

United Response

United Response - 47 Doublelegates Green

Inspection report

47 Doublelegates Green
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April and was announced. At our last inspection on 14 July 2015 we found that the service had met the previous breaches of regulation that were identified. However, we said we could not improve their rating because to do so required consistent good practice over time.

United Response - 47 Doublegates Green is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to five people who have learning disabilities and additional physical disabilities.

At the time of the inspection five people were living at the service.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that the improvements noted in the last report had been sustained. Effective management systems were in place to promote people's safety and welfare. People received their medicines as prescribed by their GP and staff had received training in the safe handling of medicines. The registered manager completed a weekly medicines audit to ensure that any shortfalls were quickly identified and action could be taken as needed.

Areas around the home had been refurbished and redecorated. The environment was clean and audits undertaken by the manager reduced the risk that people would be exposed to the risk of cross infection.

Staff were trained in, and understood the principles of, the Mental Capacity Act [MCA] and understood and followed the correct procedure when these principles were applied. Staff understood and had received training in how to recognise abuse and how to keep people safe from harm. Risk assessments guided staff in how to keep people safe and how to support people. The registered provider ensured suitable recruitment checks were completed and there were enough staff on duty to meet people's needs.

People were involved with menu planning and staff ensured they had nutritious food. People were supported to access their GP and other health care professionals when needed. Staff received training which was relevant to their role and this was updated as required.

People were supported by staff who were kind and caring and understood their needs. Good professional relationships existed between people who used the service and the staff and interaction was respectful. People's dignity was respected and they were provided with the space to be private.

People were supported to undertake a range of activities which included maintaining and developing

independent skills. They were also supported to choose and attend hydrotherapy and day centres of their choosing. The manager held meetings with the staff so they could contribute to the running of the service. Regular audits were undertaken to ensure people lived in a service which was safe and well run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People's medicines were handed safely and staff had received training in this.

The building was maintained to a good standard of comfort and cleanliness to ensure people lived in a safe environment.

Staff understood and had received training in how to recognise abuse and how to keep people safe from harm.

Risk assessments guided staff in how to keep people safe and how to support people.

The registered provider made sure no one was exposed to staff who had been barred from working with vulnerable adults and ensured there were enough staff on duty to meet people's needs.

Is the service effective?

Good 

The service was effective.

Systems were in place which supported people who had difficulty making an informed choice or decision.

Staff received training and support which equipped them to meet the needs of the people who used the service.

People were provided with a wholesome and nutritional diet.

People had access to a range of health care services.

Is the service caring?

Good 

The service was caring

Staff were kind and caring when they supported people and they understood their needs.

Staff respected people's dignity and privacy. They knew people well and understood how to communicate and support people

effectively.

Is the service responsive?

Good ●

The service was responsive.

People received responsive, individualised care.

People's choices were respected and staff supported people to follow activities and pursuits that were of interest to them.

Staff understood people would need support to complain and were sensitive to the need to safeguard people and protect their welfare and safety at all times.

Is the service well-led?

Good ●

The service was well led

Effective management systems were in place to safeguard people and promote their wellbeing.

The registered manager undertook audits of the service to ensure people received high quality care and drive continuous improvement.

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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 registered 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.

This inspection took place on 27 April 2016 and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be in. The inspection was completed by one adult social care inspector.

The local authority contract and commissioning team and the local NHS were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we hold about the registered provider.

We observed how staff interacted with people who used the service and monitored how staff supported them throughout the day. We spoke with one relative, the registered manager and four care staff on the day of the inspection. After the inspection we also received written feedback from another two members of care staff.

We looked at care files and records which belonged to three people who used the service. We looked at a selection of documentation relating to the management and running of the service, staff recruitment and training, maintenance logs, health and safety checks, communication records and handover sheets.

Is the service safe?

Our findings

We observed staff treated people with great sensitivity and patience throughout our visit. One member of staff told us, "I treat people how I would like to be treated myself and that is what I always remind new staff."

At this inspection we found that the improvements to the medicines systems noted in the last report had been sustained. The registered manager had introduced a system of weekly audits so any shortfalls could be identified and action taken in a timely way. They told us they were supporting the senior staff to take on this role so that they would be able to undertake the audits in future. We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines, which included theoretical work, face to face training and competency checks. A new dispensing system was due to be introduced shortly after our visit, and staff confirmed they were all due to attend the training that the pharmacist was providing on the use of the system.

We identified that improvements with regard to the cleanliness and the maintenance of the building noted in the last report had also been sustained. All areas of the service were clean and free from unpleasant odours. Staff observed good practice guidelines when undertaking any infection control procedures and had received training in this area. Bathroom and toilet areas had been upgraded and areas had been newly decorated.

Staff told us they had received training on a range of topics including first aid, health and safety, fire safety awareness, safeguarding and medicines. They were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff told us that they had worked in the service for a long time and would recognise if a person had a problem or was upset through their mood, facial expressions and body language. Staff understood they had a duty to respect people's rights and not to discriminate on the grounds of race, culture, sexuality or age.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, we saw risk assessments were in place for one person when they visited the local hydrotherapy pool. This included photographs to show staff the way the person needed to be supported while they were in the water to keep them safe while also having an enjoyable experience.

The registered provider had undertaken a health and safety risk assessment of the premises. There were personal evacuation plans in place for all of the people who used the service; these took into account people's abilities and needs. They described the way staff should assist someone in the case of an emergency to lessen the risks.

Staff told us they had a duty to raise concerns and to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. The registered manager told us they took

all concerns raised by staff seriously and would investigate them. They told us they would protect staff and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and protected.

All accidents which occurred were recorded and action was taken to involve other health care agencies when required. The manager audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

We saw recruitment checks had been undertaken before the employee had started working at the service. Potential employees were checked with the Disclosure and Barring Service [DBS]. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

Staff were provided in sufficient numbers to meet the needs of the people who used the service. Staff told us they never felt rushed or pressured and had time to support people with their chosen activities. Rotas showed staff were provided in enough numbers during the day and night to ensure people's safety. The registered manager told us that they had shadowed other members of the team when they first started, which made sure that they knew how people liked certain tasks carried out such as their bathing routine. This ensured people received safe, consistent care.

Is the service effective?

Our findings

We observed staff were friendly and approachable and the people using the service looked comfortable and at ease in their company.

At this inspection we found that the improvements to mental capacity assessments and best interest meetings noted in the last report had been sustained. 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 to 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).

We found that MCA assessments and decisions had been properly taken. We saw people were given as much help as possible in order for them to make decisions. For example, in choosing what they wanted to do, what they ate and the clothes they wore. The provider had submitted applications for authorisation under the DoLS and they were complying with the conditions applied to the authorisation. Best interest meetings had been held as required and these had involved an independent advocate to ensure that people were protected without any undue restrictions being placed on them.

Staff told us they received training which equipped them to meet the needs of the people who used the service. One staff said, "I have received so much support including, being sent on relevant training to do my job." They told us training included induction training, epilepsy, person centred planning and training in how to reduce and respond to distressed reactions. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. The staff team have previously completed intensive interaction training and apply this approach when supporting all the people at United Response - 47 Doublegates Green evidence of this was the staff member playing the guitar to the person in their room.

Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff confirmed they received supervision on a regular basis with a senior care staff or with the registered manager. A system of annual appraisals was in place for the registered manager to agree staff targets and goals for the coming year with regard to training and development. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practice and performance. Staff told us they could approach the manager at any time to discuss issues they may have or to ask for advice. One staff said, "There was a big gap in knowledge when I started, but

now I feel equipped and confident to do my duties."

Formal lines of communication were effective with staff passing on information about people and recoding activities in their notes. There were good lines of communication between staff and the management team and we observed staff approached each other and the registered manager to share information, and to clarify the person's needs and activities for that day. We also saw staff consult the handover sheet in place for each person to ensure essential information was passed on between staff.

People who used the service were provided with a wholesome and nutritious diet which the staff prepared using fresh meat and vegetables. People's diet was monitored closely by the staff. This ensured people ate healthily, any problems were quickly identified and the appropriate health care professionals involved. People who used the service were actively involved in the purchase, planning and preparation of meals. Staff told us some people communicated using Makaton. This is a sign and symbol language developed to help people for whom communication is very difficult. Staff said they observed people's facial expression noticing their eyes, such as averted glances to understand what the person wanted. During our visit we saw staff used points of reference such as a tea bag and a coffee jar to help people make a decision about what they wanted to drink.

Staff monitored people's health and welfare and made referrals to health care professionals such as the Speech and Language Therapy (SALT) team where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed.

Is the service caring?

Our findings

All the feedback we received was positive and visitors told us that staff had a good rapport with the people who used the service. One person said to us, "I give it a five star rating for the quality of care and dedicated staff." Staff said, "I feel that the people we support get exceptional care and support from a very dedicated and well trained team and they are at the centre of everything we do."

We heard staff conversing with people in a respectful, courteous manner and there was lots of friendly banter and laughing. When staff spoke with people they did not hurry them but allowed people time to process the information and respond before speaking again. People were seen approaching the staff for assistance and we saw that assistance was promptly and willingly given.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people's rights and upholding people's dignity. Staff explained, "We treat everyone [staff and people who use the service] with the respect and dignity that they deserve," and, "We work to their needs, hopes and aspirations." They told us they gave people options and asked for their views and we observed this happened in practice during our visit.

We observed staff asking people if they wanted to undertake activities and they respected their right to say no. The staff told us they always respected people's privacy. For example, they ensured that electronic monitoring systems were turned off during the day when they were not required to ensure people's privacy was maintained. People's private space was respected and staff ensured doors were closed and permission was sought before support was provided.

It was evident that staff understood people's preferences and how they liked to be supported. Staff spoke with great warmth about the people they supported and several explained to us they had worked at the service for a long time and knew people very well. The registered manager had encouraged staff to use this extensive knowledge to contribute towards the new care planning system we were shown.

People's care plans showed that the development and maintenance of independence formed part of their plan. It detailed how staff were to support the person to develop their independence from simple decision making to accessing the community. Each care plan contained a useful one page profile, which enabled staff to see what people's preferences were at a glance and how they should respond. For example, for one person their profile stated that when they wanted a drink they would take staff's hand and lead them to the kitchen. We saw this happened in practice during our visit. This meant that staff could understand and respond to this person's needs quickly to minimise the likelihood of the person becoming anxious and distressed.

Is the service responsive?

Our findings

People had a lot of support to access activities and pursue individual hobbies and interests. Care plans were being used to document people's abilities and their likes and dislikes. Details were given about how staff should support people to achieve these and what input was required from other support agencies such as occupational therapist and clinical psychologist. Relatives, advocates and health and social care professionals were asked to contribute to these to get a good overview of people's needs.

Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. Assessments also identified which areas of their daily lives people needed more support with and how staff should provide this, for example, personal care and behaviours which posed a challenge to the service. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required.

People were supported by staff to undertake a wide range of activities. These were individual for each person, for example swimming, shopping and clubs. Objects of reference were used as a means of communication to determine what people wanted to do that day. For example, staff might show the person a shopping bag and a swimsuit to choose between shopping and swimming. People were supported to access the local community on a regular basis and attend local day services to expand their experiences and skills, for example, in arts and crafts and music.

People's interests were also evident in their individual rooms. For example, one person had a bean bag in their room which could be fitted to a sound system. The bag then vibrated to the beat of the music so that the person could feel and hear the music through the bean bag. It was clear that great care to ensure the needs of people had been taken into account. For example, mirrors and pictures were at the right height for wheelchair users to see easily. For another person, who had impaired vision their bedroom door had a tactile sign fitted. Again, this was at an appropriate height for the person using the room.

Staff were very aware of the potential for people to become isolated in their rooms and they ensured that the décor in people's rooms was interesting and engaging. Several people had indoor net and curtain lights that were draped over the ceiling or their bed to provide stimulation and interest. Another person who we were told loved music had a guitar and other musical equipment in their room. We saw this person was lying on their bed while a member of staff played the guitar and sang for them. The person was smiling and laughing and was evidently enjoying this very much.

Staff told us if they had any worries or concerns they would raise these with the registered manager. They said they felt confident that they would act upon any issues raised with them. One person who told us they were very happy with the care their relative received said, "[Name] likes being here so we like [them] being here." The staff we spoke with were very aware that people's complex needs meant they would need support to raise a complaint. Everyone said they would not hesitate to do so if they felt a person was upset

or worried.

Is the service well-led?

Our findings

Feedback from health care professionals was positive. One healthcare professional involved in the care of one person living at the service said, "They appear to provide a very good service for the person in question and the new manager was very helpful and took on board a couple of suggestions I made." One staff said, "It is a lovely place to work."

At this inspection we found that the improvements to the management systems noted in the last report had been sustained. There was a registered manager in post; they were registered with CQC on 17 February 2016. They had 11 years' experience at management level in social care, supporting people with learning disability and autism. In addition to the audits undertaken the registered manager told us they were devising a new manager's audit, which they wanted to adapt to the needs of the service. This included audits of staff working practises through observation and supervision, and audits of staff training and meetings. They told us they also proposed to develop the consultation with stakeholders who had an interest in the welfare of the people who used the service so that feedback from relatives and health care professionals could be effectively used as part of the on-going evaluation of the service.

Effective systems were in place to ensure the quality of the service was monitored. Staff showed us the health and safety checks they completed, which included a daily visual buildings check. One member of staff told us they took the lead in 'championing' health and safety issues. They explained that as part of their role they made sure that, for example, the water temperature checks, bed rail checks and fire checks were completed weekly. In addition staff completed three monthly wheelchair checks and six monthly checks on slings. This meant that quality monitoring systems were in place and these were used to identify any shortfalls and ensure that appropriate action was taken in response.

The manager told us they tried to create an open culture at the service. They told us, "I like to think anyone can come to me for advice." Staff told us they found the registered manager approachable and they could go to them for any advice and guidance. One member of staff told us, "I feel valued and respected as an experienced member of the team and that my opinions count," and, "I feel [the registered manager] has improved the service significantly in the short time they have been here and in doing this it has reflected hugely on the way the team work and on staff morale." Staff told us they worked together well as a team. One staff told us, "I haven't worked here long but staff are very approachable and very flexible. I feel that my needs are accommodated as well." Other comments we received included, "It's a good team," and "We help each other."

We saw the registered manager supporting staff and they had a good knowledge of people's needs.

The service had good community links and all of the people who used the service used the local shops, visited day centre facilities and / or were taken out of the home on a regular basis. Staff supported people while they were out in the community to access these facilities safely. Staff understood their roles and responsibilities and knew they had a duty to report issues to higher management when they arose. They were all aware of the registered provider's policies and procedures and told us they had an input into the

running of the service. One member of staff told us, "We have regular meetings and discuss what our aims are. I feel we are being included in the new changes, which is good."

The registered provider states on their web site their vision is; 'a society where everyone has equal access to the same rights and opportunities'.

The registered manager told us they aimed to provide a high quality, user-led support service for adults with learning disabilities. They said, "I am passionate about person centred planning, putting the person at the centre of the decision making process, and tailoring the service around their individual needs."

The registered manager understood they had a duty under legislation to inform the CQC of any events in the service which affected the wellbeing of the people who lived there. Staff meetings were held on a regular basis and minutes of these showed people's needs were discussed and how these might have changed or developed. The minutes also showed any changes with working practises were also discussed at the team meetings; this included changes in legislation which might affect staff working practises and changes within company policy and procedures.