

Freeways

Underhay House

Inspection report

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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 

Overall summary

This inspection took place on 13 July 2015 and was unannounced. The previous inspection of Underhay House was on 2 October 2013. There were no breaches of the legal requirements at that time.

There was a registered manager in post. 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.

Underhay House is run by Freeways, a charity that supports people with a learning disability. The home provides personal care and accommodation to up to 12 people.

People told us they received support in different areas of their lives. They said the support helped them to feel safe and enabled them to do activities in the community they enjoyed.

For the most part, risks to people were being reduced and arrangements made so that people received a safe service. However, there were risks associated with people's behaviour which meant they did not always experience a good level of safety.

Summary of findings

People's rights were protected because action was taken by staff in accordance with the Mental Capacity Act 2005. Their independence was being promoted and staff provided support which was focused on people's individual needs. Staff helped people to maintain their health and advised people about healthy eating.

Regular meetings were held where people talked with staff about their goals and new things they would like to do. People were encouraged to give their feedback the service and their concerns were followed up.

Staff felt supported in their work. They received the training they needed to do their jobs well. There were systems in place for checking the home and for identifying how the service could be improved.

Summary of findings

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 was not consistently safe.

Risks to people were identified and actions taken to reduce the risks. However these were not always effective in ensuring people's safety.

Procedures were in place to check that staff were safe to be working with people. Staffing levels were kept under review so that people received support which met their needs.

People's medicines were safely managed by staff.

Requires Improvement



Is the service effective?

The service was effective.

People received support which helped them to maintain their health. Staff were well informed about people's needs and the level of support people required.

People enjoyed the meals and took an active part in their preparation.

People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

Staff received training and support which helped them to do their jobs well.

Good



Is the service caring?

The service was caring.

Staff spoke about people in a respectful way and positive relationships had been developed between them.

People were given the opportunity to talk about any concerns and to make decisions about their support.

Staff supported people with activities they enjoyed and were of interest to them.

Good



Is the service responsive?

The service was responsive.

People received support which promoted their independence and community involvement.

People's needs were kept under review. They talked to staff about their goals and new things they wanted to do.

People were being asked for their views about the service and any complaints were followed up.

Good



Summary of findings

Is the service well-led?

The service was well led.

The provider had clear aims and values and these were being put into practice in the home.

Systems were in place for checking standards in the home and developing the service people received. Areas for improvement had been identified and plans produced for implementing these.

Good



Underhay House

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 checked 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.

The inspection took place on 13 July 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law. We also

received 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.

Health and social care professionals were contacted in order to gain their views about the service. We received comments from two of the professionals we contacted.

During our inspection we spoke with five people who lived at Underhay House. We made observations throughout the day in order to see how people were supported. We spoke with the registered manager. We also spoke with three staff members and with the assistant manager (referred to as 'staff' throughout this report).

We looked at three people's care records, together with other records relating to their support and the running of the service. These included staff employment records and records in relation to quality assurance.

Is the service safe?

Our findings

People told us they received support from staff which helped them to feel safe. This included having staff around and being able to talk to one of the staff or to the registered manager if they had any concerns.

Staff we spoke with were aware of risks relating to people's health and well being. They were consistent in their view that one risk related to people's behaviour towards each other. This involved certain individuals in particular. The registered manager confirmed that risk assessments and support plans were being reviewed with the aim of reducing the number of incidents. However they acknowledged this was not wholly effective in addressing the concerns and further action was needed to ensure people experienced a good level of safety. The registered manager told us about the steps being taken to achieve this.

In people's records we saw a general assessment which covered people's individual needs. Other assessments had been undertaken relating to people's lives, such as when going out in the community. Information had been recorded about the actions to be taken by staff to reduce the risks and maintain people's safety.

Staff said they talked to people about keeping safe at home and when in the community. One person told us were able to go out by themselves, but said they told staff when they were leaving. They also had a means of contacting staff when they were out if the need arose.

Staff had received training in protecting people from abuse. They were aware of the procedures for safeguarding people and the need to report any concerns they had about

people being at risk of harm. Notifications we have received have shown that incidents involving harm, and the risk of harm, have been appropriately referred to the local authority.

The staffing of the home was kept under review to make sure there were enough staff to meet people's needs. The registered manager confirmed a recent change from having sleep-in staff to night waking cover. This was in response to an increase in support that people required at night. Staff told us that arrangements were made, such as using bank staff, to ensure that staffing levels were maintained as planned.

Records showed a range of checks had been carried out on new staff to determine their suitability for the work. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made, for example in order to confirm an applicant's identity and their employment history.

Procedures were in place which helped to ensure people received safe care and support. This included the support people received with their medicines. People told us they liked staff to be involved and they felt this was safer for them. A new staff member said they were not able to administer medicines to people until they had been assessed as competent to do so. We saw that suitable facilities in place for the storage of people's medicines. Appropriate records were being maintained to show that people had received the correct medicines at the right time.

Is the service effective?

Our findings

People told us the staff assisted them in different areas of their lives. In addition to personal care, this included support with going out and doing things they enjoyed. One person said they liked shopping with staff; other people told us staff helped them with making arrangements, for example about attending college and going on holiday.

The staff we spoke with were knowledgeable about people's needs and their preferred routines. People's records included individual care plans and information about the way they liked to be supported. The records showed what people were able to do for themselves. Staff told us the plans and other guidance provided a clear picture of the care and support people currently required. One health and social care professional described the plans they had seen as "very person centred".

Staff were aware of the legislation relating to mental capacity and how this protects the rights of people who are unable to make decisions independently about their own care. A staff member gave the example of a best interests meeting that was held when a decision needed to be made about one person's dental treatment. This showed staff knew how to uphold people's legal rights.

The registered manager confirmed the action being taken to ensure people were not deprived of their liberty unlawfully. People's individual circumstances had been reviewed; for a number of people applications under the Deprivation of Liberty Safeguards (DoLS) had then been made to the local authority and authorised. DoLS is the process by which a person in a care home can be deprived of their liberty if this is agreed to be in their best interests and there is no other way to look after the person safely.

Feedback and observations of staff showed they respected people's independence and the decisions they made about daily routines and activities. At lunchtime, the meal arrangements were flexible to take account of people's different routines and preferences. People ate at different times; some people prepared their own meal and others received support from staff.

People said they enjoyed the meals. They told us they usually had their main meal together in the evenings and helped to produce the menus each week. People were involved in preparing the meals with the support of staff.

Staff said that healthy eating was being promoted through menu planning and the advice they gave to people. One person told us about the support they received with diet and exercise. We heard from staff about people's success with achieving their personal objectives in relation to diet.

Staff told us about the range of support they provided to people. This included support to maintain good health and with seeing the right healthcare professionals. People told us staff helped them with making appointments and with the practical arrangements. There was a lot of information in people's records about their healthcare needs and the contact they had with healthcare professionals. This included health action plans and reports of appointments and annual health checks. The records showed that people had contact with a range of professionals, for example a diabetes specialist nurse, to ensure their health needs were met.

Staff felt they were competent to carry out the tasks expected of them. They told us training was provided on regular basis. Records showed that training covered a range of subjects related to health and safety and the needs of the people who used the service. One staff member said they had an intensive two week period of training when their employment started. We were also told that staff undertook refresher training; courses in medicines administration, mental capacity and safeguarding had been arranged for the coming months. Staff said that training in diabetes was being arranged to ensure they were knowledgeable about the condition and how it affected people.

Support was available to staff through regular supervision. Staff told us they met with a manager every six to eight weeks; they felt the meetings were positive and supportive. The meetings provided staff with individual time to discuss their professional development and any concerns they may have about their work.

Is the service caring?

Our findings

People told us the staff were friendly and we observed positive relationships during our inspection. Staff spent time with people and engaged in conversation, for example about people's plans for the day and how they were feeling. In our conversations with staff they spoke about people in a respectful way.

We were introduced to people at the home and staff explained the reason for our visit. Information was available in the home about the day to day arrangements and matters of interest to people. People said they liked to know which staff were working at the home and they looked at a rota that was displayed. Some information had been produced in a pictorial format which made it easier for people to understand.

People had the opportunity to socialise with others or to be more private in their own rooms. People said they could personalise their rooms as they wished. We saw people spending time together in the shared areas of the home. There was a lounge which looked homely and a comfortable place for people. Another part of the home was used as a dining area and for practical activities.

Arrangements were made which helped people to get on well together and address any concerns they had. People met together on a regular basis to talk about things. A residents meeting had been held in June 2015. We read in the minutes that relationships had been discussed; this was to help people understand how their actions and behaviour affected other people. People's records showed

this was also being considered on an individual basis; guidance had been produced to help reduce the risk of incidents and to maintain good relationships between people.

The residents meetings were an opportunity to decide on the day to day routines and any 'house rules'. We saw that rotas had been agreed so that people contributed to the household tasks in a fair way. People were also able to make decisions about the support they received. For example, people were asked which staff member they would like to have as their key worker. Staff told us there was a policy which provided clear guidelines for them in relation to gender and the provision of personal care.

People's records included a information about their personal circumstances and how they wished to be supported. The information had been added to over time and gave a clear picture of people's likes and dislikes and their preferred routines. This helped to ensure people received support in ways they wanted and which fitted in with their lifestyle.

People had the opportunity to take part in activities which enhanced their lives and added to their life experiences. One person said they had taken part in a fund raising charity event and learnt about how they helped other people by doing this. Some people went to a church each week; we were also told about 'in-house' activities which gave people the chance to learn about different cultures and religions. The activities included art work which people had produced and was displayed in the home.

Is the service responsive?

Our findings

People said staff supported them with going out and with making their day to day arrangements. We heard about a range of activities that people took part in, such as going to a gym, cooking and attending college courses. Some activities were arranged in the home and a number of people took part in a dancing class on the day we visited.

Staff told us the support they provided was varied depending on people's individual needs. For example, not everyone needed assistance with personal care. One person said they managed their own care, but staff reminded them about things, such as when to have a shower. They told us they were learning about how to prepare meals and shopping for the right ingredients.

People talked to staff about changes in their support and their plans for the future. This included a monthly meeting with their keyworker to discuss their current needs and new things they would like to do. People's records showed how they had been involved in the meetings and contributed their views. We saw that goals were being discussed and agreed with the aim of giving people new opportunities and developing their independence. One health and social care professional said that in their experience staff gave people "The opportunity to be as independent as possible, risk assessments permitting".

Staff said there was a "step by step" approach to supporting people with their goals. One person for example was learning to travel independently to a family member's house. They were working through a number of tasks which would enable them to achieve this goal.

We heard about some new developments, such as people attending a local centre where they would learn and

practice independent living skills. The registered manager told us staff were currently attending training sessions at the centre in order to be able to support people who would be going there.

Records were kept of the support people received and of any changes in their care and wellbeing. This helped to ensure staff were kept up to date about people's needs. Overall, the records were detailed; they provided information for when people's support was reviewed and evaluated. However there was some inconsistency; support with tooth brushing was not always being recorded although one person did have a form for staff to complete. We brought this to the attention of the registered manager.

Other records provided information about accidents and untoward incidents. The records included an account of what had happened and the actions taken, for example to help prevent a reoccurrence. Other records and meeting minutes showed that the learning points from such incidents were discussed with staff and new risks highlighted, for example in relation to people's behaviour towards each other.

Arrangements were being made for people to pass on their views about the service. These included the monthly residents meetings and an annual survey. We saw that the findings of the last survey in December 2014 had been analysed and presented to people. People had expressed a good level of satisfaction with the service, although some actions had been taken in response to the feedback.

People were aware of how to make a complaint. Records showed that a number of people had chosen to do this and action had been taken in response to the concern being raised.

Is the service well-led?

Our findings

Freeways had produced a range of information about the organisation's values and its aims as a provider of social care. These were focused on achieving some key outcomes for people, such as maintaining independence and community involvement.

The provider's aims and values were being implemented in the home. People told us they went out on a regular basis and enjoyed a variety of community based activities. Staff were consistent in how they described the aims and values of the service and applied these in their work. They told us that the service "promoted independence" and that people's wellbeing was paramount.

Staff said they felt able to talk to the registered manager or to one of the management team if they had any concerns. The registered manager was described as "approachable"; we were told both they and the assistant manager listened to people's views and worked in an open way. Staff also confirmed there was a policy on whistle blowing. They said they knew how to report any concerns they had about poor practice or wrong doing at work.

Procedures were in place which helped to ensure information was shared appropriately. For example, a representative of the provider had attended a staff meeting to talk about the organisation's business plan for the next three years. The registered manager produced a bi-monthly self assessment report for the provider. The reports provided an overview of how the service was performing and whether checks, for example in relation to health and safety, were up to date. This helped to ensure the provider was kept informed about the running of the service and could decide on any actions that needed to be taken.

There were systems in place for checking standards in the home. The registered manager undertook a programme of audits. A representative of the provider visited on a bi-monthly basis and looked at different aspects of the service. Reports were produced which included a section on the actions to be taken in response to any shortcomings found. Records showed improvements were being made, for example in relation to on-going maintenance and decoration. We found two areas in need of redecoration in bathrooms although these had not been included on the jobs list. We brought this to the registered manager's attention.

The registered manager was clear about their priorities during the last year and what had been achieved. These included establishing a settled staff and management team. They had also identified further actions to take to enhance the service people received.

In the PIR we were told about a number of improvements being undertaken and plans for the future. This included, for example, establishing the role of 'champions' within the staff team. We found that the introduction of a feedback champion had helped to ensure good feedback was received from people about their experience of the service. We were told that the provider had signed up to Driving Up Quality Code. Signing up to this is a commitment to action that will raise the quality of services for people with learning disabilities.

We read about other developments in the PIR which showed that the provider was developing the service to take account of new guidance and legislation. We were told, for example, that the provision of training was being looked at following the introduction of the Care Certificate.