

United Response

# United Response - 33 Station Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

33 Station Road is a care home on the outskirts of Chesterfield. The service offers personal and social care for up to six people with a learning disability and associated conditions. At the time of our inspection there were four people using the service.

The accommodation was over three floors and consisted of a lounge area, kitchen, separate dining room, bathroom with accessible equipment and two further shower rooms and toilets. The bedrooms were spread across the three floors. There was a lift available to support people to gain access to the upper floors. There was a large garden area to the rear of the property for people to use.

The provider has recognised the importance of the principles and values that underpin Registering the Right Support and other best practice guidelines and there has been acknowledgement from the provider that the current property was no longer suitable to meet the needs of the people living there, and alternative accommodation had been sourced. This guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At the time of our inspection four people were using the service. There were deliberately no identifying signs, intercom system, cameras, outside the property to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Three months prior to our inspection we received information from the provider to highlight areas of risk within the service. The provider completed an action plan and had kept us informed of the changes they had made. We found that improvements had been made; however, some areas still required further actions and to provide us with the assurance of sustainability.

Improvements had been made to the documentation and systems to record and monitor people's care. Previously, care plans had not been consistently updated and were not readily available for staff to provide people with their current care needs. Staff were now knowledgeable about people's health conditions and support needs. These changes now need to be embedded and become part of the standard information.

Prior to the involvement of the internal quality audit team, the governance of the home had been insufficient to ensure that people received support to keep them safe and maintain their wellbeing.

Audits had not always been completed or used to develop improvements. Partnerships with health professionals had not always been developed to enhance the care available to support people and the staff. Where guidance had been provided, this had not always been followed. We saw recent improvements had

been taken to address these issues and we now needed to be assured they could be sustained

Improvements had been made to staff training and support, there were plans in place to ensure all staff training was completed in a timely manner in the future.

People were safeguarded from the risk of abuse and avoidable harm and information was available for people on how to report any safeguarding concerns. Staffing levels were sufficient at the time of the inspection.

People received their prescribed medicines when they should, and staff had the required information to manage and administer medicines safely. The prevention and control of infection was managed safely. There was enough equipment to meet people's needs. Health and safety checks on the environment had not always ensured people's needs were effectively managed, however these have now been addressed. The provider anticipates the plans for alternative accommodation will address the remaining concerns.

Where people required support from staff with eating and drinking, this was provided by staff who were caring and unhurried. This supported people to have a positive mealtime experience.

People received care and treatment from staff who had a kind, caring and person-centred approach. Staff treated people with dignity and respect and their choices and decisions about how they received their care was upheld.

People's communication needs were known and understood by staff. Advocacy information was available for people. People received opportunities to participate in social activities, these reflected people's interests, hobbies and diverse needs.

People had access to the provider's complaint policy and procedure; any complaints were acted upon quickly. People's end of life care and wishes had been assessed and planned for. People were invited to share their views and wishes about the service they received, and staff felt involved in the development of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 December 2018) and there was a breach of Regulation 12. The provider had completed an action plan after the last inspection to show what they would do and by when to improve. Following a visit by the providers internal auditors in September 2019, it was identified several actions had not been completed and a team of experienced managers became involved, to further support the service to identify and act on concerns found.

At this inspection, we found improvements had been made and the provider was no longer in breach of the regulation. However, the service remains rated Requires Improvement until recent practices become fully embedded and sustained. This service has now been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 33 Station Road 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe findings below

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring

Details are in our caring findings below

Good 

### Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# United Response - 33 Station Road

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

33 Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection, however recruitment had been completed and the new registered manager was due to commence their role the following week. During this period of no registered manager the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider did not fully complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. There had been a comprehensive action plan implemented in the last three months to assist with addressing concerns which had been identified in the previous report and in the inhouse audit. We reviewed this information and took this into account in planning this inspection and making our judgement.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff, two internal auditors who had been running the home in the absence of a registered manager and the area manager.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- Care and treatment was provided in a safe way. Risks associated with people's care and support needs had been assessed and staff now had information about the care required to manage and mitigate risks. Care plans now contained comprehensive risk assessment and reflected how people needed supporting.
- Risk in relation to the safety of fire door closures which had been identified as a risk had been addressed. The fire door between the lounge and the dining room had been made safe for people to use and press button activation was in place for one door.
- Peoples risk assessments were person centred and contained sufficient guidance for staff to follow when supporting people. The provider had also acted to minimise risks of avoidable harm to people. We also saw new technology being used for one person to promote their safety.
- Risks associated with fire and legionella were assessed and monitored to ensure health and safety standards were being maintained and people were safe from harm. We saw personal emergency evacuation plans (PEEPs) provided staff with details of people's support needs, should they need support to evacuate the building.
- Medicines were safely managed and were now stored in accordance with best practice .
- People received their prescribed medicines safely. One person said, "They [staff] are very good with my pills, I get them on time and they check them properly."
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff had completed training in medicines management and administration.
- Medicines were ordered, stored and managed in accordance with national best practice guidance. A sample stock check was found to be correct.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the types of potential abuse that could happen and how to recognise signs and symptoms of potential abuse. Staff had a clear understanding of potential abuse and told us they knew how to report any concerns.



- Safeguarding information was available for people and staff. The provider had also used the staff disciplinary procedure, when concerns had been identified about staff practice.

#### Staffing and recruitment

We made a recommendation at the last inspection that the provider reviewed how staffing was provided to ensure people's needs were met, we saw improvements had been made in this area.

- The staff rota reflected the staffing levels provided during our inspection, which met people's needs. A dependency tool based on need was used to determine the staffing levels required.
- People received support from staff who were recruited through safe recruitment processes. The provider carried out pre-employment checks before staff started work at the service. These included written references, satisfactory identity checks and a period of shadowing with experienced staff members.

#### Learning lessons when things go wrong

- Lessons have been learned and communicated widely throughout the service to support overall improvements. The involvement of the internal quality audit team has been greatly appreciated by the staff we spoke with, one of them said, "It's been a really positive experience having them here." Another said, "Their support has been great."
- Audits demonstrated where errors had been identified and actions to address the issues in these areas had been completed. These included revisiting staff training and observations to assess staff competencies.

#### Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection and prevention training, they were seen to use disposable gloves and aprons and the environment was clean and free of malodour.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Prior to the recent involvement of the internal quality audit team, there had been insufficient advice for staff to support people with their overall health needs. Some people had not been supported to access the health support they required. Since the introduction of information and access to appropriate healthcare professional's advice improvements have been made. However, this practice needs to be embedded and sustained with the staff and monitored by the new registered manager.
- Recognised assessment tools were now in place to assess and monitor people's needs associated with skin care, weight management and oral healthcare. These reflected current legislation and best practice guidance.
- People's diverse needs had now been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination. The use of visual aids and pictorial exchanges was observed to good effect for people, staff were engaging with people which had a positive effect.

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

- There had been acknowledgement from the provider that despite some changes, the current property was no longer suitable to meet the ongoing needs of the people living there, and alternative accommodation had been sourced. The provider had liaised with people using the service and their relatives, to consider an alternative property and to minimise disruption. Not all the people were happy about the proposed move, however they had been involved in the decision making and their main request was to remain together, which would be accommodated in the new property.
- People were able to personalise their bedrooms to reflect individual tastes and had been supported to access equipment they required. People could access a pleasant, secure garden area at the rear of the property with a patio and seating areas.

Staff support: induction, training, skills and experience

- The staff training was identified as part of the recent audit as not being up to date, or in line with best practice. Staff training was now in place and monitored through effective systems to ensure updated training was completed when required. Staff had commented on recent training being very beneficial, with more face to face training. We also noted whilst some staff had missed training updates, these were scheduled with new dates. This needs to continue to be sustained and monitored by the new registered manager.

- Staff supervision and support had not been consistently offered to support staff effectively. However, recently this had been addressed and staff felt that their supervision and staff meetings had helped to address concerns and they felt more involved and motivated, to provide the best support they could.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There had been concerns raised about people accessing prompt dietary and nutritional specialists when needed. However, all people who had any concern with risks around their hydration and nutrition had now been referred to specialists and advice had been sought to support them appropriately. Regular monitoring and reviews were now in place to ensure people's needs could be met.
- Improvements had been made to people receiving health services; an optician and dentist now visited the service. People's care records also confirmed they were supported to access external healthcare professional appointments for further assessment and support.
- The dining environment was pleasant, people were involved in choosing various options to support their dietary needs and we saw mealtimes were not rushed, with staff supporting people when required.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and staff understood the principles.
- Some people who used the service were unable to understand risks relating to their safety, we saw applications for DoLS had been made. The support provided protected people in the least restrictive approach, which was evidenced in people's care plans. These reflected appropriate and timely decision making; which showed the best interest process was followed.
- Staff asked people for consent before delivering care and support. One person told us, "They [staff] always encourage me to do what I can, then ask me where they can help."
- A member of staff we spoke with told us, "People can always choose what they want to do, we support them to engage, but if they don't want to do something we respect that – it's their choice after all."

# Is the service caring?

## Our findings

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

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback received during our inspection was positive about the care people received from staff. The interactions seen with people were genuine, kind and caring.
- People told us staff were caring. They said, "Staff really do care." Another said, "They [staff] look after me just right."
- Staff demonstrated they knew people well, including their routines, preferences and what was important to them. Staff were positive about their role and had real affection for the people they supported.
- People's religious preferences were recorded and respected. One relative told us how important it was for their family member, that they still went to church every Sunday.
- The provider had an equality and diversity policy and staff had received this training. Staff demonstrated understanding and respect of people's diverse needs, preferences and lifestyle choices.

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

- People were involved in their care and support. People said they felt listened to and had been involved recently in their care planning. One person said, "I have a care plan in the office and can see it anytime I want." One relative told us they were fully involved in their relative's care planning saying, "I visit regularly and always come for the reviews. Recently there has been a massive increase in the amount of paperwork."
- The internal quality audit team told us people's support plans would now be reviewed monthly and this could be with the person and/or their relative where appropriate. They told us they were confident people were now fully involved in their care, but acknowledged, this had not been reflected in the previous care plans.
- We saw there was access to independent advocacy services available for people who wished for others to support them. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed they were treated with dignity and respect and their choice upheld. A relative said, "They have so much patience, I don't know how!"
- We saw staff always knocked on people's doors and waited for a response before entering. We observed bedroom and bathroom doors were kept closed during the provision of care.
- Staff gave examples of how they respected people's privacy and dignity. A staff member said, "I ask them before I do things – it's polite and what I would expect myself."
- People were supported to maintain contact with their family and friends we saw examples of calls made

and visits arranged and attended with friends.

- Staff made sure that people's confidentiality was maintained, and records were kept safe.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The internal quality audit team had completed assessment and support plans which people were able to contribute to. Relatives informed us they had also been asked to help to contribute information to deliver more person-centred support. Further plans were in place for the key worker and the person to identify specific individual goals they wish to achieve.
- Staff received handover before they commenced shift, about any changes affecting people. Staff also told us if they had been off for a few days they were encouraged to read back to ensure they had not missed any information. This meant staff were up to date to support people's current needs effectively.

Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in a range of formats and methods to support people to be involved in their care and support. Evidence of pictorial format and visual aids used to support people. Staff were also learning to use Makaton to further support in communication. Makaton uses signs and symbols to help people communicate. It is designed to support spoken language.

Meeting people's communication needs

- An accessible complaints process was readily available for people to use if required. Staff told us they would support people to make complaints if this was required. There were plans to include any given compliments within the new systems, as currently these were not recorded.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. This included support to spend time with their families and engage in activities that were important to them.
- Staff were developing a picture bank of photographs, to empower people to be able to choose activities more easily, where communication could pose a barrier for engagement during group meetings.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. Care planning demonstrated that some people's wishes, and views were considered, further development for this area was planned.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes had not always been used to monitor and improve the safety and quality of the service. For example, it was identified by the internal audits that the outstanding actions from the previous inspection had not been completed. These referred to the documentation for individual risk assessments, care planning and confidential information storage processes.
- The provider's audit had failed to pick up the issues identified by the internal quality audit team. The format of the form used has since been changed to support completion and to allow for themes and trends to be recognised.
- The internal quality audit team had been in place since October 2019 and reflected significant improvements in quality assurance arrangements. The new registered manager and provider will need to ensure these systems are fully embedded into practice and sustained. We will review these at our next inspection.

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

- Throughout the inspection the internal quality audit team were candid and open in their approach, with people living in the service, visitors and the staff as well as with us. A staff member told us, "We feel we are now getting support, they [quality audit team] are very approachable and we can go to them with any worries."
- People were positive about the care and support they received and told us they felt listened to and involved in their care. People had been supported to live fulfilling lives, we were told of recent visits to community events and trips out.

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 staff said they had felt very supported with the internal quality audit team who had been in place, in the absence of a registered manager. There was a registered manager due to commence appointment the week following our inspection.
- The service displayed their previous rating in the entrance as they are required to do.

Continuous learning and improving care; Working in partnership with others



- Professionals we spoke with felt there was a more positive relationship developing between the service and themselves. One professional told us, "Recently they have been very helpful with any concerns/issues raised and staff are exploring ways to improve their practice with people with a more person-centred approach."

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

- People were invited to contribute their views on an ongoing basis mainly informally, but support for families to complete questionnaires on their behalf was also encouraged. This meant people's voices could be heard, and any feedback could be considered and responded to.
- Staff told us they now felt more valued in their role and had been encouraged to be involved in their development needs. We saw staff meetings were being held regularly to ensure regular feedback and minutes were made available for those who could not attend.