United Response

United Response - 14 Lingwell Approach

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

United Response - 14 Lingwell Approach is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service is registered to provide accommodation and personal care for up to four people who have learning disabilities and or physical disabilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 24 and 25 September 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

There was a registered manager. A registered manager is a person who has registered with the CQC 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.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We observed people living in the home were safe and relatives told us staff kept people safe. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Risk assessments were carried out, reviewed and updated when people's needs changed. We found the provider monitored risk effectively and in the least restrictive way. Accidents and incidents were recorded and appropriate action taken to reduce the risk of reoccurrence.

Medicines were managed safely. They were checked regularly and audits carried out to ensure people received their medicines as prescribed. 'As required' medicines were managed appropriately with guidance in place for staff to follow.

Safe recruitment processes were in place and had been followed. Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable staff from working with adults at risk. Records

confirmed staff received induction training when they were new in post.

Staff received training which helped them to meet people's needs and staff told us there was enough training to meet people's needs.

We checked and found the provider was working within the principles of the MCA and all people using the service had a DOLs in place. Best interest decisions also took place and were documented in care plans.

People were supported with their nutritional needs and specific dietary requirements. If requiring support from health care professionals, this was arranged for people and they were supported to attend hospital if needed.

We observed positive interactions between staff and people living in the home. We saw people were encouraged to maintain relations with their family and friends.

Care plans recorded people's preferences, likes and dislikes to ensure staff met their individualised needs. These were reviewed regularly with people and their relatives. Due to people's complex needs staff ensured detailed communication plans were in place to support people to consent and make choices about their care.

Staff protected people's rights for privacy and respected these. People were encouraged to remain as independent as possible and relatives confirmed this.

The provider had not received any complaints since our last inspection. The registered manager understood the importance of how these would be managed in line with their policy.

Staff and people using the service all had positive relationships with the management. They felt supported and said the registered manager was always present in the home.

Surveys were carried out to gather people's views and to monitor the quality of the service being provided. The provider completed audits to monitor standards and to ensure they were maintained.

The provider was continuously looked at ways to improve care and monthly summaries had been devised to show impact of people's care and areas for improvement.

They ensured people were involved within the local community and initiatives had been taken to make sure this happened. For example, arranging a local fayre and taking people to hairdressers in the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was 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.

Before the inspection we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We also contacted health and social care professionals who worked with the service. We received no information of concern from these agencies.

This inspection took place on 24 and 25 September 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Due to people's health conditions and complex needs they were unable to share their views about the service they received.

During the inspection we spoke with the registered manager, the area manager and two support workers. After the inspection we telephoned two relatives to obtain their views of the care provided. (We observed care and support in communal areas and looked in the kitchen and peoples' bedrooms.) We reviewed a range of records about people's care and how the service was managed. We looked at care plans for two people, the recruitment, training and induction records for three staff, four peoples' medicines records, staffing rosters, staff meeting minutes, maintenance contracts and the quality assurance audits that the

registered manager completed.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. Due to people's complex communication needs they were not able to communicate verbally with us. Relatives told us, they felt the home was safe and that people were protected from harm or abuse. One relative said, "Couldn't have anywhere better for [Name] to be." Staff were clear about their understanding of safeguarding. One staff member told us, "We have responsibility for people we look after. We have a safeguarding policy which we follow. If I suspected abuse I would talk to my senior or manager and document everything that had happened." Staff felt confident to raise issues with the registered manager and said they would whistle blow if needed. There was a whistleblowing policy which staff were aware of.

Risk assessments were carried out, reviewed and updated when people's needs changed. We found the provider monitored risk effectively and in the least restrictive way. For example, an assessment was carried out for a person to have bed rails in place due to a high risk of falls. However, a best interest decision recorded that the person was at risk of climbing over these and therefore put them at further risk. To ensure the persons safety in the least restrictive manner, crash mats were used on the floor below their bed to minimise risk of injury.

Accidents and incidents were reported and investigated. Actions were taken and lessons learnt to prevent reoccurrence of incidents. For example, one record showed that a person had not made a noise when staff had seen them choking. To promote this person's safety and well-being, staff now supported them during all meals.

Staffing levels were satisfactory and the rotas confirmed this. Staff and relatives told us there were enough staff to meet people's needs. Comments included, "They have a full complement of staff" and "Yes definitely (have enough staff), shifts are always covered." During the inspection, we observed staff were always available to meet people's needs. Staff recruitment procedures were robust. We checked three staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Medicines were managed safely. Weekly stock check's and audits were carried out to ensure people received their medicines as prescribed. Some people needed medicines on their food due to swallowing difficulties. Where people required this form of medicines administration they were given an explanation to promote their understanding. Protocols were in place when people were prescribed 'as required' medicines and body maps were used to show when creams were applied. We found two errors on medication administration records (MARs) where the correct code had not been used to show when medicines had not been administered. The registered manager agreed to address this with staff immediately to ensure the correct codes were being used.

Health and safety checks were carried out on a regular basis to ensure the premises remained safe. There was fire assessment in place and regular fire drills took place to ensure people new how to evacuate the

building in a timely manner. The provider had an infection control policy which staff followed and audits were carried out to ensure the home was safe from infectious diseases.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. Relatives told us people's needs were met by staff who understood and knew them well. Staff received training which included, safeguarding, The Mental Capacity Act and fire safety. One staff member said, "Yes, there is enough training, of course. I also do independent training."

Staff completed an induction programme which included training, shadowing of experienced staff and completion of the care certificate. This is a set of standards that social care and health workers follow as recommended by Skills for Care, an independent registered charity which sets the standard and qualifications for care workers. Records confirmed staff were supported with regular supervisions and annual appraisals. Appraisals gave staff the opportunity to develop their skills and knowledge. We checked three staff files and found all staff had received this support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Capacity assessments were completed and we saw some people living in the home were able to consent to some aspects of their care. For example, one care plan stated, 'Person can understand and make none complex decisions by pointing.' To enable understanding staff were instructed to talk in short, clear sentences and allow time for people to respond. This meant even if people were unable to verbally communicate staff encouraged people to consent to care and make choices when possible.

Every person living in the home had a DoLS in place. Appropriate DoLS applications had been submitted to the local authority and reviewed. One record showed that a best interests decision had been made but had not been reviewed. This was completed on the second day of our inspection. We saw best interest decisions had been carried out when people's health needs had been considered. For example, one person had a best interest meeting to determine whether to have their ears syringed. However, due to the need for aesthetic and risk this posed it was decided that this was not in the persons best interests and another less invasive medical intervention was used to treat the issue.

People were supported to eat healthy meals and their likes and dislikes were known. People were offered choice and care plans detailed people's specific needs. When required, staff used picture cards to ensure they understood what people enjoyed.

People living in the home received annual health checks and staff supported people to arrange medical

appointments. For example, one person was supported to have their flu vaccination. Due to people's complex needs the provider had ensured that every person had a hospital passport in place. This meant people attending hospital could be supported the same as they would be at their home.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. We observed positive interactions between staff and people living in the home. We saw one person greet a member of staff coming on duty with a smile and clapping of their hands. According to this person's care plan this meant they felt excited which showed good rapport with staff. Relatives told us, "[Name] has been there for 20 years, they are very happy", "They (the staff) are wonderful" and "They are really good staff. They all seem extremely nice."

We saw people were encouraged to maintain relations with their family and friends. One person living in the home was supported to attend their mothers grave with the support of staff in order not to forget the memory of their loved one. Relatives were made to feel welcome and invited to people's review meetings.

Staff told us they always provided explanations to people before carrying personal care and we saw this recorded in care files. People were involved in all aspects of their care. One care plan stated, 'For people not to talk over [Name] and involve [Name] in all conversations about her daily life and health.' When we arrived at the service staff encouraged people to see who was visiting and opened the door as this was their house.

People's right to privacy was respected by staff. Care plans recorded people's sexual preferences and the need for people to have private time without being disturbed by staff. It instructed staff to knock on people's doors to protect this right. Staff said they would close doors and curtains when supporting people with personal care.

People were supported to be as independent as possible. One relative told us that since their family member had moved into the home, their mobility had improved because staff encouraged them to move independently.

The provider had made reasonable adjustments to ensure people's diverse needs were met. For example, posters, information and the complaints procedure had been put lower on the walls for people who used wheelchairs to ensure they could be seen.

No person living at the home currently accessed the services of an advocate. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, can have their voices heard on issues that are important to them. The manager told us, should any person wish to seek advocacy services they would support people to do this.

Information about people was kept securely in locked cupboards and the provider was compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Person centred care plans were developed from an initial assessment of people's needs. One relative told us the initial assessment process included visits to the home to see how others living there interacted. They told us this helped to ensure they could meet people's needs and that they got on with others living in the home to ensure a positive environment.

Care plans recorded people's preferences, likes and dislikes to ensure staff met their individualised needs. Reviews took place on an annual basis or when needs changed. People and their relatives were involved in these reviews. One relative said, "Yes we have a review once a year. If I can't go they send me the minutes from it." People were fully supported to make decisions and choices about their daily life. Staff told us they supported people to choose which colours they wanted to decorate their rooms. They did this by holding up a variety of coloured paints and observed the persons reactions to each colour they pointed at. The staff member said because of the persons excitement they were able to support their wishes. Another care plan instructed staff to offer a person three different options for each decision because any more than this may confuse and overwhelm them.

One person was able to communicate their preferences by pointing at objects and staff followed their choices. Another care plan stated, 'If showing disinterest in something [Name] will turn their head away. If showing interest [Name] will clap, be vocal, point at object or person.' People living in the home used sensory equipment to aid their vocalisation, gross motor skills, colour recognition and social interaction. We found people living in the home benefited from the sensory equipment. For example, we saw one person who sat for long periods of time by a luminous lamp in the main hallway of the home. Staff told us the person enjoyed their time and sensory equipment supported people to remain calm and relaxed. As the sensory equipment had a positive impact on people living in the home the registered manager told us they were in the process of buying a sensory bath which people could enjoy.

There were a variety of activities so people living in the home had meaningful lives. Some people attended day services and other preferred to partake in activities at the home such as gardening. We saw a person gardening with a staff member, laughing and smiling whilst doing this. A specialised tray had been made to fit to their wheelchair so they could pot plants independently. There was a regular music group and a small pony visited regularly which people enjoyed. Some people living in the home also went horse riding at a local park.

The provider had not received any complaints since our last inspection. The registered manager was knowledgeable about the providers policy on how to manage complaints effectively and what actions would be required. The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This ensures people who have a disability, impairment or sensory loss get information that they can access and understand. An easy read copy of the complaints procedure was available.

At the time of our inspection, nobody was receiving end of life care. However, end of life care plans were in

place and should people wish to discuss this, care plans would be created. One person had started their funeral arrangements and made some preferences but it had not been fully completed.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was a registered manager in post and staff told us they were confident any issues raised with them would be managed accordingly. The manager was open and honest when asked questions on inspection and staff told us, "I have a good relationship with the manager and area manager. They support me" and "The management are very good, I really feel supported."

The registered manager was always looking to make improvements for people receiving care. For example, monthly summaries were carried out on care files which provided an overview of impact of care, whether their care had improved or whether further input was required. We found this included all aspects of people's care including physical, mental and social health. We found one person who previously had seizures during the night had not had any seizures for a period of time and that measures in place had been effective.

The provider completed audits to ensure the quality of care being provided always maintained a high standard. Quarterly audits focused on staff support, finances, health and safety, environment and risk management. Regular medicines audits were completed and care files checked every six months. We found these had been effective as issues identified had been addressed.

Surveys had been sent to relatives and health care professionals to gather their views. At the time of our inspection, these had not been returned. The service gathered the views of people who lived at the service by making sure they were happy with the care provided observing their reactions and checking with relatives and professionals.

The registered manager and staff ensured people living in the home had positive and meaningful links with the local community. For example, people regularly attended the local church and donated to the local food bank to support the community. One staff member told us they previously had a hair dresser come to the home however, to improve further community links people now attended local salons to have their hair done. They were also organising a fund-raising event to buy additional sensory equipment.