United Response

# United Response - 2a St Alban's Close

## Inspection report

2a St Albans Close
Harehills
Leeds
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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

The inspection took place on 2 September 2016 and was unannounced. We carried out our last inspection in January 2016 when we found the provider had breached four regulations which were regulation 10 (person-centred care), regulation 12 (safe care and treatment), regulation 18 (staffing) and regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the inspection on 2 September 2016 we found improvements had been made with regard to these areas. United Response - 2a St Alban's Close provides care and support for up to four people with learning disabilities. Nursing care is not provided.

At the time of this inspection the home did not have a registered manager as they had left two weeks before our inspection. A new manager was in post on the day of our inspection. 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.

Staffing levels had been reviewed since our last inspection and both relatives and staff we spoke with were confident there were sufficient numbers of staff in place. Each shift had an allocated leader who was nominated at each handover.

Recruitment procedures followed were found to be safe as relevant background checks had been carried out. We recommended the registered provider ensured candidate applications forms were kept on file for us to review. Risks to people had been identified, assessed and reviewed. Relevant mental capacity assessments had been completed and DoLS authorisations were in place.

Relatives were able to visit their family members at all times and they spoke positively about the care provided by staff. Staff received support through their induction, training and regular supervision and appraisal support. Team meetings were held on a monthly basis and were a good record of discussions which had taken place.

A number of quality management systems had been introduced by the registered manager which ensured continuous improvement of the service. Relatives and staff spoke positively about the support they received from the registered manager.

Care plans were very person-centred and contained detailed information which meant staff were able to provide effective care. Relatives were invited to attend reviews and told us staff also attended reviews for their family member which related to other services they received.

Relatives were aware how they could complain if they were dissatisfied and systems were in place to record and respond to any concerns.

Staff knew about people's likes and dislikes and how they wanted to receive their care. People were supported by staff to access a range of activities and events in the community and were also stimulated within the home.

Effective systems had been introduced which ensured the safe management of medicines. Staff received medication training and had their competency checked. Medicines were stored correctly and MAR charts showed people received their medicines as prescribed.

Relatives and staff felt people living in the home were safe and protected from harm. The privacy and dignity of people was well managed by staff who discussed this at regular team meetings. Relatives and staff were confident people's privacy and dignity was maintained and through our observations, we saw this happened.

The living environment was clean and all maintenance certificates were up-to-date. Fire safety was well managed with evidence of staff training and regular checks of equipment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was safe

Robust systems had been implemented to ensure the safe management of medicines. Staffing levels were sufficient to meet people's needs and each shift had an allocated leader.

Relatives were satisfied their relatives were safe receiving this service. Staff were able to recognise and respond to signs of abuse. They had received safeguarding training and knew about the whistleblowing policy.

Recruitment procedures were safe as appropriate background checks had been made. Risks to people had been assessed, recorded and reviewed.

### Is the service effective?

**Good**

The service was effective

Staff demonstrated an understanding of the MCA and the need to offer people choice. MCA assessments were in place in care plans.

Staff were up-to-date with their training programme. Staff received regular support through a programme of supervisions and appraisals.

Healthcare needs were met by regular contact with health professionals and people's nutritional needs were met.

### Is the service caring?

**Good**

The service was caring

Staff were able to demonstrate a sound knowledge of people and their care needs. We saw positive interaction between people and staff.

Staff understood how to treat people with dignity and respect and people confirmed this happened.

## Is the service responsive?

Good

The service was responsive

People were supported to access a range of activities in the community and were also stimulated in their own home.

People's care plans were detailed and recorded how their preferences for how they wanted to receive care. Care plans were reviewed on a regular basis.

The service had a system for dealing with complaints. People were given information on how to complain and relatives knew who to contact if they were unhappy with the service.

## Is the service well-led?

Good

The service was well-led

The registered manager had left their position shortly before our inspection, although the new manager had completed a handover with them to ensure continuity of care.

A system of audits had been introduced since our last inspection which were found to be effective.

Staff spoke positively about the management support they received and were satisfied with the culture amongst the staff team.

# United Response - 2a St Alban's Close

**Detailed findings**

## Background to this inspection

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

This inspection took place on 2 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were four people living at this home. We spoke with one person who used the service, two relatives, four members of staff, a visiting health professional and the manager. During the inspection we reviewed a range of records that related to people's care and support and the management of the home. We looked at two people's care plans.

Before our inspections we usually ask the registered provider to send us 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 did not ask the provider to complete a PIR prior to this inspection.

We reviewed all the information we held about the service. This included any statutory notifications which had been sent to us. We contacted the local authority and Healthwatch. The local authority told us they had no concerns and Healthwatch stated they had no information about United Response, 2a St Albans Close. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection we rated this key question as inadequate because there were insufficient numbers of staff, safe recruitment procedures had not been followed and people were not protected against the risks associated with the unsafe management of medicines. At this inspection we found the provider had taken appropriate action and was no longer in breach as they were providing a safe service. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We looked at the recruitment processes followed by the registered provider for three members of staff and found these were safe, although not all staff files contained a copy of the application form completed by the candidate. We recommended the registered provider ensured these were kept on file. We saw evidence of employment references and identity checks along with background checks carried out with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. We found any disclosures on the candidates DBS had been appropriately risk assessed. This helped to ensure people who used services were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at the management of medicines and found robust controls had been introduced since our last inspection which meant this process was safe.

Relatives told us they were satisfied their family members received their medicines as prescribed. One relative told us, "They have a system that everyone adheres to."

Medication administration records (MAR's) contained an up-to-date picture of the person and details of any allergies. The registered provider had protocols giving clear guidance to staff for all medicines prescribed 'as and when required' (PRN). A pain indicator tool was also in place for staff to use. We saw fully completed records for the application of topical creams and lotions. Training records showed staff had received medication training and medication competency checks were completed for all staff in April 2016.

Medicines which needed to be stored in a cool area were refrigerated and the temperature was checked daily. 'Resident daily checks' covered room temperatures where medication was stored and a medication count ensured stock match recorded balances. We looked at MAR charts for three people and found they were fully completed and two staff signatures were recorded for each administration. This meant one staff member could observe to check this process was carried out and recorded correctly.

Each person's medication was audited on a weekly basis to ensure stock levels were correct. Where medication errors had been identified, the registered manager had investigated this, completed an incident report and taken appropriate action.

We found there were enough suitably qualified members of staff on each shift and there was a shift leader allocated at each handover. One staff member told us, "We've got a more consistent team now." The staff

handover records nominated which member of staff was the appointed shift leader and who was responsible for medication.

One relative told us, "There's always somebody with her. She's not left alone." Another relative commented, "There never seems to be a staffing emergency that crops up and leaves problems. They do seem to keep the cover organised." We asked a visiting health professional about staffing levels and they told us, "I feel much happier about it now."

We looked at rotas over a four week period and found appropriate staffing levels were in place. It was evident there was still some agency usage at the time of our inspection. The manager made us aware the registered provider was in the process of advertising to recruit to vacant posts.

Relatives and staff we spoke with were satisfied people living in the home were safe and protected from harm. We asked a visiting health professional if they felt people living in the home were protected from harm. They told us, "Absolutely."

Staff training records showed staff had received safeguarding training. We saw written records of tests carried out in May 2016 to assess staff knowledge of safeguarding vulnerable people. Staff we spoke with were able to describe different forms of abuse and how they would recognise a person was being harmed in each case. Staff were familiar with the provider's whistleblowing policy and how they could report abuse to external agencies. Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff told us they felt confident their management team would take their concerns seriously if they were worried about people's safety. At the time of our inspection there were no safeguarding notifications for us to review.

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We saw up-to-date risk management plans which covered, for example, transferring, bathing, aspiration, choking, medication and being in different settings, such as out in the community.

Staff fire safety knowledge checks had been completed in May 2016. We saw evidence of personal emergency evacuation plans (PEEPS) were in place which meant this information was available to staff in the event of a fire.

Good

# Is the service effective?

## Our findings

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Training records we looked at showed staff had received MCA training. One staff member told us, "If it's something they can't make a decision about, we would need to ask professionals." Staff were able to recognise the importance of giving people choice. One person's care plan described how they wanted to be given choice in all aspects of their life. Staff we spoke with identified this and told us how they presented those choices.

Care plans contained detailed decision making profiles which identified, for example, how choices should be presented, the best and worst times for the person to make a decision and how staff help people to understand their choice. One person's care plan noted, '[Name of person] is presented with choice of clothing each day. She tends to like purple or pink colours'. In the same care plan, it was stated, 'Staff must never tell [name of person] that she has to take her medication as this is her choice'.

We saw evidence of decision specific MCA assessments which covered, for example, the use of bedrails, the use of lap and shoulder straps and a decision regarding a holiday abroad. We saw relevant DoLS applications had been submitted to the local authority. It was clear from people's care plans where these applications had been granted by the local authority.

We looked at how the service ensured people had access to healthcare and found this was well managed. Care plans and other records we looked at showed a range of health professionals including district nurses, GP's, opticians, dentists and speech and language therapists were involved in people's care.

One relative told us, "If they think there is something wrong. They ring the doctor and they came out. If there's anything I need to know they do ring me." Another relative confirmed communication from staff was effective when their family member's healthcare needs changed. One staff member said, "When families visit we update them." They also said they contacted families between visits if they needed to provide an update regarding a person's health.

We spoke with a visiting health professional who told us the service made appropriate, timely referrals to them. We saw staff had looked into providing chocolate flavoured laxative medication for one person to make it more palatable. On the day of our inspection we found a staff member had identified a heath concern which they reported to the GP. On the same day staff arranged to collect a prescription for this person which meant staff took immediate action to meet people's healthcare needs.

Health action plans contained evidence of recent medication reviews and hospital passports. Hospital passports accompany the person to give hospital staff an understanding of a person's healthcare needs.

Staff told us they were satisfied the induction they received adequately helped prepare them for their role. One staff member said, "The induction helped me. I've done quite a bit of training." The training matrix we reviewed showed staff were up–to-date with their training programme. Specialist training had been provided for staff which covered the use of percutaneous endoscopic gastrostomy (PEG) feeding, tissue viability and the administration of buccal midazolam used to treat epileptic seizures. This meant staff knew how to meet people's specific health needs.

We looked at staff files and found supervisions were taking place on a monthly basis. Staff told us their supervision took up to one hour and the records we looked at confirmed these were detailed discussions. We also found evidence which showed all staff had received an annual appraisal in June 2016.

We looked at how the service ensured people received enough to eat and drink and found this was managed appropriately. Relatives confirmed staff helped to manage their family members' dietary requirements. One relative told us, "They're very careful about the things he's sensitive to."
Care plans recorded people's special dietary requirements and staff we spoke with were familiar with people's needs. We saw food and fluid records were completed and people's weight charts were recorded on a monthly basis.

We saw people were involved in weekly menu planning. One person's decision making profile in their care plan stated, 'Staff involve [name of person] by asking what she may want when planning the food menus each week'. We found people were supported by staff to prepare their meals and people were regularly offered drinks. We saw a compliment from a dietician which noted, 'I would like to thank the staff for successfully putting in place the dietetic action plan for [name of person] with great results.

Good

# Is the service caring?

## Our findings

At our previous inspection in January 2016 we found people's privacy and dignity was not respected. At this inspection we saw sufficient improvements had been made and the provider was no longer in breach of this regulation.

We asked one person whether they liked the staff and they confirmed this. Relatives we spoke with confirmed people living in the home had their privacy and dignity respected. One relative said, "You can feel it from the moment you walk in." In the team meetings which followed our last inspection, we saw privacy and dignity had become a standing item on the agenda. Staff told us they had discussed privacy and dignity issues and said the registered manager had closely monitored this.

Staff told us they ensured doors were closed and people were covered whilst they provided personal care. During this inspection we found doors were closed when people received personal care and monitors were not left in communal areas. We observed staff knocking on people's doors before entering their room. On one occasion a staff member knocked on the door of a person's room which was empty at the time. They told us this was automatic as they always knocked before going into a person's room.

Staff also told us they would not discuss sensitive information about people they cared for with unauthorised individuals. This meant people's privacy and dignity was respected and relatives we spoke with confirmed this happened.

People who used the service were unable to tell us about their experience of living at the home; although we asked one person if they liked the staff and they responded very clearly and indicated they did. Staff we spoke with were confident people received good care. One staff member told us, "I think it's got a lot more positive. People who live here seem happy." Another staff member said, "It was nice to come here and see people well looked after." During our inspection we witnessed natural interactions between people and staff which were based on staff knowledge of the people they cared for and relationships they had developed with people.

Staff confirmed they had read people's care plans which they felt accurately described their needs. We found staff were familiar with the people they cared for as they were able to describe their interests, likes and dislikes. Relatives told us they were confident staff knew their family member well and were familiar with how they preferred to receive their care. One relative told us, "They know [name of person] very well and her needs."

Although some people found it difficult to communicate their needs, we observed staff supporting people to express themselves. We found staff were able to recognise the ways in which people communicated which was also covered in detail in people's care plans. One relative told us the registered manager had introduced 'flash cards' to help their family member communicate their choices. They told us, "Staff are very proactive."

We saw a compliment received from a health professional which stated, 'I would like to thank you and your staff team for the excellent continued support that you offer to [name of person]. Your staff's commitment to advocating for [name of person] has again offered them the best possible outcome'.

Relatives we spoke with confirmed they were able to visit their family members at any time without restriction. People's rooms had been decorated and furnished according to their taste and interests.

Good

# Is the service responsive?

## Our findings

During our inspection we looked at care plans which we found were detailed and clearly evidenced person-centred care was being provided. Relatives we spoke with confirmed they had access to their family member's care plan which was an accurate record of their care needs. We asked staff about care plans. One staff member told us, "They're a lot easier to follow."

Care plans recorded what people like about the person, what is important to them, how to support them well. Each care plan described what a good day and bad day might look like. For example, a good day for one person identified the need for lots of sensory input and their bad day talked about not having enough time to rest and relax. People's likes and dislikes were also clearly described.

A range of support plans were in place which covered continence, medication, morning routine, and preparing for day centre. We saw step-by-step pictorial guidance was available which meant it was easy for staff to follow the instructions provided. Support plans were regularly refreshed and staff signed to say they had read them. Communication profiles we looked at showed the different ways in which people expressed themselves. We saw evidence of person-centred care where a person had been supported to choose their key worker through a specific form of communication they used.

At our last inspection the registered manager told us they would move to monthly reviews of care plans. At this inspection we saw evidence of monthly summary forms in care plans which provided an overview of any changes to people's care needs. For example, one person's monthly summary noted new moulds for their wheelchair were being looked at. We saw this information linked in with their full review of care which relatives were invited to attend. One relative we spoke with told us staff participated in meetings held for people by other services they attended. They said, "They also come along to reviews others hold. There's definitely a triangle of care."

During our inspection we saw information on display which directed relatives and visitors to provide feedback about the service. We saw complaints forms were available. We saw evidence of an 'easy read' version of the complaints policy which had been designed for people living in the home to understand how they could complain if they were dissatisfied with their service. One relative told us, "Any time I've mentioned anything they made sure it was corrected."

Care plans we looked at contained lots of detail around the best ways to engage people with activities. We saw people were supported by staff to engage with activities within the home and out in the community. One relative we spoke with commented, "His outside activities are just tremendous. They take him all over to all sorts of things." People were supported by staff to take part in activities and events such as biking, sailing, hydrotherapy, day services and college. Relatives spoke positively about the sensory room which had been developed since our last inspection.

Within their home, people were supported to participate in activities such as arts and crafts, music, movie nights and sensory interaction. Staff told us they were looking to support some people in charity based

goals to help them raise money for good causes.

Good

# Is the service well-led?

## Our findings

The registered manager had vacated their position shortly before our inspection, although a new manager had completed a handover with them and the new manager was present during this inspection. The new manager told us they would be applying to become registered with the Care Quality Commission.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support their family member received. One relative told us, "I liked [name of registered manager]. I got on really well with him." Another relative said, "He initiated a good number of things." We also asked staff about the registered manager. Their comments included; "He was great. He was very person-centred" "He's been really good with me" and "I got on with him professionally." Relatives told us they had been informed of the recent managerial change and had spoken to the new manager.

One staff member spoke positively about the support they had received from the team. They told us, "They're a good bunch to work with." A visiting health professional told us, "It's one of the better homes we cover."

Since our last inspection the registered manager had introduced a number of quality management systems which we found were effective.

A monthly summary of accidents and incidents had been completed. We saw detailed records relating to each incident which included identified learning outcomes to reduce the risk of future occurrence. Since January 2016 the registered manager had introduced monthly staff competency checks which covered areas such as moving and handling, infection control, safeguarding and medicine administration. This meant staff understanding was regularly checked to ensure training was effective.

The registered provider ensured the living environment was safe as they carried out monthly hazard inspection checks as well as monthly wheelchair maintenance checks and weekly sling tests. Quarterly peer reviews were carried out by managers from other services run by the same registered provider.

We saw monthly team meetings had been held since our last inspection. Staff told us they were provided with an agenda which they were invited to contribute to. We looked at the record of staff meetings and found they were a good record of two way discussions between staff and the registered manager.

We saw the home was well maintained and kept clean. All building maintenance certificates were up-to-date. Fire alarm, smoke alarm bells and emergency lighting had all been tested on a weekly basis since our last inspection.

We looked at care records which indicated the registered manager submitted timely notifications to the Care Quality Commission (CQC) and understood their legal responsibility for submitting statutory notifications.