United Response

United Response - 61 Adkin Way

Inspection report

61 Adkin Way
Wantage
Oxfordshire
OX12 9HN

Tel: 01235762279
Website: www.unitedresponse.org.uk

Date of inspection visit:
12 September 2016

Date of publication:
24 October 2016

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

Summary of findings

Overall summary

We inspected United Response, 61 Adkin Way on the 12 September 2016. The inspection was announced. 61 Adkin Way is a care home without nursing for up to four adults with learning disabilities or autistic spectrum disorder. At the time of this inspection there were four people living in the home.

There was a registered area manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received good quality care that was responsive to their individual preferences and needs. The service was small and this assisted people receiving individual person centred care. Staff had taken the time to find out what was important to people and ensured that wherever possible people were able to undertake activities they had chosen. Staff showed a good understanding of and appropriate responses to people's needs and preferences. Relatives described a good and effective staff team that were able to support individuals to get the most out of their lives. It was evident that people passed their time in the way they chose and wherever possible were given opportunities to increase their independence by a service with a positive view on risk taking.

The registered area manager and staff understood what to do if they suspected someone was being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in adult social care. Medicines were managed and stored safely so that people received their medicines as prescribed. There were enough staff to meet people's needs.

Staff had received a wide range of training so that they had a good understanding of how to meet people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were clear about the importance of gaining consent from people.

People participated in all the stages of choosing, planning and the preparation of their meals. People were given guidance and reassurance if they needed it to maintain their health and wellbeing.

Staff made sure that if people became unwell, they were supported to access healthcare professionals for treatment and advice about their health and welfare.

People received care and respect from staff who valued people in a way that respected them as individuals. Staff were respectful of people's privacy and dignity.

There were systems in place to manage complaints but none had been received over the past year. The

complaints procedure was produced in a format people could easily understand. Relatives told us that they had not needed to make a complaint and would discuss with management if they had any concerns which would hopefully avoid a complaint.

The service was well led by a registered manager who people, relatives and staff were confident in. The management was responsible for monitoring the quality and safety of the service, and had done so consistently.

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.

People felt safe and the risk of abuse was minimised because management and staff were aware of how to recognise and respond to allegations or incidents.

People had risk assessments in place. Risk management plans promoted the least use of control to keep people safe

People received the support needed to manage their medicines and there were enough staff deployed to ensure they received care and support to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People's health was effectively managed by staff who took appropriate action when health needs changed.

People were involved in making decisions in relation to their care and support.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant people's decisions and freedom was respected.

Is the service caring?

Good

The service was caring.

People lived in a service where staff knew them well and worked towards ensuring people were happy and cared for.

People were encouraged to make choices and decisions about the way they lived.

Is the service responsive?

Good

The service was responsive.

People had experienced staff to support them and processes were in place to ensure their support was person centred.

People's individual preferences had been listened to and they had been supported to achieve these preferences wherever possible.

Staff recognised the importance of making sure people maintained their hobbies and interests and did not become socially isolated.

People and their relatives felt comfortable to raise concerns and knew how to do so.

Is the service well-led?

Good

The service was well led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

There were effective systems in place to monitor and continuously improve the quality of the service.

United Response - 61 Adkin Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 September 2016 and was announced. The provider was given 48 hours' notice because the service is small and people and staff are often out doing activities and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We looked at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. We also reviewed the information we held about the service and the service provider. We sought feedback from professionals who worked closely with the service.

During the inspection we spoke with the registered manager and two care staff. We reviewed a range of records including care records for two people consisting of care plans, risks assessments, and medicine administration records (MAR).We looked at records relating to the management of the service and two staff files. We spoke with two people in the service and two relatives by telephone.

Good

Is the service safe?

Our findings

People told us that they felt safe in the service. We asked one person if they felt safe and they said "Yes I am". Relatives also felt the people were safe. Comments included, "I've never had any concerns about [name's] safety. They're always happy to go back after a visit" and "Yes I think [relative] is safe. They would certainly tell me if they didn't feel safe".

The registered manager had a good understanding of safeguarding vulnerable people. No safeguarding concerns had been raised in the past year, but the registered manager was confident about what needed to be reported and how to do this. Staff knew to pass on any concerns to the registered manager or on-call or outside agencies, such as the Care Quality Commission.

Staff had a good understanding of the different types of abuse and knew how to recognise signs of harm. They were clear about their responsibilities to report issues if they suspected harm or poor practice. Staff told us, and records confirmed staff had received training in safeguarding vulnerable adults. Staff were confident that the manager would take action if they reported any concerns. One staff member said they had completed safeguarding training and just done a refresher. They commented "It's surprising how much knowledge you already have when you do the refresher but helpful to keep updated". Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they had any concerns.

People's care records included a risk management plan. Risk assessments had considered risks to the person from themselves and others. There was also an environmental risk assessment detailing fire evacuation procedures. People's risk assessments were audited monthly and updated annually or as needed.

When people had behaviours that may be seen as challenging to themselves or others, staff had the training to manage these situations. Where needed, people had a positive behaviour support plan in place describing the behaviour and advising pro-active strategies for each situation. For example, when in the community or in the house. Support plans also had information about the need for communication to de-escalate situations, such as lots of praise. If the situation escalated there were strategies in place to manage these which could involve physical intervention as a last resort. Staff were trained in restraint measures if these were needed. Clear and concise guidelines meant staff had the information they required to keep both the person and others safe. Accident and incidents were recorded including when restrictive intervention had taken place.

Policies and procedures were in place to manage risks to the service and untoward events or emergencies. We saw a crisis management plan with up to date information and contacts of what to do in an emergency, such as fire or flooding Fire drills were carried out so that staff and people using the service understood how to respond in the event of a fire.

We asked staff if they felt there were sufficient staff available to keep people safe. They commented that for the majority of time there was enough staff. Staff holidays or staff supporting a person from the house on a

holiday did mean there were not as many permanent staff numbers. However, they said this was assisted by using agency staff or pulling together to cover shifts. The registered manager was also considering the use of bank staff to call on. The registered manager said they only used one agency and always requested staff that had the skills to safely support people in the service.

Appropriate checks were undertaken before staff started work. Staff files included evidence the necessary pre-employment checks had been carried out. A Disclosure and Barring Service (DBS) check had been completed to ensure that staff were of good character and suitable to work with vulnerable people.

Where appropriate, the service involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible.

We found that medicines were managed safely. The service stored and disposed of medicines safely. People received their medicines as prescribed. We saw Medicine Administration Records (MAR) had been completed accurately. There were regular checks and audits in place. Staff had received medicines training and had been checked as competent before being allowed to administer medicines unsupervised to ensure they were safe to do so.

Good

Is the service effective?

Our findings

People received effective care. People were supported by experienced and skilled staff who were well supported in their roles. We asked one person what the staff were like and they replied "Amazing, especially when [name] is here". One relative told us, "Difficult to say, but I feel they know what they are doing, no concerns". Another relative commented, "They currently have very good staff, so we hope they stay".

The provider's induction and training covered the provider's mandatory training which included safeguarding adults, equality and diversity, person centred care, moving and handling and health and safety. Training relevant to people's individual needs was also provided. For example we saw that staff received training in autism, learning difficulties and working with families. This enabled staff to develop the skills they needed to carry out their roles and responsibilities effectively. A staff member told us "I feel we are provided with all the training we need. We can always request training if needed".

Staff told us, and records showed they had regular meetings with their managers and a yearly appraisal. A staff member told us, "Yes I have an appraisal each year and regular one to one meetings with my manager". Staff felt supported outside of these meetings stating, "If I send a text saying I need to discuss something, the manager always replies and we meet to discuss". These meetings with their manager gave staff an opportunity to discuss the people they were supporting and to reflect on their practice. Staff's overall performance was reviewed through an annual appraisal. This included identifying objectives for the following year to develop staff practice and improve the support people received.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). All staff had received training on MCA. The 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. Where necessary support plans contained capacity assessments regarding particular decisions. For example, we saw that a person had been assessed as not having capacity about consenting to surgery and the benefits and risks involved. We saw that a best interest decision had been made with the person involved and those who knew them well.

A staff member said they were very confident about the principles of the MCA and went on to describe how closely connected to safeguarding it was. A staff member said, "I understand risks are always present but people should have the opportunity to experience making unwise decisions". They understood if people were assessed as lacking capacity that a best interests decision would be needed, drawing on the knowledge of people that knew the person well.

Where the provider considered people had restrictions of their liberty in relation to their care and treatment DoLs had been applied for appropriately. DoLS provides a legal framework to deprive a person of their liberty if it is in their best interests to do so and there is no other less restrictive option. All four people had an authorised DoLs.

People's health needs were closely monitored. One person's Health Action Plan had been completed in July 2016 and detailed routine health appointments such as the visits to the GP, dentist and annual health checks. This also covered routine cancer screening as per national guidance. A hospital passport was also in place so that if people were admitted to hospital at short notice, health staff would have a quick reference of the person's needs. We saw that people had input from health specialists and were supported to attend hospital and other healthcare professionals outside the service. A relative we spoke with confirmed that their family member was appropriately supported to attend the dentist regularly and other health appointments.

People had a choice and were involved with choosing and preparing their food. One person told us they enjoyed helping with the food shopping and to help prepare food, saying "I mash the potatoes and make cakes". A relative told us, "[Name] seems to enjoy the food and has a good appetite which is always a sign [relative] is happy". A staff member said "Everyone gets to choose their favourite meal each week but we provide other food if others don't like the choice, for example, one person doesn't like curry so we offer an alternative on this night. They have a takeaway of choice at the weekend and we always do a roast dinner which people often help with".

Good

Is the service caring?

Our findings

The registered manager and staff team demonstrated a good level of care and commitment for the people they supported. They were keen to enable people to lead a positive, safe and fun life. The service had achieved this by ensuring that alongside keeping people safe, they had put people's interests and things that were important to them at the centre of the service.

People received care from staff who knew them well; staff knew people's likes, preferences and needs. Many of the staff had worked in the service for several years and knew people well and followed guidance in their support plans. For example, there was a description of what different facial expressions meant, hand movements or certain objects.

Staff spoke about and related to people in a way that was warm and caring. We heard a person greeted with a phrase that they understood. This had been documented in the person's files and we heard them being addressed in this way in a friendly and jovial manner. A relative said, "I do feel [staff] are quite fond of [name]. They always greet [name] in a warm and friendly manner". Another relative commented, "We feel really lucky that he's at the service. It gives us peace of mind".

People's care included individual details about what was important to reassure them. For example, bedtime routines. We saw one person liked being tucked in and read a story and a bathroom light left on. This demonstrated staff understood the importance of needing emotional care. One staff member said, "We give people a hug if they need one. Appropriate touch is so important to people and we understand boundaries and would always ensure other staff were around".

People were supported to maintain relationships with the important people in their lives. People's support plans had details of people they wished to keep in touch with. Documentation called 'Important to' clearly showed who was important in their life and another document called 'Important for' clearly showed how it was important to maintain contact with family members. Staff understood family dynamics well and showed empathy and knew the importance of supporting people emotionally. For example, staff were aware of the need to have a routine that people knew of, such as when to expect visits or trips home to family.

One person had required surgical intervention. The registered manager described supporting the person prior to the surgery, whilst at the hospital and post operatively back in the service. The person needed staff who understood their worries and who could then describe to the surgeon and other health professionals involved the best ways to explain to the person what would be happening. For example, putting on the anaesthetic mask to reassure the person what would be happening. They stayed at the hospital with the person to reassure them and support hospital staff. Plans were put in place for the person's return, for example, adapting the bathroom and having a temporary stair lift installed.

People were encouraged to be involved in their service. For example, one person enjoyed answering the phone and the door and checking ID of visitors. This helped the person feel part of the staff team and also

recognised that it was the person's home not a workplace.

People had their privacy and dignity respected. A staff member said, "People are encouraged to do as much for themselves as possible. When help is needed we do this sensitively". People's dignity was considered to ensure their self-care was maximised. A relative commented that their relative always dressed smartly and had reduced their weight which they were pleased about.

Good

Is the service responsive?

Our findings

We found the service responsive, enabling people to have a good quality of life. Most people in the service had been there a number of years, but the registered manager said when people were being considered for the service, they undertook detailed assessments to ensure they could meet the person's needs.

People's support plans were personalised and tailored to individual's views and preferences. The service was in the process of streamlining the files to ensure that information was relevant to people's current needs. Keyworkers were involved in this as they knew the people well and could ensure all the information was relevant and meaningful to support the person effectively. We were told that people were supported to contribute to their support plan. The information was person centred and listed in detail the person's preferred daily routines and how these should be supported. Information included person-specific issues in supporting personal care together with daily living skills within the house and activities outside the house. We saw likes and dislikes of each person were described, for example, not liking thunderstorms and loud unexpected noises.

Support plans were diverse and respected the different presentations of autism, such as the need for routine or strategies to reassure the person. The support plans had detailed information about the needs of individuals being supported and how they might interact. People had regular reviews of their support involving family. Professionals were invited to attend.

People were protected from the risks of social isolation by having opportunities to take part in a variety of activities and local events. People were familiar with their community. The registered manager told us it was a 'welcoming' town and generally very friendly. This helped the people in the service to feel able to access their community with confidence. For example, people from the service celebrated the Queen's Golden Jubilee in the town celebrations recently.

People were supported to attend activities or clubs they chose. They were supported to attend regular activities that they enjoyed such as going to a local club or horse riding. Activities were flexible and could be dependent upon how the person was feeling that day, whether they had visitors or appointments to attend. The service was aware of how to manage anxieties around not giving information too early or too late dependent upon individual needs. A person told us their relative was being given support to look for voluntary work which they were keen to do.

Each person had an activity planner which was updated weekly with the individual and was also used to record daily information. The service supported people to attend activities such as going to the gym, swimming or going camping. Each person had individual time with their keyworker when regular tasks were carried out such as banking or personal shopping.

People were supported to make choices with guidance using a decision making profile in their support plan. This detailed information such as 'I can make a choice as long as I have time and I don't have too many choices'. It also stated the best time for the person to be asked to make a decision, such as 'When I'm happy

and on my own'. Staff described how important choice was for the people supported. One member of staff said, "People should be able to make their own choices, as we all do".

The service had a complaints policy and procedures in place but no complaints had been received by the service. There was also a pictorial version to assist people who had difficulties understanding written information. People, their relatives and staff knew how to raise complaints. People were able to raise any concerns at the house meetings or staff would assist people to complete a form to express their views. The relatives we spoke with confirmed that they felt confident that their relatives would be able to express either to them or to staff if they had any complaints.

Good

Is the service well-led?

Our findings

People and their families were positive about the registered manager. Relative's comments included, "We find [registered manager] good and they manage the service well" and "They are a great team".

Staff told us they felt fully supported by the registered manager. Staff we spoke with felt the service was well led and they had a really open and good relationship with their managers. Staff comments included "The [registered manager] is very approachable. I feel I can talk to her at any time".

Team meetings took place regularly and discussions were focused around updates from the management and on the support of individuals. For example, arranging a holiday for an individual and discussions recorded about improving and updating people's support plans and how this was progressing.

Staff felt able to have frank and honest discussions with each other, for example, in team meetings. One member of staff said this was because they felt safe to raise any issues with each other openly. They felt able to question practice and discuss any concerns they may have and make suggestions about improvements or changes that may be needed. Staff spoke highly of the positive atmosphere in the service and appreciated the support of their colleagues.

Staff enjoyed working for the service. Comments included "I like my job. It is a happy house". Staff understood their role and felt motivated. Staff described the culture of the service and one commented, "I'm proud to work here. It's moved so far forward than what it used to be. People and staff are smiling and enjoying themselves". Another staff member said "The team that we work with is one of the best. It is a good place to work".

A relative said they were confident in the management of the service and had no concerns at all. Relatives we spoke with felt communication was good. One person said, "They get back to me every time and always very helpful". The registered manager and staff were considering how they could improve communication with all families. Some people had frequent contact with their families and others not so much and they felt it would be good to provide regular information to keep families updated.

The service was audited regularly to ensure it was of a good quality. A quarterly audit was completed by a manager who did not have direct operational responsibility for the service. We saw the last audit which had covered areas such as financial checks, staff supervisions, health and safety and risk management. Any actions from the audit were recorded on the audit report. For example, we saw an audit completed in July 2016 with a note that the emergency contingency plan needed updating by September 2016. The service was also quality monitored every three months by the local authority commissioning team which enabled an independent audit of the service. The service worked in partnership with the local authority and health professionals to ensure there was joined-up care.

The records we reviewed relating to people's care were accurate, up to date and stored appropriately. Care workers maintained daily records for each person, which provided information about the care they received

during each day. We found evidence that care records were checked and monitored by the management team to ensure that the quality of recording was appropriate.