

United Response

United Response - 1 St Alphege Road

Inspection report

1 St Alphege
Dover
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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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

United Response – 1 St Alphege Road is a care home provides accommodation and personal care for five people who need support with their mental health. Four people live in the main house and one person has separate accommodation in the grounds of the service.

This was an unannounced inspection. The service met all of the regulations we inspected against at our last inspection on 27 November 2013. During this visit, we

Summary of findings

met all of the people who used the service and were able to have conversations with four of them. We spoke with three care staff, the registered manager and a specialist nurse who was visiting the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.. After the inspection we spoke with a relative and received information from other community specialists who were involved in supporting the people using the service.

We observed people as they engaged in activities and relaxed at the service. Staff supported people in a discreet, friendly and reassuring manner. Staff knocked on people's doors before entering their rooms and had understanding of people's needs. Some people were preparing and cooking their own meals and some were supported by staff in the kitchen.

People had an allocated keyworker who were involved in their assessments and reviews. A key worker was a member of staff who co-ordinates a person's care and support and promotes continuity. Potential risks to people were identified and managed. Throughout the inspection people were treated with kindness and respect. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

Safeguarding procedures keep people safe from harm. All of the people told us they felt safe in the home; and if they had any concerns, they were confident these would be quickly addressed by their key-worker or by the registered manager.

There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. A satisfactory system of recruitment was in place to ensure that the staff employed to support people were fit to do so. Staff were appropriately trained and skilled and provided care in a safe environment. The staff also completed extra training when people's needs changed to ensure that they were up to date. The care provided to people was safe and effective and met peoples' needs.

People received their medicines safely and when they needed them and they were monitored for any side effects. At the time of the inspection the service was not monitoring the temperature at which drugs were stored. The registered manager immediately rectified this.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under Act and the Safeguards (DoLS). The registered manager told us that they had not found it necessary to apply for a Deprivation of Liberty Safeguards authorisation for anyone to date.

Each person who used the service had a care plan which was personal to them and that they been involved in writing. We looked at four care plans. Two of the care plans we looked at did not record all the up to date information needed to make sure staff had guidance and information to care and support people in the way that suited them best. Some information had been removed from the plans and was not easily assessable.

People felt that they were listened to and were involved in planning all aspects of their care and support. Meetings were organised for people so that they had the opportunity to communicate what mattered to them. They were supported by a stable and consistent staff team who knew them well. Local community health and social care specialists had regular meetings comprising of people who use the service and care staff so that people's care and support could be reviewed.

People were offered and received a balanced and healthy diet. They were able to choose what they wanted to eat and when they wanted to eat it. People's rooms were personalised and furnished with their own things.

The registered manager and the area manager assessed and monitored the quality of care consistently. The service encouraged feedback from people and families, which they used to make improvements to the service.

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 safe.

People we spoke with felt safe living at the service. They felt confident that any concerns they had would be listened to and dealt with quickly. Staff we spoke with knew how to keep people safe.

The service had effective systems to manage risks to the people's care without restricting their activities or their life styles.

There were sufficient numbers of staff on duty at all times to make sure people were safe and received the care and support that they needed. The registered manager or a senior member of staff was available at any time in case of an emergency.

People received their medicines when they needed them and in a way that was safe.

Good



Is the service effective?

The service was effective.

People were able to express their views about what mattered to them at meetings organised for them.

Staff ensured the care and support met people's changing needs. The staff had promptly contacted healthcare professionals from outside the service and made sure that appropriate support and treatment was made available.

There was a stable staff team working at the service. The staff had completed extra training when people's needs changed to ensure they were up to date and could meet people's needs safely.

People were supported to have a healthy, balanced diet. People were encouraged and supported to eat and drink according to their health specific needs.

Information and guidance about how to care and support two people was in their care plans. However, information about the current care and support needs for another two people had been filed away. The registered manager took immediate action to address this to make sure the information staff needed to support people was contained in their current care plans.

Good



Is the service caring?

The service was caring.

Staff understood people's needs and provided care with kindness, respect and compassion. People using the service and their families told us they were happy with their care. When people's health had deteriorated the staff did everything they could to make sure people were getting the specialist care and support they needed.

Visitors were made welcome and relatives told us they felt that communication with them was good. They said they felt informed about their relative's care and any events that took place.

There was a choice of activities for people to participate in if they wished. People were supported and encouraged to do as much as possible to enhance their lives.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

If people had any concerns they approached their key worker or the registered manager and they were listened to.

Good



Is the service well-led?

The service was well-led.

The registered manager was open and approachable and they made sure they saw each person who every day when they were at work. They checked with people to make sure they were alright. People approached the registered manager throughout our inspection to ask questions or chat.

There was a commitment to listening to people's views. People were regularly invited by the area manager to go out for lunch/coffee. On these occasions they had the opportunity to privately discuss all aspects of their care and support and any concerns they had. People said that they felt listened to and that they had a say on how to improve things.

There were systems in place to monitor the quality of the service and to ensure on-going improvements. Plans were in place to refurbish the service and to rearrange the living accommodation so that people could have more independence.

Staff told us that they felt well supported and valued by the registered manager and the organisation. They said the registered manager always listened to and acted on their ideas on how to improve the service.

Good



United Response - 1 St Alphege Road

Detailed findings

Background to this inspection

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a 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. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service.

We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are sent to CQC when significant events like a death or serious injury occur. We obtained feedback via telephone calls and e-mails from a relative and from visiting health care professionals.

We met all of the five people using the service and had conversations with four of them. We spoke with three members of staff and the registered manager. Following the inspection we also spoke with the area manager of the service.

During our inspection we observed how the staff spoke to and engaged with people and the visiting professional. We looked at how people were supported with their daily routines and activities. We reviewed four care plans of the

people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines and records about how the quality of the service was managed.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

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Is the service safe?

Our findings

People said they felt safe being cared for by the staff of the home. We spoke with four of the five people using the service. People said “I am happy here and I have been living here a long time, no staff have ever made me unhappy”.

“It’s the best place I have lived in and I have been to many other homes, I feel safe and comfortable”,” I can have a private conversation with staff if I am worried about anything, they always listen and try to help me”. “I have a keyworker and we do talk about things that matter to me.”

The service had effective policies and procedures for ensuring that any concerns about a person’s safety were appropriately reported. Staff could explain how they would recognise and report abuse. Staff had received training in the protection of vulnerable adults. Staff told us they were confident that any concerns would be listened to and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively. A member of staff said they were aware of the policies and told us: “We take abuse and discrimination very seriously. I would be comfortable to talk with the manager if I was worried.”

Potential risks to people were identified, assessed and managed to reduce the risks. Care plans had detailed information for staff on how to respond to any anxiety or behaviour that were challenging. Behaviour support plans gave information about a person’s behaviour and identified the triggers that might result in behaviour that challenged. There was guidance and steps on how to minimise or prevent this from occurring.

Staff knew about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). All staff were aware of the need to involve relevant people if someone did not have the mental capacity to make a particular decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions the service involved relatives, health professionals, advocates and social services representatives to make sure decisions were made in the persons best interests. People were able to make day to day decisions about their care.

The service’s physical premises and equipment were were maintained and checked regularly. The building was fitted

with a fire detection and alarm system. Records showed the system was regularly checked. There was an emergency evacuation procedure and people were supported to take part in fire drills to make sure they knew what to do if there was a fire. Regular checks were made on systems like the boiler, the fridge, the electrics and the service’s vehicle.

People said that there were enough staff to support them. One person commented, “There is always enough staff on duty and you can speak to them and they give you time to have a conversation.” The duty rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were arrangements to make sure there were extra staff available in an emergency, and to cover for any unexpected shortfalls like staff sickness. On the day of the inspection the number of staff on duty met number shown on the duty rota.

We looked at four staff files. People were protected by a robust recruitment system. Appropriate checks had been made to ensure the suitability of staff, including two written references; a full employment history with any gaps in employment discussed; and criminal record checks. Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

Medicines were handled appropriately and stored safely and securely. People received the medicines they needed when they needed them. Each person had an individual medicine record chart showing their personal details. Each person's medicines and their medicines records were stored in a locked cupboard in their bedrooms. The medicines were accessed safely, at the times they were prescribed. One person told us “I receive my medicines always on time and have not had a problem.” People said that the system worked well for them. If people wanted to take their medicines themselves they were supported to do this. Staff then checked regularly that people were taking their medicines safely and at the time they were supposed to. They checked that people were taking the correct dose of their medicine.

Staff knew about the medicines held at the service and their potential side effects. Staff were able to tell us about the different medicines and what they were for. There was reference material for staff to look up things like side effects so they could act quickly if they noticed any reactions.

Is the service effective?

Our findings

People knew about their care plans and were involved in planning the care and support that they needed. People and the relative we spoke with confirmed they were involved in the assessment and care planning process. People commented, “I have a care plan, I have contributed to the plan and I have a keyworker”. “I have a review every year and my social worker attends the meeting”. “I have a meeting with staff every six weeks and we review my care needs and I can say what I want and what I don’t”.

People were supported to set their own goals and to record their wishes for how they wanted to be supported. Two of the four care plans that were used on a daily basis contained all the information and guidance that staff needed to give the care and support that people wanted. In the other two care plans some information about how people should be cared for was not included. This information had been filed elsewhere, and was not easy to find. During the inspection the registered manager retrieved the missing information and put it back into current care plans. All the staff working at the service had been there for many years and were able to explain in detail the care and support that people needed. Staff could identify risks and when people’s conditions started to deteriorate and knew what to do in this event.

Daily records were completed by the staff, and provided a summary of each person’s day. This included the personal care given, the person’s mood, any activities and health needs. The daily records were signed, timed and dated. There were handover meetings between shifts, to ensure that staff were kept up to date with people’s changing needs.

People were supported to make and attend medical appointments. People’s health was monitored and care provided to meet any changing needs. When people’s physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people’s health and wellbeing in line with recommendations from healthcare professionals.

Health care professionals who were involved with the service told us that their experience of working with the

people and staff at St Alphege’s was positive. They had witnessed people being treated with respect and dignity. One professional told us, “They allow my client personal space but also gently encourage them to engage socially both within and outside of the home”.

Visiting professionals said that there were clear communication channels with the staff. Regular reviews were held when people’s care was discussed in full and the staff were able to provide documentation if there had been any issues. They told us that the staff asked for advice and support if they are unsure how to manage certain situations and in regard to more complex mental health issues, such as legislation. The staff accepted advice and demonstrated they acted on any advice given.

We visited some people’s rooms, with their permission. Bedrooms were personalised with people’s own belongings so were all different and met people’s needs. Everyone we asked said they were able to lock their room to keep their personal possessions safe and to maintain their privacy.

People were supported and encouraged to eat a healthy and nutritious diet. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

The people using the service agreed that the meals were of a good standard and said staff were aware of their likes and dislikes. One person said “I am encouraged to eat healthy by staff, I have been here for over three years, and my weight remains the same”. Other comments were: “I can choose a meal I wish to eat”. “The food is tasty”. “Staff support me with cooking a meal”.

Most people could use the kitchen whenever they wanted to and help themselves to snacks and drinks.

All the staff knew all the people using the service well. The staff team was stable and consistent and all had worked at the service for many years. Staff received support and guidance from the registered manager and from external managers of the organisation. Visiting professionals told us the staff team were always keen and enthusiastic to learn how support people in the best way. They said they listened to advice and when necessary changed how people were cared for. People said they knew the staff well and could choose who they wanted to help them. They told us that they got on well with the staff and that staff knew how to look after them in the way that suited them best.

Is the service effective?

Staff said and records showed that the service's training programme had been followed and that training was being delivered as planned. Staff were suitably qualified and had the knowledge and skills to care for people effectively and safely.

Staff training was up to date. Training including fire safety, moving and handling, infection control, food hygiene, medicines and first aid. The staff also had training in specific areas like mental health, epilepsy and diabetes. Staff told us their competencies were regularly checked by the registered manager who questioned them and observed what they were doing.

Staff told us that there were opportunities to develop their knowledge and skills. They said that the organisation was

very good at providing any training relating to people's individual needs and they were encouraged to obtain further qualifications that would help them with their careers in the future. Seven of the ten staff had completed a national vocational qualification (NVQ) or diploma in care. Six of the staff had completed these qualifications to a level three.

Staff told us that they were supported through regular individual meetings with the registered manager and could approach the registered manager at any time if they had any concerns or issues. The registered manager was not able to show us any recent records to show that regular individual meetings took place but said that regular individual meetings were held with the staff.

Is the service caring?

Our findings

All the people using the service had been there for many years. They said they were very happy living at St. Alphege's and would not want to be anywhere else. People told us, "I was supported by staff to get my own furniture for my flat and I am of the opinion that this was a mark of respect". "The area manager writes to me asking for a day I am free and takes me out to tea, this is so kind and caring".

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. People and staff worked together in the kitchen to prepare drinks and meals. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements.

Staff, including the management team, knew the people who used the service well. All staff spoke passionately about respecting people's rights and supporting people to maintain their independence and make choices.

Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to answer people's questions. One person told us: "The manager's really good but you can talk with any staff, they always listen."

Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone we asked said their privacy was always respected. One member of staff told us: "Everyone, staff and clients get on well, we all

respect each other. Staff are treated well by the organisation and this has a knock-on effect. There's a culture of respect and we make sure we treat everyone, clients and colleagues, with respect too." Staff spoke with people in a friendly and pleasant manner. During the inspection we observed a person saying to a member of staff, "I do not like the colour of the cup the drink is in" and the staff responded sensitively and kindly to the person's wishes and changed the cup to the one of the person's choice.

People told us there were lots of opportunities to express their views about their own support and about the running of the service. There were regular house and individual meetings. Staff considered people's views and took action in line with their wishes. "I have made my bedroom homely and staff assisted me to do this." "I have my own flat key and this has given me independence and dignity." "We have two monthly house meetings and our opinions are acted upon". "The quality of life is good and staff are supportive".

A relative told us, "St Alphege is an amazing place. The staff like and value (my relative). (My relative) is enjoying their life and is happy. Staff understand (my relative) very well and they know when to reduce support so that they can be as independent as possible. Staff take (my relative) on family visits and encourage them to phone us. They keep me up to date on everything".

All the staff we spoke with were happy in their role and said they enjoyed coming to work. One member of staff said: "I really like it here; staff are always happy and always trying to come up with different ideas to benefit the people we are supporting." Another said, "The majority of staff who work here, have been here a long time. A lot of us have been here for nine or ten years and more, so that says a lot".

Is the service responsive?

Our findings

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took the prompt action.

People's independence was supported and most people went out and about as they wished.

Everyone we spoke with told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. For example, when a person had not felt comfortable and happy living in the main house, the service had responded by providing individual living accommodation.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in the home. Throughout the day of the inspection people were offered choices about how they spent their time, the food they wanted and social activities. People had the choice about when they got up and went to bed.

People confirmed that there was a programme of activities, and that they were encouraged to go outside the home. There were links within the local community, and people were supported to attend churches if they wished to do so. One person told us, "I attend the drop in centre on Mondays and Thursdays and Tuesdays and Fridays go to the Age Concern centre. One person told us that staff had taken them on holiday lots of times to different places. They said, "Staff ask me often if I want to go away, I decide were and we sort it out".

People's life histories and details of their family members had been recorded in their care plans, so that staff could

get to know about people's backgrounds and important events. Relationships with people's families and friends were supported and encouraged. Staff had helped people to get in touch with family members they had not seen in a long time and had made every effort for people to re-establish contact with their families if that was their wish. A relative told us that the staff made arrangements for family members to meet with a person using the service at an agreed venue so that distances were reduced and they could get together more often.

Staff had discussions when they handed over to the next shift, highlighting any changes or concerns. Every six weeks each person had a review called a 'spotlight' meeting. This was where the person and staff sat down together and discussed the care and support the person was receiving, what was working well and what could be changed to improve the person's life. Goals and aspirations were reviewed and new ones identified.

A system to receive, record, investigate complaints was in place so it was easy to track complaints and resolutions. There had been one written complaint made to the service in the last 12 months. The complaint was recorded and responded to and records showed that action was taken to address the issue. People and relatives said that the manager and staff were approachable and said they would definitely listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the manager or staff if they did. One person told us, "The staff listen to me. I know who I would go to if I was worried about anything".

The four people we spoke with said that they have never had to make a complaint but said they would know how to. They told us that any day to day issues or concerns they had were dealt with promptly by the staff or the manager.

Is the service well-led?

Our findings

People told us they were comfortable with the registered manager and the staff. One person said: "This is a really happy home". I think that comes from the top." People's comments included: "The manager is the best manager I've ever had." "The manager knows me very well; we often sit and talk about things that interest me". "The manager is very kind and so are all the staff". "My view is that staff do things quickly when you ask for help".

The service had a registered manager in place who was supported by senior care staff. People told us that the registered manager was open and approachable. They demonstrated an excellent knowledge of the people who used the service. The main office was centrally located within the service, which meant the registered manager was available to people and visitors. Throughout the day people were welcome to walk in and out of the office and chat to the registered manager and anyone else they wanted to talk to. A staff member said "You can approach the manager at any time. Even if he is not at work he is always there at the end of the phone to give advice and support".

Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management. People regularly received written invitations from the area manager inviting them to go out, on an individual basis, for lunch or coffee. If people did not want to go out or it was not convenient for them then their decision was respected. People told that us they looked forward to these occasions. They had the opportunity to

discuss any concerns, what was going well and what they would like to improve in an environment away from the service. People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly.

There were regular meetings for people using the service and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The service sent out satisfaction surveys to people and their relatives. Where people had made comments or suggestions these had been responded to and action taken. This included making changes to people's living arrangements, activities and menus.

The registered manager and provider carried out regular quality assurance visits to monitor the quality of the service provided. An audit had highlighted shortfalls in the environment. There were plans and actions in place to refurbish the service to provide accommodation to promote peoples independence. Medicine records were audited regularly to ensure they were up to date and correct. When errors were detected action was taken to prevent it from happening again.

Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who used the service and to the management team. The staffing structure ensured that staff knew who they were accountable to.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.