

United Response

United Response - 2a St Alban's Close

Inspection report

2a St Albans Close
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25 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: United Response – 2a St Alban's Close accommodates up to four people with learning disabilities in a purpose built building. Four people were using the service at the time of the inspection.

People's experience of using this service: During our inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. Care records were not always regularly reviewed or up to date. This had been identified via the provider's audits but had not yet been actioned.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion.

Family members told us their relatives received a good service and were happy they were safe. Accidents and incidents were recorded and reviewed. Risk assessments were in place but not all records were up to date. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence where possible.

People 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.

The provider had a complaints procedure and family members were aware of how to make a complaint. People, family members and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated Good (published November 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Enforcement: Details of the action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

United Response - 2a St Alban's Close

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: United Response – 2a St Alban's Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be available to speak with and show us records. Inspection site visit activity took place on 23 April 2019. We contacted family members by telephone on 25 April 2019.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with the registered manager and two care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

The people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service, so we carried out observations and spoke with two of their family members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Family members told us their relatives were safe. One family member told us, "Yes, I'm happy [name] is safe."
- The provider had a safeguarding policy in place. The registered manager understood their responsibilities with regards to safeguarding people and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were appropriately recorded and reviewed monthly by the provider.
- Risk assessments were in place. These described potential risks and the safeguards in place to reduce the risk. However, some records were not regularly reviewed.
- Lessons were learnt from incidents. These were documented and shared with staff via supervisions and meetings.
- The premises were clean. Checks were carried out to ensure people lived in a safe environment. These included health and safety, infection control, fire safety, and premises and equipment servicing and checks.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Care records described the support people required with medicines.
- Medicine administration records were audited monthly and staff were appropriately trained.

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.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- Family members told us they thought staff were appropriately trained and skilled. Comments included, "[Name] has got some very good carers" and "I'm happy with them [staff]."
- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and staff training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs.
- All the people required support at mealtimes and their needs were clearly recorded.
- Records included guidance provided by dietitians and speech and language therapists. Copies were kept in the kitchen, so staff could refer to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary.
- People had hospital passports in place. These contained important information about the person should they need to be admitted to hospital.

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

- The home was appropriately designed for the people who lived there. All the accommodation was on one floor. Corridors and communal areas were spacious and suitable for wheelchairs. Bedrooms were individually designed and decorated, and appropriate equipment was in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves. DoLS had been applied for where necessary.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Family members told us staff were kind and caring. One family member told us, "It is great care."
- None of the people using the service at the time of the inspection had specific religious or spiritual needs.

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

- People's preferences and choices were clearly documented in their care records. These included what was important to them, what made a good day, and likes and dislikes.
- Aids were used to help people make decisions. For example, one person was asked verbally what they wanted to do and could answer staff by using flash cards or objects of reference.
- One of the people using the service at the time of our inspection had an independent advocate. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Family members told us staff respected people's privacy and dignity.
- Care records described how staff were to respect people's privacy and dignity.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. For example, people were supported to help with tasks around the home such as cooking, cleaning and laundry.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Care records were not always up to date or regularly reviewed. These included support plans, risk management plans and assessments. An audit carried out by the provider in February 2019 had identified these issues and actions had been put in place with a deadline for completion set for 31 March 2019.
- The registered manager was aware of these actions, but they had not been addressed at the time of our inspection visit. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Care records were person-centred and included important information about the person's individual needs. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Support plans described the identified area of support and outcome required. For example, people's mobility needs were clearly described, including detailed guidance for staff to follow.
- People were given information in a way they could understand. Support plans described the level of support they required with their communication needs.
- People were protected from social isolation. A detailed plan of activities was in place for each person and we observed them going out with staff. Activities included; carriage riding, walks in the park, shopping, music sessions, train rides, and arts and crafts.
- Staff matching tools were used to match staff to people based on shared likes and interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- Discussions had taken place with family members regarding people's end of life care needs. One person's family had arranged for their relative's end of life needs and these were recorded.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Regular audits were carried out to monitor the quality of the service. These included; care records, medicines, finances, health and safety, and the environment. However, as identified during this inspection, issues with regard to documentation had not been actioned within the set timescales.
- The provider was meeting the conditions of their registration and understood the requirements to submit statutory notifications in a timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "[Registered manager] is a really good manager. You can go to them with anything" and "We get plenty of support from the [registered] manager and staff team."
- Family members told us they were encouraged to feedback on the quality of the service. They told us communication was good and the service was well-led. Comments included, "If I've anything I'm concerned about, I just ring [registered manager]. They act upon it" and "We are a team [family and staff]. We work together for solutions."

Working in partnership with others

- The service worked with health and social care professionals to help meet the needs of people. These included; GPs, dietitians, physiotherapists and community nursing teams.
- Staff meetings took place regularly, where information and best practice could be shared.
- The service had good links with the local community. These included a community centre, and a local arts and cultural project group. The registered manager told us there were plans for the group to visit the service and work with people to create some artwork to be put on display in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous care records were not being maintained. Regulation 17(2)(c).