

United Response

United Response 53 Coachmans Drive

Inspection report

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

Date of inspection visit: 23 October 2014
Date of publication: 04/02/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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

We carried out the inspection on 23 October 2014. The inspection visit was unannounced.

53 Coachman's Drive is a residential care home that provides accommodation, care and support for up to two adults. The home provides ground floor accommodation and is fully accessible to people who are physically disabled. The service is situated in the Croxteth Park area of Liverpool.

Summary of findings

During the inspection we met a person who lived at the home, we also spoke with a relative, three members of the care staff team and the registered manager.

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

People were provided with good care and support that was tailored to meet their individual needs. People had a plan of care which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed and plans were in place to manage these.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support. Medication was managed safely and people received their medication as prescribed. People's support plans included detailed guidance about how to support people with their medicines.

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

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us how they ensured decisions were made in people's best interests.

Staff presented as caring and we saw that they treated a person who lived at the home with warmth and respect during the course of our visit. A relative we spoke with told us they felt staff were caring towards their family member. There was an open culture at the home and

staff told us they would not hesitate to raise concerns and felt that any concerns they did raise would be dealt with appropriately. Throughout our visit staff demonstrated how they supported the aims and objectives of the service in ensuring it was person centred and inclusive. 'Person centred' means the individual needs of the person and their wishes and preferences are at the centre of how the service is delivered.

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

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they attended regular supervision meetings and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home and the larger organisation.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has a legal responsibility for meeting the requirements of the law. The registered manager had worked for the provider for over 30 years and had been the registered manager for the home for four years.

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

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

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

Good



Is the service effective?

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

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and they worked alongside family members and relevant professionals in making decisions in people's best interests.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

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

Good



Is the service caring?

The service was caring. Staff presented as caring and we saw that they treated a person who lived at the home with warmth and respect during the course of our visit. A relative we spoke with told us they felt staff were caring towards their family member.

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

Good



Is the service responsive?

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

People's individual needs were clearly reflected in a support plan and this was reviewed on a regular basis with the person concerned and other relevant people who could advocate on their behalf.

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

Good



Summary of findings

Is the service well-led?

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

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

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

Good



United Response 53 Coachmans Drive

Detailed findings

Background to this inspection

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

This inspection was carried out on 23 October 2014 and was unannounced.

The inspection was carried out by an adult social care inspector. As part of the inspection we reviewed the information we held about the service before we carried out the visit.

During the inspection visit we spent some time observing the care provided to a person who used the service to help us understand their experiences of the service and we looked at all areas of the home environment.

We spoke with the registered manager of the service and three support workers who were on shift on the day of the inspection. We contacted the relative of a person who lived at the home to gain feedback about the quality of the service provided to their family member. We also spoke with a social care professional who was able to give us some feedback about the service.

During the inspection we also viewed a range of records including people's care records, staff files, records relating to the running of the home and the policies and procedures of the organisation.

Is the service safe?

Our findings

The service was safe. Risks to people's safety were appropriately managed and people's health, safety and welfare were protected in the way the service was provided. A relative we spoke with told us they had no concerns about the support provided to their family member or about how they were treated. They told us they were happy with the support provided and they felt confident to advocate on their family member's behalf.

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

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

Staff recorded incidents that had taken place in the home appropriately. These were then reported through the provider's quality assurance systems. This was to ensure appropriate action was taken following an incident. This assured us that appropriate steps were taken to keep people safe and protect them from avoidable harm.

Hazards to the safety of people who lived at the home, staff and visitors had been identified as part of a safe working practice risk assessment. Management plans were in place to control/manage any identified risks. Procedures were in place for responding to emergencies such as fire or medical

emergencies and there were 'on call' managers to ensure staff could seek guidance, advice and support when the registered manager was not available and at all other times.

We found that the number of staff on duty was sufficient to meet people's needs appropriately and safely. Staff told us they felt the staffing levels were safe and that they had time to support people appropriately with all aspect of their care and with activities of their choice. We viewed staff rotas for the previous two months and these showed us that there had been a consistent number of staff on duty over this period.

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

Medication was managed appropriately and safely. All staff had been provided with training in medicines management. We found people's support plans included detailed and individualised guidance about how to support people safely with their medicines. We found a small number of discrepancies on the current medication administration record for a person who used the service. The manager was able to explain the discrepancies but these had not been amended on the records accordingly. The manager told us they carried out regular checks on medication practices to ensure they were safe and to ensure that any medicines errors had been reported and acted upon appropriately. Following discussion with the manager they agreed to look at how they could better demonstrate what they had looked at in the medication audits and what their findings were.

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

Is the service safe?

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

Is the service effective?

Our findings

The service was effective. People received the care and support they required to meet their needs and maintain their health and welfare.

The registered manager and care staff were able to describe how people's consent to care and support was obtained and how this was based upon people's individualised ways of communicating. The manager also described asking relatives to advocate on behalf of their family members. This was confirmed during discussions with a relative who told us that staff communicated well with them and that they were asked to contribute to making decisions in support of their family member. The manager and staff had been provided with training on how to support people who lacked the ability to make more complex decisions. Guidance about the Mental Capacity Act 2005 and associated deprivation of liberty safeguards (DoLS) was available at the home.

Staff told us they felt well supported and sufficiently trained and experienced to meet people's needs and to carry out all of their roles and responsibilities effectively. We viewed the staff files for four members of care staff. These included staff training records and training certificates. This information showed us that staff had undergone a comprehensive induction programme when they started work at the home. Staff had also been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, person centred thinking, mental capacity, equality and diversity, autism awareness, epilepsy

awareness, medicines management, supporting people with their sexuality and relationships, first aid, fire safety, and moving and handling. All staff had achieved a relevant nationally recognised qualification.

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

We saw in records that staff regularly referred to a range of health and social care professionals for specialist advice and support to ensure people's needs were effectively met. For example, a person had been referred for occupational therapy as appropriate to their needs. We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, dentist and optician. A relative we spoke with told us staff acted promptly to seek medical advice for their family member. They told us "They get straight on the phone, even if it's only a cold they act straight away."

People who lived at the home had a support plan which detailed their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People's likes, dislikes and preferences for food and meals were clearly documented in their support plan and during discussions with staff it was evident that they were fully aware of these.

The home was fully accessible and any required aids and adaptations were in place in order to meet people's individual needs and in line with the advice of occupational therapists and other relevant professionals.

Is the service caring?

Our findings

The service was caring. We were not able to attain the views of people who used the service during the course of our inspection. We did however observe the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. We also contact a relative to seek their views on the service and whether they felt the service their family member received was caring. Their feedback was positive, they felt staff cared about their family member and they told us "Yes, I am absolutely happy with the care and support."

We saw that staff regularly interacted with a person who used the service to provide reassurance, to make sure they were included and to inform them of their actions. Staff were warm and respectful in these interactions.

The staff team consisted of long standing members of staff. This meant that people who used the service were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. One member of staff gave us an example of how they were providing emotional support to a person who had experienced loss and change. They talked about the impact on the person and what they were doing to support them to cope with the change.

Staff used terms such as 'support' and 'choice' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout and explaining any care they were providing.

People's support plans had been written in a person-centred way. This means they were written in a way that indicated that people's individual needs and choices were at the centre of the care provided. People's support plans also included details about the actions staff needed to take to ensure people's privacy and dignity was protected. We found that other records were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing.

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

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

Is the service responsive?

Our findings

The service was responsive. People were provided with personalised care that was responsive to their needs.

We viewed the care/support plan for a person who used the service. This was an individualised support plan which clearly detailed the person's needs and provided clear guidance for staff on how to meet their needs. The support plan included information about the person's likes, dislikes and preferences. It included information about what was important to the person and about how they communicated their needs, wishes and choices. It also included information about how staff needed to support the person to have as much control over making their own decisions as possible. The staff team consisted of established, long term members of staff who had worked at the home for a number of years. We found that staff were well aware of people's individual needs, preferences and choices.

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

People were supported to make as many choices as possible about their lifestyle and people who were important to them were asked to advocate on their behalf. The support plan we reviewed, reflected the person's

individual needs. It was written in a clear and detailed way so that all staff could understand how to support the person. In discussion with staff they were knowledgeable about the person's needs. They were able to describe in detail what the person needed and how they preferred to be supported. This assured us that the person's choices and decisions were respected.

People who lived at the home were supported to pursue their interests and staff described the types of activities they supported people with and why these were important to the person concerned. These activities included regular weekly activities alongside longer term planned activities such as trips to the theatre and holidays/short breaks.

The provider had a complaints procedure and an easy read version of this was located in people's care files. The registered manager informed us that there had been no complaints received about the service and that any matters raised by relatives had been readily dealt with. A relative we spoke with was positive about the care provided by staff at home and told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed. They told us "The manager is very approachable" and "I'd be happy to raise any concerns."

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

Is the service well-led?

Our findings

The service was well led. Systems were in place for assessing and monitoring the quality of the service and for making improvements and developing the service.

The service was managed in a way that ensured people's health, safety and welfare were protected. The service was managed by a person registered with CQC as the 'registered manager' and this person had been in this post for four years. The manager and staff were clear as to their roles and responsibilities and the lines of accountability within the home and across the organisation.

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

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

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

The provider also asked people who were supported by United Response (in other services) to carry out an annual visit to the home to give their opinion on the quality of the service.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

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