

United Response

# United Response - 60 Woodland Way

## Inspection report

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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

This inspection took place on 12 July 2017. We carried out an unannounced comprehensive inspection of this service in July 2016. A breach of legal requirements was found in "Effective" because the provider did not ensure staff received appropriate support and training so as to enable them to carry out their duties effectively. We also found that staff did not receive regular refresher training and they did not receive regular supervision in accordance with the policies of the provider. The provider sent us an action plan and told us they would make the necessary improvements by the end of September 2016.

During this inspection we checked that the necessary improvements had been made to address the breach. In addition to this and at the previous inspection we found that the provider did not have arrangements in place to ensure people received information in an accessible format that they were able to understand. At this inspection we checked that improvements were made to address this recommendation.

60, Woodlands Way is a small care home which provides care and support for up to six people with learning disabilities. On the day of our inspection six people were living at this home.

At the time of the inspection, there was a registered manager. 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.

We found at this inspection the provider had made improvements to meet the breach identified at the previous inspection. People received support from staff who were appropriately trained and who received the necessary supervision and support to meet effectively people's needs. We saw staff were motivated in their work and were keen to improve their learning.

We also found at this inspection that the provider had developed information in an easy to read format that people could understand.

People also received care and support from staff who knew their needs and preferences well. People were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed. There were good risk management plans in place. People were supported by appropriate numbers of staff. Robust staff recruitment procedures helped to keep people safe.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had varied and nutritious diets and choice of meals. They were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by healthcare professionals.

Relatives and professionals told us staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Comprehensive care plans were in place detailing how people wished to be supported. They had been produced jointly with relatives and where possible people using the service. Relatives told us they agreed the care plans and were fully involved in making decisions about their family member's support.

People participated in a wide range of activities within the home and in the community and received the support they needed to help them to do this.

There was a complaints procedure in place and relatives felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

We found the provider had a system in place that sought feedback about the quality of the service from different people involved with the service. There were systems in place to use the feedback received to improve the service where necessary.

## 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. People were protected against identified risks as the service had comprehensive risk assessments in place.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely and in line with the home's policies and procedures.

### Is the service effective?

Good ●

We found that action had been taken to improve the support and training staff received. Staff received appropriate supervision and the necessary training to meet people's needs effectively.

People received care and support from staff who knew their needs and preferences well.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People were provided with a range of healthy and well balanced food and drink to meet their nutritional needs.

People were supported to maintain good health and have appropriate access to healthcare services.

### Is the service caring?

Good ●

The service was caring. We found that action had been taken to ensure information was presented to people in an accessible format that they understood.

Relatives and professionals told us staff were very caring towards

people. They told us they were involved in the care planning process and people's views and preferences were taken into account in the process.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence. Staff provided support in ways that protected people's privacy and respected their dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive. Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People knew how to raise concerns and complaints and they were confident they would be listened to and acted upon promptly.

### **Is the service well-led?**

**Good** ●

The service was well-led. The registered manager promoted an open and inclusive service whereby people, their relatives and staff were encouraged to be part of the team.

The registered manager actively sought feedback on the quality of the service delivery via quality assurance questionnaires. Feedback received was reviewed and where appropriate action taken in a timely manner.

# United Response - 60 Woodland Way

## **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 unannounced inspection took place on 12 July 2017. It was carried out by one inspector. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

At this inspection we spoke with three people living at Woodland Way. Some people were not able to fully share their experiences of using the service because of their complex needs. We also spoke with two staff, the service manager and the registered manager. We looked at three people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke with three relatives and one local authority commissioner of services.

# Is the service safe?

## Our findings

The people we spoke with indicated they felt safe. One relative told us, "Oh yes, he is in good hands and very well looked after." Another relative told us, "Our [family member] is safe; the staff make sure of that".

At our inspection we saw people were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and told us what procedure they would follow to report any suspected abuse. One member of staff said, "It has not happened here but if it did I would report it to the manager and if I had further concerns I'd report it to social services." Another member of staff said, "Actually I've had the training and I know it is important that we report any concerns we might have to the manager." Staff were aware of their responsibilities in reporting any safeguarding matters and on whistleblowing.

People were protected against identified risks. The service had in place good comprehensive risk assessments which covered people's needs. We saw they were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves but they also set out what staff support was required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. With the risk assessments we inspected in people's files we saw they covered a wide range of activities such as, mobility, eating and drinking, accessing the community, making choices and self-care.

The provider undertook the necessary pre-employment checks to ensure people received care from staff suitable to work with them at the service. We looked at staff personnel files and found these contained all the appropriate recruitment checks such as criminal record checks, two references and other identification checks.

At this inspection we saw there were sufficient numbers of staff to ensure people's needs were met. We also inspected a sample of staff rotas and we could see that over the last month there was a good ratio of staff to people to support their needs. One of the relatives said, "I visit every week and there are enough staff on duty at those times". Staff we spoke with agreed with this view and they said they thought there were enough staff on duty to help people. The registered manager told us they arranged the rotas so that people's needs were met.

People were protected against unsafe medicines management. The provider demonstrated good practice in the administration, recording and safe storage of medicines. Staff told us, they were aware of the correct procedure in safely administering, storing and recording medicines. Staff told us they would speak with the registered manager if they had concerns. We looked at the medicines the service held and found these were stored in line with good practice. Medicines were recorded correctly on the medicines administration records (MARs). We undertook a stock take check to see if the remaining amount of medicines recorded by the service was correct, and found all medicines were accounted for. The registered manager told us medicines were always administered by two staff and all the staff received competency assessments to ensure they were up to date with good practice. We saw documented evidence of this and only staff who were trained and assessed in this way were allowed to administer medicines to people.

People had personal emergency evacuation plans [PEEPS] which were reviewed regularly to reflect people's changing needs. Peeps are person specific documents that give guidance to staff on how to safely evacuate people from the building in the event of an emergency, such as a fire. Maintenance records showed staff identified areas of work that required improvement as part of their routine checks of the premises. We saw work was completed to rectify issues that were identified.



# Is the service effective?

## Our findings

Relatives we spoke with told us that they were happy with the support their family members received from staff. One relative said, "I have always found people are treated with respect and they are very happy there." The professional we spoke with was of the same view, that people received effective care from well informed staff.

At the last inspection we identified a breach of the regulation in relation to staff not receiving appropriate support and training so as to enable them to carry out their duties effectively. We found that staff did not receive regular refresher training and they did not receive regular supervision in accordance with the policies of the provider. Records we looked at showed that staff did not always receive individual supervision support with at least six supervision meetings every year, in accordance with the supervision policy of the provider. We discussed this with the registered manager and the service manager at that inspection who both agreed to make improvements as necessary.

At this inspection we found the provider had made improvements to meet the legal requirements of this regulation. They had improved the range of training and support that was available to staff to meet the needs of people. Records showed the registered manager met regularly with staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us since the last inspection they had regular one to one supervision meetings every four to six weeks with the registered manager. One member of staff said, "I now have regular supervision meetings with the manager. I find it is very useful to me as support in carrying out my work effectively." Another member of staff told us, "We have good access to training and I have done a lot of training over the last year."

We looked at staff records on the provider's computer systems where training records were kept and maintained and saw there was a list of all training the staff had completed. We saw the training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. We noted that there was additional specific training that was accessed by staff such as that for the Mental Capacity Act 2005 (MCA); dealing with behaviours that challenge; learning disability and dementia awareness, all of which were additions to the training programme. The registered manager told us that training was delivered to staff in a variety of ways some face to face learning sets and some through e-learning.

Records showed that staff meetings were held every two months and both staff and residents joined the meeting. Staff told us this was another useful and effective support mechanism for them.

All of the people living in the home had limited capacity to give consent about the activities they wanted to undertake. We observed that staff assisted people to understand what they were being asked about and they waited for people to respond before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary and used pictorial forms of communication in order to be satisfied that the person

understood the options available. Where people declined assistance or choices offered, staff respected these decisions. In this way people were encouraged and enabled to give their consent where ever possible about their wishes and preferences.

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 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 checked whether 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.

We saw that people's consent was sought prior to providing care, even though people were not always able to give their verbal consent. We heard staff asking people questions such as, "are you ready for a drink?" before giving them a drink . Staff had all received training in MCA and DoLS and understood their responsibilities under the Act. If people were unable to give their consent about certain decisions then a meeting was called with their relatives and other relevant healthcare professionals to ensure it was in their best interests. We saw that if the decision involved a possible deprivation of their liberty, such as restricting their freedom to go outside unescorted, then a DoLS application had been made and authorised by the appropriate local authority. This helped to ensure that people were only having their liberty deprived after following the correct procedures. The registered manager understood their responsibilities in relation to the MCA and DoLS. Mental capacity assessments were completed and best interest meetings held and recorded.

Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and any medical needs they had. Each person had an annual healthcare check and had a 'Hospital Passport.' A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

From our inspection of the premises together with the registered manager we saw some improvements were made to the environment. As an example the laundry room was completely refitted with new equipment and furnishings. At this inspection we found the hall, stairs and landing carpet needed renewal as it was looking worn. We discussed this with the registered manager and the service manager. They agreed with the need for it's renewal and told us they would bring the matter to the attention of the housing association that was the landlord of the premises.

People were supported to maintain a healthy diet. One member of staff said, "We listen to what people indicate they want to eat and sometimes we use the pictorial menus if that helps them to decide. On the whole people choose to eat healthy options." We saw the weekly menu was displayed in pictorial format so that people knew what was on the menu. If people did not like the options then they could choose something else. Staff told us that menu choices were discussed at the residents' meetings and their choices and preferences were included in the weekly menus.

Our inspection of people's care records showed that people had good access to appropriate health care professionals as needed. Staff told us that maintaining good health for people was essential and they made sure people saw health professionals as necessary.

Each person had a health action plan that contained all their necessary health information. People had their own diary of all the medical appointments they had attended. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people.

Relatives confirmed that staff supported their family members to visit their GP, dentists and opticians. Records showed people were supported to annual healthcare reviews with their GPs. People were also supported with their mental health needs. This included regular appointments with psychologists and behaviour support teams.

# Is the service caring?

## Our findings

At the last inspection we found that the provider did not have arrangements in place to ensure people received information in an accessible format that they were able to understand. We made a recommendation that improvements were made to address this. At this inspection we saw that the registered manager had developed appropriate methods to ensure people had access to information in formats they could understand.

Information was presented to people in the form of pictures, as an example in the kitchen we saw every cupboard and fridge had pictures of the contents so that people knew immediately where things were if they needed them. We saw that activity timetables had been drawn up together with people with folders of pictures that people could indicate to express their interest. At this inspection we witnessed people using this information to make individual choices about the activities they wanted to pursue.

We saw from our observations over the period of this inspection that people were treated with kindness and compassion in their day to day care by staff. A relative told us, "Staff are very caring of people living at Woodland Way." It was evident that positive and caring relationships were developed with people and this was helped by the fact that people and the staff team had been together for some time and were established.

One member of staff said, "I love working with the guys [people who use the services]. It's fantastic to see them progress over a period of time." A relative told us, "The staff there have really good relationships with people. The staff and the people are a stable group and they know each other well which helps." A healthcare professional told us the people seemed to be happy in the home. They said the staff and the registered manager were really caring and provided people with positive care.

We saw frequent and positive interactions between people and staff. Staff were patient with people in their support and waited for the person to respond before carrying on. We found the atmosphere was very relaxed between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved in their care planning. Relatives told us they were kept well informed about their family members support and care and when changes in people's needs happened. Although people were unable to tell us they were comfortable in their relationships with staff, we could see from their body language and facial expressions that they were.

We saw that staff respected people's privacy, knocking on their doors before entering and ensuring their personal care was carried out in private. The relatives we spoke with told us they were encouraged to visit whenever they wished and were always made to feel welcome by staff and the registered manager.

## Is the service responsive?

### Our findings

We saw individualised support plans were in place that provided clear information for staff on how to deliver people's care. Relatives of people as well as health and social care professionals who knew people well had contributed to these plans. Records included information about people's social backgrounds and relationships that were important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued.

Relatives confirmed that staff supported people in line with their wishes and the contents of their support plans. This helped to ensure that people's support plans were person centred and included details about the emotional and communication support people required. Staff understood that people's communication needs varied. They were able to tell us about the individual needs of people. For example, one member of staff explained how one person used pictures to communicate their wishes and preferences to do with their activities. At the inspection the person concerned showed us the activities they liked to do using these pictures, attending a day centre and going out to the park.

People were supported to access and maintain links with their local community. Relatives told us and we saw from our inspection that people received a responsive service that met their individual needs, preferences and aspirations. Staff were committed to ensuring people received individualised care and support. One relative said, "This is the best place he [family member] has been and far better than the previous place. He loves all the activities he does in the week such as going for a walk in the park as he loves being outside. All these things the staff help him to do and he enjoys them all."

Relatives said that they were very happy with the choice and range of activities available for people. We saw that each person had their own varied activities timetable for the week based on their individual needs and preferences. Both individual and group activities took place. Activities included swimming, art and crafts, sensory stimulation, day trips and visits to local restaurants. All the activities had been risk assessed to ensure that people were kept as safe as possible without infringing too much on their enjoyment of the activities.

The registered manager and staff actively supported people with their relationships, cultural and spiritual needs and looked at innovative ways of doing this. Relatives we spoke with confirmed this. One relative told us they had regular contact with their family member and that this included talking to them on the telephone as well as monthly home visits.

People's relatives told us they were aware of how to make a complaint. One relative said, "I don't have any complaints but if I did I would talk to the staff or to the manager." Other relatives told us they would talk to staff if they were not happy with something.

There was a complaints procedure, which was available in an accessible format to help people understand how to complain. The registered manager confirmed that they had received no formal complaints since our last inspection.

## Is the service well-led?

### Our findings

People received a service which was well led. At this inspection we found a helpful team of staff that received support and encouragement from the registered manager.

One relative we spoke with said, "The manager keeps us well informed if ever there's a change in our [family member's] condition. He is always available to talk to. The home is well run and looked after." Staff spoke highly of the manager and said, "The managers here do care; like us they want the best for people and for the staff." Another staff member told us, "Yes the manager is very supportive, it's a good team here". Throughout the inspection we observed the staff, the registered manager and the service manager interacting with people in a compassionate and respectful manner.

We saw there was an open door policy whereby people, relatives and staff could speak with either of the managers at any time. Throughout the inspection we observed people and staff seeking advice and guidance without hesitation. We understand that information was shared with the staff team through handovers and this meant that all staff were aware of any changes for people. The registered manager told us staff were able to call him at any time should they need his support which was confirmed when we spoke with staff.

The provider sought feedback about the service provision. We saw completed feedback surveys from visiting professionals and relatives. Responses were positive and comments included, "I have been so impressed with the care, cleanliness and overall interaction with other people who use the service and the staff"; "I have nothing but praise for the way my [family member] has been looked after. They are so much happier now" and "10 out of 10 for Woodland Way."

People were protected against an unsafe environment by the service carrying out comprehensive audits. Records showed the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. We viewed records relating to fire equipment, medicine audits, food hygiene checks, maintenance checks and found these were all in date and any identified issues were reported to the manager who ensured they were rectified.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able review the notifications and decide whether any action was needed on their part.