

United Response

United Response - 198 Powder Mill Lane

Inspection report

198 Powder Mill Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Powder Mill Lane is a care home providing care and support for up to 5 people. The home provides permanent care and support for up to 2 adults with learning disabilities and respite care for up to 3 adults with learning disabilities. There was one person living there at the time of the inspection, who was receiving respite care.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The home provided a safe environment for people to live in and a service that safely met their needs. The quality of the service was regularly reviewed, and changes made to improve people's care and support as required. This was provided in a way that best suited people. The home had well-established working partnerships that promoted people's participation and reduced their social isolation.

Right Care

The staff were well trained, appropriately recruited and in sufficient numbers to support people to live safely, whilst enjoying their lives. Risks to both people and staff were assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered people's medicines.

Right culture

The culture of the service was open, honest and positive with leadership and management that was clearly identifiable and transparent. The provider had a clearly defined vision and values that staff understood and followed. Staff were aware of their responsibilities, accountability and happy to take responsibility and report any concerns they may have.

Rating at last inspection

The last rating for this service was Good (published 2 March 2020).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response – 198 Powder Mill Lane on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

United Response – 198 Powder Mill Lane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 3 November 2022 and ended on 16 November 2022. The inspection visit took place on 8 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person the registered manager, 1 person using the service, 2 relatives, 3 staff, and two healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 1 person's care plan and risk record. We looked at 3 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- One person told us, "I feel safe." This was reflected in their body language that was relaxed and positive towards staff and the registered manager indicating that they felt safe. A relative told us, "[person using the service] loves it, feels safe and it looks safe." A staff member told us, "It's a safe service."
- The staff were trained in how to identify signs of possible abuse and the appropriate action they should take if needed. They knew how to raise a safeguarding alert. The provider's safeguarding procedure was available to staff and they were required to confirm they had read it.
- People were advised by staff regarding how to keep safe and if there were areas of individual concern about people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- People were enabled by staff, to take acceptable risks by staff following risk assessments. The risk assessments included all aspects of people's health, daily living and social activities. People remained safe by the risk assessments being regularly reviewed and updated as people's needs, interests and pursuits changed.
- The staff team was well-established, knew people's preferences, routines, and identified situations where people may be at risk and acted to minimise those risks. This included people using the respite service. One person said, "I like coming here it gives [relative] a break." A relative said, "Very nice, accommodating staff."
- There were regularly reviewed general risk assessments that were updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that communicated distress. People had personal behavioural plans if required.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider had a staff recruitment process that was thorough, and records showed was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with reviews.
- There were enough staff to provide people with flexible care to meet their needs. During our visit, staffing levels matched the rota and enabled people's needs to be met safely.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "Plenty of PPE available."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- There was a whistle-blowing procedure that staff told us they would be comfortable using. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing were reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home's culture was positive, open, inclusive, empowering, person-centred and achieved good outcomes for people.
- One person told us that they thought the service was well-led. Their positive, comfortable and relaxed attitude and body language towards the registered manager and staff indicated that the service was well-led and met people's social as well as health needs. One person said, "Definitely run well, I'm having my 60th birthday here." A relative said, "The [registered] manager is lovely, very approachable and positive." A staff member commented, "I really enjoy working here. It's great to experience meeting different people."
- Staff worked hard to make people's lives enjoyable and meet their needs. This reflected the organisation's vision and values. One person said, "The support I need is what I get." A staff member said, "The management is really good, always on top of things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities of duty of candour and were open and honest with people when things went wrong.
- If things went wrong with their care and support, people and their relatives were informed and provided with an apology.

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

- The registered manager and staff understood their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in a relative's positive praise of them. The QA systems contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- The registered manager and staff undertook thorough audits, that were regularly reviewed and kept up to date. There was an internal audit that checked specific records and tasks were completed. These included finances, staff training, staff observations and health and safety. There was also a service development plan. This meant the service people received was focussed on them and efficient.

- The records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

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

- People, relatives, staff and the public were engaged by partnership working.
- People, relatives and staff said they were listened to and their wishes acted upon.
- There were close links with services, such as social workers, and community and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff ensured that people had access to local resources such as the organisation's community hub activity centre where they socialised with friends, they had trips to the shops, lunch out and went to the local parks. One person returned from a visit to a day centre which they had visited unaccompanied after any risk to them was assessed.
- A relative told us they had regular contact with the home and were kept informed of what was going on, were updated and adjustments to care and support were made from feedback they gave. One relative told us, "[person using the service] and I have no complaints."
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Records showed that people using the respite and permanent service, and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. There was no one currently living at the home permanently.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives and staff were given the opportunity to voice their views about the service. One relative said, "Good communication with the home." A staff member said, "The [registered] manager is always available when needed and they enable staff to learn."
- During our visit the registered manager and staff checked that the person was happy and getting the support they needed within a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, quarterly supervision and there were monthly staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.

