

United Response

United Response - 60

Woodland Way

Inspection report

60 Woodland Way
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

United Response – 60 Woodland Way is a residential 'care home' providing personal care and support to up to 6 people. The service provides support to people with a learning disability and autistic people. Some people were also living with dementia or had mental health care needs. At the time of our inspection there were 6 older people living at the care home. The care home accommodates people in 1 adapted building.

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

Relatives and community health and social care professionals spoke positively about the standard of care provided at United Response – 60 Woodland Way. A relative told us, "I know my [family member] is happy living here. They [staff] look after all the people living here extremely well." A community social care professional added, "I would not hesitate to recommend this place to any mature person with a learning disability to live."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

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

Right Care

Staff were appropriately recruited and trained and there were enough of them to support people to live in a safe way, whilst enjoying their lives. Risks to people and staff were assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were appropriately reported, investigated and recorded. Staff were trained staff to safely administer people's medicines.

Right culture

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

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

Rating at last inspection

The last rating for this service was good (published 12 August 2017).

Why we inspected

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

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

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response – 60 Woodland Way at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

United Response - 60 Woodland Way

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

This inspection was carried out by an inspector.

Service and service type

United Response – 60 Woodland Way 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. The 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 CQC 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 9 March 2023 and ended on 10 March 2023. We visited the care home on the first day of this inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We received email feedback from 2 community health and social professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and engaged with 3 people who lived at the care home and spoke in-person with 3 visitors, including 2 relatives and a local authority social worker. We also talked with the registered manager and 3 support workers who worked at the care home.

We also 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 verbally communicate with us.

We received email feedback from 1 relative in relation to their experience and views about the care home. We reviewed a range of records. They included 3 people's care and risk management plans, and 2 staff files in relation to their recruitment. We also checked a variety of records relating to the management of the service, including staff rotas, training, multiple medicines records and provider 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 staff training and supervision. We received the information which was used as part of our inspection.

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 use of words was limited to communicate their views about living in the care home so they did not comment on the service. Their body language during our visit was relaxed and positive indicating that they felt safe.
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff were trained how to identify signs of possible abuse and the appropriate action needed, if required. They knew how to raise a safeguarding alert. Staff had to confirm that the provider had made their safeguarding procedure available to them and they had read it.
- Staff demonstrated a thorough knowledge of what people's gestures, and sounds they made meant including different pitches indicating their moods and if they were happy or not and things they wished to do.
- Areas of individual concern about people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and were actively supported to take acceptable risks and enjoy their lives safely.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These risk assessments included all aspects of people's personal, health, social care needs and wishes. Staff kept people safe by regularly reviewing and updating people's risk assessments as their needs, interests and pursuits changed.
- The care home had an experienced staff team who were familiar with people's daily routines, preferences, the risks they might face and the action they needed to take to prevent or appropriately manage those risks. For example, this included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. A relative told us, "My [family member] can be at risk of choking when they eat or drink, but the staff know exactly how to keep him safe when they assist him at mealtimes. We observed staff prepare a 'soft' well-presented pureed meal for this person and then sit next to them and patiently assist them to eat their lunchtime meal.
- Staff received positive behavioural support training and appropriately dealt with situations where people displayed behaviour that communicated distress. This was demonstrated by the way staff appropriately dealt with situations patiently helping people to calm down when they were getting anxious. There were personal behavioural plans if required.

- Regular checks were completed to help ensure the safety of the homes physical environment and their fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.
- General risk assessments were regularly reviewed and updated including reference to equipment used to support people, such as mobile hoists. This equipment was regularly serviced and maintained.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- In the last 2 years the number of support staff working across the day had been increased from a minimum of 2 to 3 support workers to meet the changing care needs of people living in the home. There were now enough staff to safely meet people's care and support needs. Staff were visibly present throughout this inspection and matched the duty rota for the day. We observed staff were always quick to respond to people's requests for assistance or to answer their queries.
- The registered manager told us the care home remained well-staffed and currently they did not have any support worker vacancies.
- The provider's staff recruitment process was thorough, and records demonstrated they were followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staff recruitment process also included interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by managers and senior staff. We found no recording errors or omissions on any medicines records we looked at.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.
- Staff authorised to handle medicines in the care home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely in line with the governments risk-based approach to PPE. All staff working in the care home were required to wear PPE when interacting with people who lived there.
- We were assured that the provider was accessing testing for people using the service and staff. The provider continued to routinely test people living, visiting and working in the care home for COVID-19.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean.
- We were assured that the provider's infection prevention and control policy was up to date. Regular infection prevention and control 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 and face-masks.

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. People could visit the care home whenever they wished providing they agreed to wear a face-mask when interacting with the people who lived there.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers.

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.

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

- Relatives, community health and social care professionals and support workers all spoke positively about the way the care home continued to be managed by the registered manager who had been in post for over 5 years. A relative told us, "We have an excellent rapport with the manager [registered manager] whose been here a while now. He's very good at letting us know what's happening to our [family member]."
- The quality and safety of the service people received was routinely monitored by managers and care staff at both a provider and service level. This was done by carrying out regular internal audits and checks in relation to staff training and support, observing staffs working practices, health and fire safety, medicines management and infection prevention and control. The registered manager told us they carried out daily walk about tours of the building to check the safety of the environment and observe staff working practices.
- The outcome of these audits and checks were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people. For example, the providers quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions.
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider's policies and procedures included how to achieve continuous improvement and work in co-operation with other service providers.
- It was clear from the feedback we received from relatives and community health and social care professionals the provider recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.

- People and their relatives gave regular feedback that identified if the care and support given was focused on their needs and wishes. Feedback from people living in the care home who had limited vocabulary was taken by interpreting their positive or negative body language to activities and towards staff.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The care home's culture achieved good outcomes for people and was positive, open, inclusive, empowering, and person-centred.
- People's care plans were person-centred and contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes. For example, a person's care plans contained detailed information for staff to follow in relating to how this individual wanted their prescribed medicines given, including the best times to offer the medicines and how to communicate this information. A relative told us, "The staff treat my [family member] so well and they know exactly what he likes and doesn't. The care here is tailored to meet his unique needs and wishes."
- The registered manager had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. Relatives told us if things went wrong with their care and support and provided with an apology.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker, group meeting with the people they lived with, and multi-professional care planning reviews.
- Managers and staff ensured they engaged and involved people living in the care home in its day-to-day running. They did use various methods to communicate with people and share important information with them in ways they could easily understand and preferred. For example, staff used easy to read pictorial cards to help people who could not communicate verbally with them make informed choices about what they wanted to eat at mealtimes. In addition, staff received Makaton training to enable them to communicate more effectively with people who preferred to use this method of communication. Makaton is a type of communication which uses hand gestures, speech and symbols, to enable people with a learning disability and autistic people to communicate.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual meetings with their line manager and group team meetings with their fellow co-workers. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included GPs, social workers, community psychiatric nurses, speech and language therapists, physiotherapists, dentists and chiropodists. A community health care professional told

us, "The staff work closely with us at the local authority learning disabilities team, and are very good at keeping us informed about our clients changing needs. They always listen and act on the professional advice and guidance we give them. We all work well together as a team. It's a real partnership."

- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.