

## United Response

# United Response - The Swallows 183 -189 Hanworth Road

### Inspection report

183 -189 Hanworth Road  
Hampton  
TW12 3ED

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	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 - The Swallows 183 -189 Hanworth Road is a 'care home' that provides care and support for up to 6 people. All the people who live at The Swallows have a learning disability. There were 6 people living there at the time of the 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

People living at the service received safe care and had a safe place to live. The quality of the service was regularly reviewed, and changes made to improve people's care and support as required. This was in a way that people preferred. The home kept well-established working partnerships that promoted people's participation and reduced the danger of social isolation.

### Right Care

Enough appropriately recruited and trained staff were available to support people to live in a safe way and enjoy their lives. Risks to people using the service and staff were assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were appropriately reported, investigated and recorded. Trained staff safely administered people's medicines.

### Right culture

The home's culture was positive, open, and honest, with leadership and management that was clearly identifiable. The provider's vision and values were clearly defined, and staff understood and followed them. Staff knew what their responsibilities, and accountability was 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 27 April 2019). At our last inspection we recommended that staff receive specialist training regarding people's specific health conditions. At this inspection we found this had taken place.

### 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 The Swallows 183 -189 Hanworth 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, 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 effective?

Good ●

The service was effective.

Details are in our effective 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 1 inspector.

### Service and service type

United Response - The Swallows 183 -189 Hanworth Road 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. Care Quality Commission (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 23 December 2022 and ended on 17 January 2022. The inspection visit took place on 3 January 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 a line manager as the registered manager was not present. Some people couldn't use words to communicate verbally and did not comment on the service. We spoke with 2 people using the service, 6 relatives or advocates, 3 staff, and 5 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 2 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 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's body language during our visit was relaxed and positive indicating that they felt safe. 1 person did tell us, "I feel very safe." A relative told us, "Very safe for people." Another relative said, "[person using the service] has been there 25 years and we have no concerns." A staff member told us, "A very safe environment for people."
- Staff had been trained how to identify possible abuse and the appropriate action to take if required. They knew 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.
- Staff advised people, how to keep safe and if there were areas of individual concern regarding them, 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 by staff following their individual risk assessments. The risk assessments covered all aspects of people's health, daily living and social activities. Staff kept people safe by regularly reviewing and updating people's risk assessments as their needs, and interests changed.
- The home's staff team was well-established and were aware of people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A relative said, "Nothing is too much trouble for the staff, and we have no worries at all."
- The general risk assessments were regularly reviewed, updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff were provided with 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.

Staffing and recruitment

- The provider had a thorough staff recruitment process, 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.

- There were enough staff available to flexibly meet people's care and support needs. During our visit, staffing levels matched the rota enabling people's needs to be met safely. A relative said, "The staff and manager are excellent."

#### 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 Protective 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 more than enough PPE."
- 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.
- 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 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 Requires improvement. At this inspection this key question has now improved to Good.

Staff support: induction, training, skills and experience

At the last inspection we recommended that staff receive specialist training regarding people's specific health conditions.

At this inspection we found the provider had made improvements.

- People's body language during our visit was relaxed and positive indicating that the service was effective. 1 person did tell us, "I am very happy living here. Staff look after me really well." A relative told us, "I cannot fault the staff." Another relative said, "1st class staff." A staff member told us, "People are happy here and I love seeing their smiling faces every day."
- The staff induction and mandatory training enabled people to be supported in an effective way that met their needs. A staff member told us, "Very thorough training."
- As part of their induction new staff could shadow more experienced staff. This increased their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The home's training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included epilepsy, and Percutaneous endoscopic gastronomy (PEG) feeding through a tube directly into the person.
- Staff received 4 to 6 weekly supervision, annual reviews and there were monthly staff meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were assessed holistically, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes. NICE is the National Institute for Health and Care Excellence.
- If a new person moved in, the commissioning local authority provided assessment information and further information was also requested from any previous placements. The home, person and relatives also carried out a pre-admission needs assessment. The speed of the transition and pre-admission assessment took place at a pace that suited the person's needs.
- People could visit the home, before deciding if they wanted to move in. During a visit assessment information would be added to, including the views of people already living at the home.
- The home provided easy to understand written information for people and their families.
- Staff were aware of the importance of capturing the views of people using the service as well as relatives

so that care could be focussed on the individual.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently to maintain a balanced diet.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated, weight records and there were fluid charts, as required.
- Staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff ensured people still ate meals they enjoyed.

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

- The home had appropriate adaptations and equipment, to meet people's needs, that was regularly checked and serviced. People chose the home's decoration and colour schemes, particularly their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks and referrals were made to relevant health services, if required.
- Everyone was registered with a GP and a dentist. People had access to community-based health care professionals, such as community nurses and speech and language therapists as needed.
- Health care professionals did not raise any concerns about the quality of the service provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff understood their responsibilities regarding the MCA and DoLS.
- 4 people, who required them, had up to date DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.

# 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's body language during our visit was relaxed and positive indicating that they felt safe. 1 person did tell us, "The manager is lovely, and the staff are wonderful." A relative told us, "We are always contacted and kept up to date." Another relative said, "Everyone is so happy there." A staff member told us, "I absolutely love it working here. We form really strong bonds with people."
- Relatives said the home was well-run and the registered and line manager were approachable. People's lives were made enjoyable by the efforts staff made to meet their needs. This reflected the organisation's vision and values. A relative said, "I have the manager's mobile number as well as the home's number so I can contact them." A staff member said, "It's all about providing people with the best opportunities in their lives and I wouldn't change it for the world."

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 was open and honest with people when things went wrong.
- If things went wrong with people's care and support, they and their relatives were told and provided with an apology.

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

- The line manager and staff clearly understood their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff knew 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.
- The provider, line manager and staff carried out audits thoroughly. They were regularly reviewed and kept up to date. The internal audit checked that specific records and tasks were completed. These included support plans, environment, staff training, 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 home's 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. CQC records told us that appropriate, timely notifications were made.

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 maintained 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 ensured that people had access to local resources such as a community hub activity centre where they socialised with friends, college, trips to the shops, lunch out and going to the local parks. 1 person visited the shops, and another went to the park 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. 1 relative told us, "They [people using the service] have plenty to do."
- 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 supported the provider, registered manager, line manager, and staff to learn from and improve the service.
- Regular feedback from people and their relatives identified if the care and support provided was focussed on their needs and wishes. Feedback from people using the service who couldn't use words to communicate was gathered 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 told us they had the opportunity to voice their views about the service. 1 relative said, "They [staff] listen to what I say." A staff member said, "The manager is approachable and supportive."
- Throughout our visit the line 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 were given annual reviews, supervision and there were staff meetings so that they could have their say and contribute to improvements.
- 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.

