

United Response

United Response - 16

Mansfield Road

Inspection report

16 Mansfield Road
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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

16 Mansfield Rd is a residential care home for 4 people with learning disabilities. There are shared communal areas and people also have their own rooms. The home is on a residential street close to local amenities.

At our last inspection we rated the service good with an outstanding rating in responsive. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, we found that there had not been sufficient development of the service to continue to be rated outstanding in responsive. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good...

People received good responsive care. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People were given accessible information about raising complaints and their relatives told us that they knew how to raise a complaint on their behalf if needed. The provider had a complaints procedure although they had not received any since our last inspection.

The care that people received was effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was suitable for people's needs.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their medicines safely. The risk of infection was controlled because the home was clean and hygienic. Lessons were learnt from when mistakes happened.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Relationships with families and friends were supported and encouraged.

The registered manager had systems in place to receive feedback on the quality of care provided. There were quality systems in place which were effective in continually developing the quality of the care that was provided to people.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has deteriorated to Good People received care and support from staff who knew them well. Their plans were personalised and reviewed regularly. There were lots of opportunities for people to pursue interests and hobbies. There was a complaints procedure in place and the provider had received no complaints since our last inspection.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 18 May 2018 and was unannounced. It was completed by one inspector. We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had limited verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. After the inspection we spoke with two people's relatives on the telephone to receive their feedback on the quality of care received.

We spoke with the registered manager, the team leader and two care staff. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would report anything that worried me straight away to one of the managers". There had not been any safeguarding concerns reported since our last inspection and when we spoke with staff and reviewed records we were assured that this was accurate.

Risk was managed to protect people from harm. When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. For example, there were risk assessments for the activities that people liked to do which detailed what the staffing ratios should be. The staff understood the importance of routine for people and described how this helped to keep people calm and avoid distress. They also talked about the importance of regular activity and exercise for people's physical and mental wellbeing and how these were planned into their week. We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed.

The environment was regularly checked to ensure that it was a safe place to live. For example, the staff completed fire safety checks. Records that we reviewed confirmed that regular checks took place. There were plans in place in case of emergency such as evacuation of the building. The plans were specific for each individual and gave clear guidance to staff.

People were supported to understand how to reduce the risk of infection within their home. The registered manager told us that they had not implemented a cleaning rota. They said, "There is no need because the people here do the majority of their own cleaning every day. For example, they clean the toilets daily. The night staff will do a check of the building just to make sure". There were regular checks of the building including a full infection control audit every three months.

There were enough staff to ensure that people's needs were met safely. One relative we spoke with said, "There are always enough staff and they have one to one support at times to get their shopping done or to do activities they like". Staffing levels were based on individual needs and staff told us how the support some people required had reduced over the past few years. We saw that people didn't need intensive support now but spent time independently in their home, with the reassurance of staff nearby. We saw that staff had plenty of time to spend with people throughout the day of the inspection and were able to support them with going out, making meals and generally around their home.

The provider followed safe recruitment procedures to ensure that staff were safe to work with people. One member of staff told us, "It took a while for my police checks to come through but I didn't start until they were in. They also took references from my recent employers". We reviewed records which evidenced these checks took place.

Medicines were managed to ensure that people received them as prescribed. Staff told us about the training they received and the checks that were in place to ensure that they were competent in administration. The medicines were stored, recorded and monitored to reduce the risks associated with

them. When people spent time away from their home, for example if visiting families, there was procedures in place to sign medicines in and out so that there was clear responsibility for them. One relative told us, "When my relative comes home everything comes with them; this includes their creams and their medicines". When people received medicines which were prescribed to take 'as required' there was guidance in place for staff to know when it was needed. Staff understood when people required this medicine; for example we saw one person sign that they had toothache and staff understood and provided pain relief. The staff team were committed to regularly reviewing people's medicines; for example, the registered manager told us that one person had medicines prescribed 'as required' but they had not taken any for over three years. An appointment with their health professional was made and the medicines were reviewed; they no longer have this medicine prescribed.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, when errors had been made in signing for medicines that were administered the staff were given support to ensure they understood the mistake. They had supervision about it and also completed a written and practical competency test. This demonstrated to us that the provider was committed to ensuring that actions were taken to reduce the risk of repetition of errors.

Is the service effective?

Our findings

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that capacity assessments were completed when people were unable to make their own decisions. The staff had consulted with families and other professionals to ensure that their best interests were considered. For example, one person had been supported to purchase a car through a series of best interest meetings and discussions. DoLS authorisations were in place when people did have restrictions in place that they couldn't consent to and we saw further applications were in process. Conditions on DoLS were understood and actions were in place to ensure they were met.

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, we saw that there was accessible information about diabetes which included pictures and symbols to ensure that everyone understood the condition.

People were supported by staff who were skilled and knowledgeable. One member of staff told us, "I have regular supervisions and training. Most of the training I have planned is refreshers to ensure everything is up to date". We saw that staff had supervisions every six to eight weeks. The registered manager said, "We use person centred tools with staff to get them to reflect on what worked well and what they think they could do better. It helps us to work out what support or training we can offer". They also showed us an annual competency check that staff were asked to complete; for example, in safeguarding. Staff had their knowledge checked through questions and scenarios. The registered manager said, "The staff who work here are all able to demonstrate their competency easily each year". This demonstrated the provider used a range of approaches to ensure staff were equipped to do their job well.

The staff team worked effectively across organisations to ensure that people's needs were met. For example, one person had recently had dental treatment. People had 'Health Action Plans' in place which gave detailed information about any health conditions. It also recorded appointments and regular check-ups.

There was support for people to plan, shop for and prepare their own meals. One member of staff told us, "People get involved at different levels. For example, one person loves to prepare the food and another likes to lay the table. The people here like their routine and know what jobs are theirs". People's food and drink were monitored as well as regular measuring of their weight to ensure that they had a balanced, healthy diet.

The environment was accessible and met people's needs. The home was a residential house in a busy neighbourhood which gave people easy access to shops and leisure facilities. There was communal space for people to spend time together and games available there. People also had their own rooms when they wanted to spend time quietly.

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One relative person told us, "My relative is very well looked after. Some of the staff have been with them a long time and I know how much they care about them. It is like an extended family." Another relative said, "It is important for the people living at the home that they know the staff who are looking after them. It is one of the reasons they are so settled because the staff team is stable". We saw warm interactions between staff and the people they supported including joking with people and laughing together.

People were involved in making choices about their care. Staff understood the importance of each individual's communication style in doing this. They told us how one person would use objects of reference to make a choice. They said, "If you show them a can of beans and a can of soup they will point to the one they choose". Relatives we spoke with told us how they had been included in supporting people to make decisions; for example, in financial planning. Other people had professional advocates supporting them to make decisions and choices. An advocate is an independent professional who helps people to express their views and wishes, and stands up for their rights. One person did not have close relatives and so they had regular meetings with an advocate; for example to decide where to go on holiday.

People were encouraged to become as independent as possible in their own home. We saw that people chose where to be and how to spend their time; for example, we saw that somebody decided to tidy their room and do their washing unsupported. The provider ensured that there were sufficient staff to enable people to do the activities and routines that were important to them.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw that when one person came back downstairs they put the key to their bedroom in a secure place. The member of staff told us, "Privacy is really important to that person and they always ensure the room is locked". People's rooms were personalised and staff understood the importance of some belongings to them; for example, photographs and pictures of their favourite hobbies.

There were arrangements in place for people to see family members and maintain important friendships. One relative told us, "I have weekly arrangements to see my relative and the staff support that. I either visit there or they come to stay with me and the staff will bring them over. It works well for us".

Is the service responsive?

Our findings

We found the evidence at this inspection did not continue to support the previous rating of Outstanding and have reduced the rating in this domain to Good. Since our last inspection, there had been some management changes in the home. The registered manager told us that they were confident that people continued to receive a good service. However, they acknowledged that the changes in leadership had meant that the focussed continual development required to demonstrate an outstanding rating had not been achieved.

People continued to be supported by staff who knew them very well; some of whom had worked with them for many years. They continued to have active, full lives based on their interests and what they enjoyed. At our last inspection some people were working part time or attending day services who now chose not to do so. One member of staff said, "The people who live here will show that they don't want to do something by walking away and we understand that means they are no longer interested. We also understand that people who live here don't always want to be in busy places but often choose a quieter life these days". Some people spent their time looking after their allotments and going for walks. Others enjoyed attending days services during the week.

People enjoyed planning and going on days out and holidays. One relative told us, "My relative really enjoys their holiday and it is important to them". Another relative described how they were supported by staff to plan shorter trips away; for example, to London.

Staff continued to have a strong understanding of people's diverse needs and were proactive in ensuring they were met and they did not suffer any discrimination in line with protected characteristics. When people had a religious belief or specific needs in relation to their cultural background they continued to be supported to attend the local place of worship and other activities. For example, we saw that one person attended an African Caribbean day service. A member of staff said, "They are very much part of that community. If we don't attend for some reason other people who go there will ring to check on [Name]'s welfare". They also told us how the same person chose to attend their local church. They said, "On a Saturday night they will often sign 'Church' by putting their hands in prayer. They want to be reassured that we have it planned for the next day. If we see any of the other church goers in shops etc. they will always come over and say hello". This demonstrated to us that people continued to be supported to be part of their communities.

Care plans provided staff with detailed information on how to meet people's needs in a personalised manner. Some people had clear goals in place which we saw had been achieved. For example, through regular exercise of swimming, badminton and daily walking one person had reduced their weight which had a positive impact on health conditions. Their relative told us, "They are much calmer. I think some of this is their age but it is also because they know their staff so well and they understand what they like to do. They are very active and it really suits them".

Plans described what was important to and for people and included advice for staff on how to assist people

to communicate. Each person had a 'Decision making profile' completed which gave detailed information about their behaviour and communication. For example, for one person it said, 'If I am upset I will put my hand over my face or jump up and down'. When we spoke with staff they could clearly describe how they responded to different behaviours and what distractions worked well for some people to ensure they did not become distressed.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw that the complaints procedure was available to people in a format with pictures and symbols. The clear guidance in the care plans also ensured that staff understood how to share information with people. For example, staff told us that some people used their own signs rather than a standard form of sign language. One member of staff told us, "When I first started I didn't always understand it but luckily other staff have been here a long time and were able to assist me".

There had been no complaints since our last inspection. One relative we spoke with said, "I would feel very comfortable to complain if I needed to because I know the managers would be understanding but I have never needed to."

At the time of our inspection there was no one receiving end of life care and so we did not inspect this.

Is the service well-led?

Our findings

There was a registered 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 knew the registered manager and we observed them interacting with them in a relaxed manner. One relative we spoke with said, "I do know the registered manager and they have had meetings with me to keep me up to date."

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "The managers are really supportive. They listen to my ideas and support me to try new things." They also said that they felt valued by the provider. They told us, "I received a long service letter which was really personal and detailed my achievements". They told us they had regular team meetings and that these were an opportunity to discuss the wellbeing of people living at the home and any future plans; for example, developing the allotments project. Staff were clear about their roles and responsibilities; for example, there was a team leader in post who offered regular support to the team and staff told us that they would contact them first if there were any issues.

The provider reviewed the service regularly and made changes when required to maintain the quality. The registered manager told us, "We are currently re-organising the management structure because the provider has recognised that the registered manager span is too large to be fully effective." They told us that there would soon be a new manager recruited to support them.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. Audits were also completed by other managers to provide a more independent view. The outcomes of all of these led to a service continuous improvement plan. We saw that there had been improvements prioritised since our last inspection such as implanting a new care planning system.

There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. We saw that when actions had been recommended from a local authority review these had been swiftly implemented. For example, to ensure that the communication book used by staff between shifts was more thoroughly completed. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.