

United Response

# United Response - 85 St Anne's Road East

## Inspection report

85 St Anne's Road East  
St Anne's-on-Sea  
Lancashire  
FY8 3NF

Website: [www.unitedresponse.org.uk](http://www.unitedresponse.org.uk)

Date of inspection visit:  
20 June 2017  
03 July 2017

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## 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

United Response - 85 St Anne's Road East is registered to provide accommodation for six people who require personal care. The home is a semi-detached three-storey house providing good access to local services and amenities. Each person has their own bedroom and shares communal facilities.

This inspection visit took place on 20 June and 03 July 2017. The first day was unannounced and the second day announced. The inspection was prompted in part by notification of an incident following which a service user died. This incident is subject to a separate criminal investigation and as a result this inspection did not examine the circumstances of the incident. However the information shared with CQC about the incident indicated potential concerns about the management of health issues. This inspection examined those risks.

At the last comprehensive inspection on 25 February and 8 March 2016 we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure staff were working in accordance with the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) legislation and failed to operate and implement effective arrangements to monitor safety and quality across the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We carried out a focused inspection visit on 13 April 2017 to review action taken in relation to the breaches. We saw the service had made improvements and were no longer in breach of the regulations. Staff were working in accordance with MCA and DoLS.

At our inspection on 20 June and 03 July 2017 we saw staff were aware of safeguarding procedures and knew the action to take to protect people from the risk of abuse.

Risk assessments were in place which provided guidance for staff. This reduced risks to people.

Although people had limited verbal communication we were able to speak with them and observe staff interaction with them. They told us they felt safe with staff, and liked the staff who supported them. One person told us, "I do feel safe here." They said staff were kind and friendly.

Medicines were stored securely, administered as prescribed and disposed of appropriately.

There were sufficient staff available to provide personal care and individual social and leisure activities. Staff received training to carry out their role and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People told us they were happy with the variety and choice of meals available to them.

Care plans were personalised detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement had been sought before providing care.

People who used the service or their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. They checked staff supported people in the way people wanted. Audits of care and support records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys about the quality of their care.

## 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.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.  
Recruitment procedures were safe.

### Is the service effective?

Good ●

The service was effective.

Procedures were in place to enable staff to assess peoples' mental capacity and best interests meetings were arranged in a timely way.

People had consented to care and were supported to manage their healthcare needs effectively.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were trained in care. This helped them to provide support in the way the person wanted.

### Is the service caring?

Good ●

The service was caring

People we spoke with told us that staff were kind and supportive and provided the care people needed.

People's privacy and dignity was respected by staff and people received a personalised service.

Staff took into account people's individual needs and choices when supporting them.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed.

People who lived at the home or their representatives were aware of how to complain if they needed to. The organisation responded to concerns and took prompt action to improve.

### Is the service well-led?

Good ●

The service was well-led

People we spoke with felt the management team were approachable and willing to listen to them and act on their requests.

People who lived in the home and staff said they were able to give their opinions on how the home was supporting people.

Quality assurance audits were in place which highlighted issues and the registered manager acted on these.

# United Response - 85 St Anne's Road East

## **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 checked 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.

The inspection of United Response - 85 St Anne's Road East took place on 20 June and 03 July 2017. The first day was unannounced and the second day announced. The inspection team consisted of an adult social care inspector.

The inspection was prompted in part by notification of an incident following which a service user died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However the information shared with CQC about the incident indicated potential concerns about the management of health issues. This inspection examined those risks.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. To assist in the planning of the inspection, we also contacted the local commissioning authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information to guide us as to what areas we would focus on as part of

our inspection.

People who lived at 85 St Annes Road East had limited verbal communication and were unable to hold an in-depth conversation with us. We spoke with or observed staff interactions with all three people who lived at the home. We also spoke with a senior manager, and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care and support records of two people, the services training and recruitment and supervision records of two staff members, arrangements for meal provision, records relating to the management of the home and checked staffing levels. We also looked around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

The inspection was prompted in part by a notification about a person using the service who had died unexpectedly. This incident is subject to a specific investigation and as a result this inspection did not examine the circumstances of the death.

Staff had received safeguarding training and understood the process to follow to report any concerns about people's safety. They told us they would report any unsafe care or abuse. The service was cooperative with relevant agencies where there had been a safeguarding concern. They took prompt action to address any concerns. There was a whistle - blowing policy so staff could report concerns anonymously if they chose to. People indicated they felt safe and comfortable with the staff who supported them. One person said, "I do feel safe here."

The service had procedures to minimise the risk of unsafe care or abuse. Before the inspection, medicines errors had been reported by staff or found on management audits. Changes in medicines procedures and additional staff training to ensure they were competent to administer medicines had stopped the errors. Regular monitoring of medicines and observation of staff giving medicines had showed staff supported people with medicines safely. People's care and support records identified the medicines they needed. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly.

Risk assessments for each person were informative and delivered guidance to staff to provide consistent support and reduced risks to the person and to staff. We saw risk assessments included ways to reduce risks related to activities and behaviour.

Where emergencies, accidents and incidents occurred senior staff evaluated the situations for any lessons learnt and shared these with the staff team. Staff had guidance and information for dealing with emergencies and unexpected events on call support was available from senior management.

We saw staffing levels were sufficient to meet people's care needs including social and leisure activities. People able to speak with us told us they had enough staff support to do things and go out when they wanted. There had been changes in some of the staff team and of people in the home before the inspection. The remaining staff supported people well and reduced the impact of the changes by their sensitive care and support.

We saw the home was clean and maintained. We checked first floor and above windows to see if they were safely restricted from opening too wide. We found one window was not restricted effectively. This was immediately rectified so people's safety was increased. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. There was good infection control practice and staff had received training in this. We saw maintenance and repairs were carried out promptly.



# Is the service effective?

## Our findings

At the last comprehensive inspection on 25 February and 8 March 2016 we found breaches in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) legislation. We undertook a focused inspection on 13 April 2017 to check they had taken action to meet legal requirements. On the focused inspection staff were working in accordance with MCA and DoLS and people's legal rights were protected. This had continued on this inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected. Records were in place to indicate that people consented to their care or correct processes had been followed. We saw where additional assistance was needed the registered manager arranged for advocacy involvement or specialist independent support.

We spoke with staff and looked at training records and certificates and spoke with staff. We saw staff were trained. All staff had achieved or were working towards national qualifications in care. This assisted them to provide care that met people's identified needs. Staff told us they were able to request specific additional training to improve their knowledge and people's care. Records seen and staff spoken with confirmed they received regular supervision and appraisal of their performance.

There was an on-going investigation in relation to an individual's healthcare, which was not part of this inspection. However as part of this inspection we looked at how staff monitored and responded to people's health needs. We saw each person had an informative health action plan with their health and support needs recorded in this. We saw records which identified staff had monitored and followed up health needs. Records showed people had been supported to attend opticians, GP, dental and other healthcare appointments.

People indicated staff cooked good meals which they enjoyed. They told us they liked going out for meals as well. Two people had just returned from a meal out at a local pub when we inspected. Meals were planned individually with people who were involved in shopping for food. Staff supported them to choose healthy options while still respecting their choices. They were familiar with people's likes and dislikes plus any allergies they may have had which helped them to provide meals that people liked. People's preferences were recorded in their care and support records so everyone was aware of these. We saw people were involved in meal preparation as much as they were able. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

## Is the service caring?

### Our findings

People indicated they liked staff. We saw interactions between people who lived at the home and staff. People were relaxed and smiling with staff and had friendly, comfortable and caring relationships. One person said, "They are very good." Other people indicated they enjoyed spending time with staff.

Staff knew and responded to each person's diverse needs and treated people with respect and patience. We saw staff were caring and treated people in a respectful way. We observed staff talking to one person who had become anxious, in a supportive and sensitive way. They calmed and reduced the person's agitation with their relaxed and friendly approach. We saw staff respected people's family and personal relationships and supported and encouraged them to keep in touch with their relatives."

Staff respected people's privacy. They knocked on bedroom and bathroom doors before entering and encouraged people to respect their housemate's privacy. They supported people with personal care in a discreet and sensitive way. They encouraged people to dress appropriately for the weather and activity, and supported them to look well groomed.

People's end of life wishes were recorded where possible so staff were aware of these. Senior staff said if an individual developed a life limiting illness, they would have the option to be cared for in the home.

We looked at the care and support records of two people who lived at the home. We saw their care records were personalised and in a semi pictorial format. This made the information more accessible to them. Each person and where appropriate their relatives had been involved in developing and reviewing their care plans.

Before our inspection visit we contacted external agencies about the service. They included the health and social care professionals. They told us the organisation took prompt action where any issues were raised also contacted Healthwatch Lancashire. They did not express any concerns about the service.

## Is the service responsive?

### Our findings

People said they were able to choose when to get up and go to bed, what to eat and the social and leisure activities they wanted to be involved in. We saw people were encouraged to make choices and decisions where possible. One person told us one of their favourite things to do was they liked to go and watch trains. They said they went with staff to watch them often. Another person said staff supported them to go to discos as they enjoyed dancing and listening to music.

Staff were proactive in encouraging people to chat and interact with them and each other. They demonstrated a good understanding of people's needs and did their best to ensure these were met.

We looked at two people's care and support records to check they were up to date and reflective of people's individual circumstances. These were comprehensive, personalised and provided guidance to staff on how to support people with their daily routines and personal care. They were regularly reviewed and amended as people's needs and preferences changed. The care and support records were in easy read semi pictorial information so people were able to follow them and be as involved as they wanted to. People were involved in regularly reviewing them.

The service had a complaints procedure which was clear in describing ways to make a complaint. Any complaints were dealt with in a timely fashion. We looked at the complaints information which was in text and in easy read versions to help people understand what to do if they had a complaint. People told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said they knew their concerns would be dealt with. One person told us they would tell staff if they wanted to complain or if they were dissatisfied with their care or support.

Senior managers had responded to recent concerns with a thorough and transparent investigation. From their investigation findings they had made changes to procedures and practice so that systems were improved, risks reduce and care and support enhanced.

## Is the service well-led?

### Our findings

At the last comprehensive inspection on 25 February and 8 March 2016 we found breaches in relation to good governance of the home. We undertook a focused inspection on 13 April 2017 to check they had taken action to meet legal requirements. On the focused inspection senior staff were providing governance of the home and carrying out regular audits to monitor care in the home. This had continued on this inspection.

Although there was a registered manager in post, they were not available when we inspected. 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.

There had been a number of staff changes which had caused some disruption for people in the home but staff had worked hard to minimise this. A temporary manager had been in post for a short time but moved on just before the inspection. Another temporary manager was due to start work in the home shortly after the inspection. In the meantime managers from other local United Response services were spending time at the home each day to provide support. In addition the area manager was providing support and guidance. These measures reduced the impact of the recent staffing changes.

Despite a period of instability and change in the home, the management and staff team had supported people in a consistent manner, so they were less affected by the changes. The staff team and managers sought the views of people frequently. We saw people approached staff in a relaxed manner and were comfortable with them. They said they were easy to talk with and helped them. One person said, "They listen and are kind."

The management team understood their responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. They had systems in place to assess and monitor the quality of their service and the staff. Audits were frequent and the outcome of these had been documented and any issues found on audits acted upon promptly. For example there had been a number of medicines errors. Managers and staff met and discussed the errors, refresher training was provided, competency checks made, medicine procedures changed and feedback of the changes sought. These measures had meant no further errors had been made.

We saw staff meetings and supervisions were held to involve and consult staff. Staff spoken with told us these were held frequently. Staff told us they were able to contribute towards the development of the service through team meetings, and supervisions.