support people safely with their medicines. The manager also carried out regular checks on medication practices to ensure they were safe and to ensure that any medicines errors had been reported and acted upon appropriately.

Policies and procedures were in place to control the spread of infection and staff were required to follow cleaning schedules to ensure people were provided with a safe and

Good

Is the service safe?

clean home environment. Staff told us they had the equipment they needed to carry out appropriate infection control practices and we saw examples of staff following the correct procedures during the course of our visit.

Good

Is the service effective?

Our findings

The service was effective. The manager was able to describe how people's consent to care and support was attained and this was based upon people's individual means of communication. The manager also described asking relatives to advocate on behalf of their family members. This was confirmed during discussions with a relative who told us they were asked to contribute to decision making in support of their family member.

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated an understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. A mental capacity assessment had been carried out for people who lived at the home. The manager was also aware of the requirement to refer for an assessment if it was deemed that any of the people living at the home were being deprived of their liberty. This is in line with 'Deprivation of Liberty Safeguards' (DoLS) which comes under the Mental Capacity Act 2005. The manager was able to provide us with an example of how a recent decision had been made in a person's best interests. The decision in question had been made alongside family members and health professionals. However, we found the records to support this were not well detailed and we discussed this with the manager during the course of our visit.

Discussions with staff and training records confirmed that staff had been provided with the training they needed to carry out their role effectively. Staff had undergone a comprehensive induction programme when they started work at the home and all staff had achieved a nationally recognised qualification in care. Staff told us they felt well supported, trained and sufficiently experienced to meet the needs of the people who lived at the home and to carry out all of their roles and responsibilities effectively. We viewed a sample of staff files. These included staff training records and training certificates. This information showed that staff had been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, person centred thinking, mental capacity, equality and diversity, autism awareness, epilepsy awareness, medicines management, supporting people with their sexuality and relationships, first aid, fire safety, and moving and handling. Staff had also been provided with bespoke training linked directly to the needs of people who lived at the home.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff also underwent an annual appraisal of their work with the registered manager.

We saw in records that staff regularly referred to a range of health and social care professionals for specialist advice and support to ensure people's needs were effectively met. For example, people had been referred for speech and language therapy or occupational therapy as appropriate to their needs. We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, dentist, district nurse and optician.

One relative told us: "They are very good, they respond to [person's] health and diary everything which is wonderful" and "Staff are good at keeping an eye and at communicating with me they let me know if there's anything."

Each of the people who lived at the home had a support plan which detailed their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. We saw that staff had referred for specialist advise and support to ensure people's dietary needs were appropriately met. People's likes, dislikes and preferences for food and meals were clearly documented in their support plan and discussions with staff indicated that they were fully aware of these.

The home was fully accessible to the people who lived there. Aids and adaptations had been made in order to meet people's individual needs and in line with the advice of relevant professionals such as occupational therapists.

Good

Is the service caring?

Our findings

The service was caring. We were not able to attain the views of people living at the home during the course of our inspection. We did however contact relatives who could advocate on their behalf. One relative told us “They are getting the best care possible” and “Staff are brilliant. They are like sisters or mums and they know how [person] communicates.”

The staff team consisted of established, long term members of staff who had worked at the home for a number of years. This meant that people were supported by staff who knew their needs well and with whom they had had the opportunity to build long term relationships. During discussions with staff they were well aware of the individual needs of the people who lived at the home and of the important intricacies of how people liked to be supported.

Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing. During the visit we saw staff regularly interacting with people and continuously communicating with people to ensure they were included and to inform them of their actions.

In discussions with staff they were knowledgeable and respectful when talking about people’s needs and how they supported people. Staff they used terms such as ‘encourage’, ‘support’ and ‘choice’ when describing how they supported people.

People’s support plans had been written in a person-centred way. This means they were written in a way that indicated that people’s individual needs and choices were at the centre of the information. We found that other records were written in a sensitive way that indicated that people’s individual needs and choices were respected. For example, the records indicated that staff were responding sensitively to changes in people’s mood and were listening to people’s choices.

In discussion with staff and the registered manager they were able to explain how they tried different approaches to support people to make decisions and to establish people’s choices.

We saw that key pieces of information, such as the complaints procedure, had been written in plain language and included the use of pictures to make it more accessible for people who used the service.

Overall we found that staff were protecting people’s privacy and dignity in the way in which they provided support. However, we did observe one incident which compromised a person’s dignity. This involved a member of staff supporting a person with a private matter within a communal area. The details of this were discussed with the registered manager during the course of our visit.

Good

Is the service responsive?

Our findings

The service was responsive. Each of the people who lived at the home had an individualised support plan which included information about any spiritual, cultural or diverse needs they had. We found that support plans were detailed and provided clear guidance for staff on how to meet people's needs. They included information about people's likes, dislikes and preferences. They included information about what was important to the person and about how they communicated their needs, wishes and choices. People's support plans included a section entitled 'How will I stay in control of my own life? / Decision making profile'. This included information about how staff needed to support people to have as much control over making their own decisions as possible.

People were supported to make as many choices as possible about their lifestyle and people who were important to them were asked to advocate on their behalf. In discussion with staff they were knowledgeable about people's individual needs. Staff were able to describe in detail what each person needed and how they preferred to be supported. This assured us that people's choices and decisions were respected.

People's care and support was reviewed on an annual basis. The review meetings included the person concerned and others who were important to them such as family members, or relevant health and social care professionals, such as social workers and therapists. This indicated to us that the manager ensured that there was a multi-disciplinary approach to meeting people's needs. We also saw from records that staff responded appropriately to changes in people's needs and referred to multi-disciplinary workers for support and advice when required.

People who lived at the home were supported to attend work placements and to pursue their interests. Staff described the types of activities they supported people with and why these were important to the people concerned.

The provider had a complaints procedure and an easy read version of this was located in people's care files. The registered manager informed us that there had been no complaints made and that any matters raised by relatives had been readily dealt with. The manager had put a comments book in place for each of the people who lived at the home and we saw that these had been used to communicate issues. We saw that when people had made comments these had been responded to appropriately. A relative we spoke with was positive about the care provided by staff at home and told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed. They told us "They are on top of matters, I have no complaints."

We saw that a survey had recently been carried out to attain relative's feedback about the quality of the service their family member was receiving. Relatives had been asked to rate a range of indicators relating to: the quality of support provided, people's access to community resources, people's support to make choices, the skills and ability of the staff team, whether staff were respectful, how well staff communicated, and the suitability of the accommodation. We saw that the feedback was positive and high scores had been returned in all areas.

Good

Is the service well-led?

Our findings

The service was well led. We found the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home and across the organisation. The service was managed by a person registered with CQC as the 'registered manager' and this person had been in this post for four years.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The registered manager was described as 'approachable' and staff and a relative we spoke with felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to.

People who lived at the home attended an annual review meeting which included family members, who could advocate on their behalf and outside professionals [as appropriate to the person's needs]. The review meetings considered what support was being provided to the person and whether this continued to be appropriate. The meetings also provided an opportunity to plan for future events or goals with the person. These then became a focus for people to achieve with the support of the staff team.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. Surveys had recently been sent to relatives for their feedback about the service and their responses were used to make any suggested improvements. The registered manager carried out regular checks of people's support plans, staff practices and the safety of the premises. A number of audits were carried out by the manager of the home to monitor the service and the findings of these were fed through the organisation to a quality assurance manager. Spot checks were then carried out by the provider to verify the manager's audits. The manager's audits included checks on matters such health and safety, finances, fire safety, complaints, staff supervision, safety of vehicles and medicines management. The manager told us that any shortfalls identified as part of the audits were documented and followed up by the provider at future audits and during the manager's supervision meetings. The provider had also introduced a system of quality checks whereby people who were supported by the organisation [in other services] visited the home to carry out checks.

Accidents and incidents at the home were reported appropriately and were used as an opportunity for learning. Incidents were reported through the provider's quality assurance system. This meant the provider monitored incidents to identify risks and to aim to ensure the care provided was safe and effective.

We noted that there were procedures in place for responding to emergency situations. Staff had ready access to this information and to an 'on call' manager for advice and support at all times.