

United Response

United Response - 8 -10

Woodlawn Crescent

Inspection report

8-10 Woodlawn Crescent
Twickenham
TW2 6BE

Tel: 02036681557

Date of inspection visit:
08 May 2019
10 May 2019

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14 June 2019

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

About the service:

Woodlawn Crescent is a care home that supports up to four people with a learning disability. The home is a bungalow that is managed by United Response and is situated in Whitton in the London Borough of Richmond Upon Thames.

People's experience of using this service:

People enjoyed living at the home and were happy there.

The home's environment was a safe one to live and work in with a welcoming and friendly atmosphere.

Risks to people were assessed so that they lived as safely as possible.

People were comfortable with the manner in which staff provided care and support for them.

Positive interactions took place between staff and people and each other throughout our visit.

People were given constructive support, knew the staff that supported them well and staff were fully aware of people's needs, routines and preferences.

People's care plans were individualised to them, contained regularly reviewed, comprehensive information.

This enabled staff to support people efficiently and professionally.

Staff worked well as a team, had appropriate skills and provided care and support, in a professional and friendly way.

Staff were well trained and made themselves accessible to people and their relatives.

The home kept up to date records that covered all aspects of the care and support people received.

People were encouraged to discuss their health needs with staff and had access to GP's and other community based health care professionals.

People were encouraged and supported to choose healthy and balanced diets that also met their likes, dislikes and preferences, whilst protecting them from nutrition and hydration associated risks.

The registered manager and staff were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

Health care professionals did not raise any concerns about the quality of the service provided.

The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good." More information is in our full report.

Rating at last inspection:

This was the first inspection under a new provider, United Response.

Why we inspected:

We inspected the home as part of our scheduling pattern of visiting services to ensure people's safety and assess the quality of care they receive.

Follow up:

We will continue to monitor the service to make sure people receive safe, compassionate and high quality care in a setting they enjoy living in. Further inspections will be planned for future dates as per our re-

inspection plan.

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 Good.

Further details are in our Safe findings below.

Good ●

Is the service effective?

The service was Good.

Further details are in our Effective findings below.

Good ●

Is the service caring?

The service was Good.

Further details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Good.

Further details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Good.

Further details are in our Well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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.'

Notice of inspection:

This was an unannounced, comprehensive inspection that took place on 8 and 10 May 2019.

Inspection Team: This inspection was carried out by one inspector.

Service and service type:

United Response - 8 -10 Woodlawn Crescent is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home's registered manager had de-registered in March 2019 and taken up the post of senior service manager. The manager had applied for registration and was awaiting an interview date from the CQC. 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 and associated Regulations about how the service is run.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed the care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We spoke with four people, three relatives, five care workers, and the area manager as the manager was on annual leave.

We looked at the personal care and support plans for four people and two staff files.

We contacted seven health care professionals to get their views.

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We 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 talk with us.

We requested additional evidence to be sent to us after our inspection. This was received and the information 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.

Good: We found that people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives said a safe service was provided. A relative said, "A safe environment for her [person using the service]." Another relative told us, "No worries or concerns."
- People did not directly comment if the service was safe. People's relaxed body language indicated that they felt safe. One person gave us a thumbs up when asked how they were.
- Staff were trained to identify the different forms of abuse and the action to be taken if it was encountered. This was also outlined in the provider's policies and procedures.
- Staff were trained in safeguarding people and were aware of how to raise a safeguarding alert. There was no current safeguarding activity.
- Staff advised people about how to keep safe and areas of concern regarding people individually were recorded in their files.

Assessing risk, safety monitoring and management:

- People had risk assessments that enabled them to take acceptable risks and enjoy their lives safely. Risk assessments included people's health, daily living and social activities and were regularly reviewed and updated as people's needs and interests changed.
- Staff were very familiar with people's routines, preferences and were able to identify situations where people may be at risk and acted to minimise those risks.
- Staff had received training in and were familiar with de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

Training and recruitment:

- The staff recruitment process was thorough and records showed that it was followed. The process included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a six month probationary period with a review.
- The staff rota demonstrated and staff confirmed that there were sufficient numbers to provide care flexibly to meet people's needs. The staffing levels during our visit enabled people's needs to be met and for them to pursue their activities safely.
- Staff received quarterly supervision, an annual performance review and regular staff meetings.

Learning when things went wrong:

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using.
- There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment used to support people was regularly serviced and maintained.

Preventing and controlling infection:

- Staff had received infection control and food hygiene training and their appropriate working practices reflected this.

Using medicines safely:

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated.
- Health care professionals did not raise any concerns about the quality of the service provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

- Staff supported people to do the things they enjoyed and wanted to do. One person said, "I like them [Staff]." A relative told us, "They [people who use the service] are always happy." Another relative said, "They [staff] look after her [person using the service] very well."
- Staff communicated with people in a clear way that enabled people to understand what they were saying. People were also given the opportunity to respond at their own speed.

Staff support: induction, training, skills and experience:

- Staff were able to support and meet people's needs effectively through the induction and mandatory training they had received.
- New staff shadowed more experienced staff as part of the induction and this increased their knowledge of people living at the home.
- The training provided was based on the Skills for Care 'Common induction standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. There was a training matrix that identified when mandatory training was required.
- There was specialist training specific to the home and people living there such as epilepsy and dementia care.

Assessing people's needs and choices: delivering care in line with standards, guidance and the law:

- People had lived at the home for a long time and their assessment information had been archived. The area manager explained the pre-admission assessment process should a vacancy arise. The home then carried out its own needs assessment with the person and their relatives.
- They were invited to visit as many times as they wished before deciding if they wanted to move in. They could stay overnight and share meals if they wished to help them make a decision. During the course of these visits the assessment information would be added to, including the views of people already living at the home.
- There was written information available about the home and organisation for people who may wish to use the service and their families.

Supporting people to eat and drink enough to sustain a healthy diet:

- People's care plans included health, nutrition, diet information and health action plans. These included nutritional assessments that were completed, regularly updated and fluid charts.
- Staff observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own.

Staff working with other agencies to provide consistent, effective and timely care:

- Community based health care professionals, such as district nurses and speech and language therapists were available to people.

Supporting people to live healthier lives, access healthcare services and support:

- People had annual health checks and records showed that referrals were made to relevant health services as required.
- Everyone was registered with a GP, dentist and had regular check ups.

Adapting service, design and decoration to meet people's needs:

- The home was appropriately adapted and equipment provided that was regularly checked and serviced to meet people's needs. They chose the decoration and colour schemes.

"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 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

Ensuring consent to care and treatment inline with the law and guidance:

- We checked that the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- Health care professionals did not raise any concerns about the quality of the service provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect.

Ensuring people are well treated and supported:

- Relatives said people were treated by staff with kindness, dignity and respect. Staff were passionate and compassionate regarding the care they provided that was delivered in an empowering way. One relative said, "Staff are lovely." Another relative told us, "They [staff] really care." A further relative said, "A lovely home."
- Staff were trained in respecting people's rights to be treated with dignity and respect and provided support in an inclusive and enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided which respected people's privacy.
- The people living at the home had been together for a long time and clearly enjoyed each other's company. Their body language was calm and relaxed and there was much laughter shared between people, staff and each other.

Supporting people to express their views and be involved in making decisions about their care:

- One person was worried about their money. Staff and other people re-assured them that it was safe in the bank and that they were going to visit the bank to see.

Respecting people's equality and diversity:

- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staffs' positive care practices in this area. Staff did not talk down to people and they were treated respectfully, equally and as equals.

Respecting and promoting people's privacy, dignity and independence:

- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy of visitors being welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. One relative said, "I'm always made welcome when I visit." This was what we found when we visited.
- Health care professionals did not raise any concerns about the quality of the service provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to make decisions about the care, support and activities provided by staff ensuring people understood what they were saying and their choices. They asked what people wanted to do, where they wanted to go and who with.
- Staff promptly met people's needs and wishes, in a way that people liked and were comfortable with.
- Staff were attentive and spoke with people at eye level rather than towering over them.

Improving care quality in response to people's complaints or concerns:

- Staff made themselves available for people and their relatives to discuss any wishes or concerns they might have. People's positive responses reflected the appropriateness of the support they received. One person said they were very excited as they were going on holiday to Cornwall with their sister. They were, "Counting down the days." Another person had made two bracelets that they were very proud of and took great delight in showing us. A relative told us, "We have phone contact everyday and they [person using the service] comes home every three to four weeks and are always happy to go back." Another relative said, "They always make sure [person using the service] keep their medical appointments."
- People had individualised, person focussed care plans. The care plans recorded people's interests, hobbies and health and life skill needs as well as their aspirations and the support required for them to be achieved.
- People's needs were regularly reviewed, re-assessed with them and their relatives and re-configured to meet their changing needs. People were encouraged to take ownership of the care plans and contribute to them as much or as little as they wished.
- Activities were a combination of individual and group, taking place at home and in the community, depending on their nature. They included ready, steady move, Zumba, drink and draw canvas and cocktails and Yoga. During the inspection people attended a party, at another home in the group.
- There were a number of trips out to bowling, Brighton, Kempton railway, Kingston cinema and to meet the local MP.
- People made good use of local shops and were well known in the community.
- People did not comment on the complaints procedure. Their relatives said they knew about the complaints procedure and how to use it. It was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support:

- Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, as needed.
- Health care professionals did not raise any concerns about the quality of the service provided.

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.

Good: the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The home had a positive, vibrant culture that was open, inclusive and empowering. This was enabled by staff who listened to people and acted upon their wishes. A relative said that they were happy to speak with the manager and staff and discuss any concerns they may have. One relative told us, "We are kept in the loop." Another relative said, "The home gets in touch if there are any problems."
- People did not comment on whether they thought the home and organisation was well-led.

Continuous learning and improving care: Working in partnership with others:

- The organisation had a clearly set out vision and values that staff understood. They were explained during induction training and regularly revisited at staff meetings. One staff member said, "A good company to work for." Another staff member told us, "We do our job well due to the support we receive from the manager and organisation."
- The staff practices reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility. Staff told us the support they received from the manager was good.

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

- The organisation encouraged homes within the group to cultivate close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of relevant information being shared with services within the community or elsewhere.
- Staff said there were good opportunities for internal promotion and this was reflected by the management structure of the service and organisation with most registered managers and other senior posts, within the organisation, occupied by people who were promoted internally.

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

- The home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the manager, staff and senior management external to the home. They were up to date.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully

investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

- Health care professionals did not raise any concerns about the quality of the service provided.