

United Response

# United Response - The Swallows 183 -189 Hanworth Road

## Inspection report

183 -189 Hanworth Road  
Hampton  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

United Response -The Swallows 183 -189 Hanworth Road is a residential care home that provides personal care and accommodation for up to six older people some of whom have learning and physical disabilities and mental health care needs. At the time of this inspection six people were using the service.

### People's experience of using this service:

- Staff required training in mental health and learning disabilities and the management team agreed to address this immediately. We made a recommendation about this.
- Risks related to people's health and safety were identified and provided guidance for staff on how to mitigate the potential risks to people. However, information was not included on how the risks impacted on people and the registered manager said they will update the risks assessments to reflect this.
- Staff's employment contracts and recruitment data were taken over from the former provider which was sufficient to ensure that staff were fit for their role. However, some staff required their criminal record checks to be updated and the registered manager had requested for this to be done.
- People raised concerns with the staff team if they had any. At the time of inspection, the registered manager took action to ensure that people were provided with an easy to read complaints procedure.
- The service had not yet discussed end of life care wishes with people, but told us they planned to do so.
- The staff team were trained and applied the Mental Capacity Act 2005 (MCA) principles in practice as necessary.
- People received the necessary support to manage their medicines as prescribed.
- Staff had knowledge and skills to support to people if they noticed them being at risk to harm or when incidents and accidents took place.
- Staff assisted people to prepare their meals and attend to their health needs.
- The premises were easily accessible and met people's care and support needs.
- Staff followed confidentiality principles to ensure safe care delivery for people.
- People told us that staff were kind and respectful towards their care needs.
- People's independence was promoted and staff had encouraged people to make decisions about their life style and daily activities.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People felt that the registered manager was responsive to their care needs.
- There were robust quality assurance processes in place to monitor the quality of the services provided for people.
- Staff were involved and shared responsibilities to ensure good care delivery for people.

### Rating at last inspection:

- This was the first inspection of the service after they changed their provider from Dimensions to United Response in May 2018. At the last inspection on 28 July 2017, the service was given a rating of Good in all key questions.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# United Response - The Swallows 183 -189 Hanworth Road

## **Detailed findings**

### Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team and notice of inspection:

- This inspection was unannounced and carried out by one inspector.

Service and service type:

- This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- 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.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had registered this manager to manager their three services. The registered manager received support from the practice manager who directly managed the service.

What we did:

- Before the inspection, we looked at information we held about the service including notifications they had made to us about important events.
- We visited the service on 19 March 2019 and spoke with three people living at the home. We spoke with two staff members and the management team. After our inspection, we received feedback from two relatives and two healthcare professionals.
- We reviewed two people's care records, three people's medicines records, three staff files, training records, quality assurance reports and other relevant documents relating to the service.
- Some people using the service had complex communication disabilities and were not able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked living at this care home, with one person saying that their housemates were "very nice" and that staff provided "very good" care.
- The staff team had a clear understanding of safeguarding adults' procedures. Staff told us they would report any concerns they had to the management team, the local authority's safeguarding team and CQC if they needed to, for taking the necessary action to ensure people's safety.

Assessing risk, safety monitoring and management

- A healthcare professional said, "Staff appear to manage risks [related to people's care needs] well."
- Staff followed the provider's policies and procedures to ensure fire safety at the service. People had fire risk assessments in place to help them to leave the building safely in an event of fire. People were provided with visual aids, including pictures, to support their understanding of fire safety at the service.
- People had risk management plans in place which identified potential risks to people and provided guidance for staff on how to mitigate these risks. The risks identified were reflected in people's care plans which helped staff to promote people's independence where possible rather than restricting people's activities to keep them safe, for example when accessing community facilities. Although staff were provided with sufficient guidelines on how to manage the potential risks which ensured safe care delivery, people's risk assessments had not included information on the severity and likelihood of the identified risks to inform staff on how the risks impacted on people. We discussed this with the management team who told us they will update the risk assessments to ensure they provided staff with the accurate information on people's care and support needs. We were satisfied with the response and we will check their progress at our next comprehensive inspection.

Staffing and recruitment

- We observed staff being available to care for people when they needed assistance to attend to their personal care.
- Records showed that regular numbers of staff were provided to support people daily and where required additional staff were allocated to help people to attend their medical appointments and other activities of their choice.
- The registered manager told us they took over staff's employment contracts from the former provider when people's care was transferred to United Response. They also inherited data related to staff's recruitment, including references and job application forms. At the start of their employment with the current provider, these staff members were monitored via spot checks and supervisions to ensure their fitness for the role.
- However, records showed that two staff had not had their criminal record checked since 2005. The provider's policy notes that staff should undertake the Discloser and Barring Service (DBS) check at least every 3 years and more frequently if needed. Soon after the inspection, the registered manager wrote to us

to say they requested the DBS check to be carried out by all staff who required it. We will check their progress at our next comprehensive inspection.

#### Using medicines safely

- Medicines were managed safely. People had individual medicine administration records (MAR) that included their photographs and personal information about them. This helped staff to identify people correctly when administering the medicines. The MAR had been completed appropriately and there were no gaps in recording.

#### Preventing and controlling infection

- Staff followed infection control procedures to avoid cross contamination. We saw that personal protective clothing such as gloves and aprons was available for staff when they needed them.
- We observed the care home being clean and free from odours.

#### Learning lessons when things go wrong

- Staff understood their responsibility of reporting any accidents and incidents.
- Records showed that information related to accidents and incidents was appropriately recorded which was used as a learning opportunity to improve where necessary. For example, following an incident, staff started using different techniques to reassure and prepared a person for unexpected events.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received on-going support in their role to ensure they met people's care and support needs appropriately. Records showed that staff met regularly with their line manager for supervisions which included discussions around a chosen topic such as fire safety at the service. There were dates booked to complete annual appraisal meetings with staff as it had not yet been a full year since United Response took over this service.
- Training records confirmed that staff had completed training in health and safety, epilepsy, autism, safeguarding adults, infection control, medicines administration and Mental Capacity Act (2005).
- However, records showed that staff had not been provided with training courses related to people's specific health conditions, including learning disabilities and mental health awareness. The registered manager told us they used supervisions to update and check staff's knowledge in these areas and that other relevant training courses such as 'person centred care' and 'positive behaviour support' had trained staff based on these conditions. The management team reassured us they would reassess staff's training needs immediately.

We recommend that the provider seeks guidance on best practice in relation to staff training to ensure they have the necessary skills and knowledge for their role.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff provided us with examples of how they supported people to make choices about their care and support needs. A staff member said, "We take the best out of people. We encourage residents to tell us what

they want and how they want things to be done if they cannot do something for themselves, for example contacting their family members." Another staff member told us, "If a resident cannot make a decision, we document it and ask the manager for support."

- People's care records included information on the support people required to make decisions and what was the best time to support them in the decision-making process.
- The registered manager had a good understanding of the MCA and DoLS. We saw that the authorisation paperwork was regularly reviewed and renewed where the local authority had authorised applications to deprive people of their liberty for their protection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they carried out an initial assessment to gather personal information about people before the service commenced supporting them. This data was later transferred into people's care plans to ensure good care delivery for people.
- Staff followed confidentiality principles to protect people's personal information. We observed a staff member taking a person to their room to talk to them in private about their personal care needs.
- People's care records were locked and password protected to ensure that people's personal information was only accessed by authorised staff members.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked in partnership with the healthcare professionals such as pharmacists, GP's and social workers to plan and deliver an effective service for people. Records confirmed that regular care plan review meetings took place to discuss people's personal goals and the changes they wanted to make to their everyday activities.

Adapting service, design, decoration to meet people's needs

- People were able to access all areas of the care home and moved around with wheelchairs freely. One person said, "I love in here as there is no stairs."
- The care home was recently re-decorated and provided a warm and welcoming environment for people living there. People had their pictures displayed in the hallway which reminded them about the activities they attended. We observed people had personal belongings in their rooms. They used the garden to socialise and spend time with their visitors.

Supporting people to eat and drink enough to maintain a balanced diet

Supporting people to live healthier lives, access healthcare services and support

- People told us they made choices about the food they wanted to eat, with one person saying, "I like lamb. I get a lot of lamb chops."
- Staff followed guidelines provided by the healthcare professionals to ensure they supported people safely, for example, from a speech and language therapist to reduce a risk of choking for a person.
- Care records provided details about people's health conditions and the support they required to ensure their well-being. Each person had a 'hospital passport', 'health action plan' and 'medical profile' which contained information about their health history and attended medical appointments.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff attended to their care needs with kindness and compassion. One person said, "My key worker is a big hug. [Staff] are always here when I want to talk to them." Another person gave a thumbs up and smiled when we asked if the care home staff supported them well. A family member told us, "It is a lovely place and [my relative] loves living there." A healthcare professional said that "All staff at the service appear friendly and caring."
- Staff were aware of people's cultural and religious needs and provided us with examples of how they supported people to meet these needs. A staff member told us, "We respect people's preferences and beliefs, for example we support one resident to go to the church."
- Staff were provided with equality and diversity awareness training to enhance their understanding around people's diverse support needs.

Supporting people to express their views and be involved in making decisions about their care

- The provider was compliant with the Accessible Information Standard (IAS). IAS is a law which aims to make sure people with a disability are given information they can understand, and the communication support they need. Staff were provided with guidance regarding people's communication needs, including their preferred method of communication and the vocabulary they used to express preferences. We observed a staff member using body language to ask a person about their activities and plans for the day.
- A staff member told us, "I use different techniques to communicate with people such as pictures and body language." Another staff member said, "[A person's name] tells us when he wants to go out by taking a freedom pass."
- Staff were provided with information on how to support people to make everyday choices for themselves. This included the alternative options staff should provide a person with to support their understanding of the choices they were making regarding the leisure activities.
- Staff encouraged people to make choices about their care delivery. People had regular one-to-one meetings with their key worker to discuss their support needs, including planning of their holidays. A key worker is a nominated staff member who ensures that the needs of the individual are met.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to maintain their independence. One person said, "I do make my own cup of tea." A staff member told us, "Residents tell us what they want to do themselves. We encourage residents to clean their rooms and to cook for themselves."
- We observed people being supported to eat independently and that staff were patient did not rush them when they needed more time to finish their meals.
- People were provided with an easy to read consent form which they were asked to sign if they agreed to

the proposed support to them.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A family member told us, "[My relative] is looked after very well by the carers." Another family member said, "Staff are lovely, they are good in what they are doing." A healthcare professional told us, "All staff appear to have good knowledge of the service users... When [staff] are unsure they ask for advice."
- Care plans were robust and provided details related to people's preferences. Information was available about people's life history, likes and dislikes, important relationships and social involvement. People had their care needs identified in relation to going out in the community and managing of their finances. Staff were guided around the support people required to undertake everyday activities safely, including washing, dressing and mobilising.
- Care records were regularly reviewed to ensure they reflected people's changing care needs. Regular review meetings were facilitated to plan the support people required to meet their aspirations and goals.

Improving care quality in response to complaints or concerns

- People told us they would raise their concerns with the staff team should they had any, with one person saying, "Yes, I talk to carers" if they had any issues and that currently "I'm not unhappy about anything."
- However, at the time of inspection we found that people were not provided with an easy to read complaints procedure. The registered manager took immediate action and printed the provider's complaints procedure which was adapted to meet people's needs at the service. They also planned dates when staff would discuss this policy with people. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.
- A family member told us, "The manager is there when I go to visit [my relative]. I would talk to the manager if something is not right."
- Systems were in place for recording, reporting and investigating any complaints received. Records showed that appropriate action was taken to address issues raised by a family member making sure their relative was provided with safe care.

End of life care and support

- The management team told us they planned to have discussions with people about their spiritual and psychological needs relating to their end of life care and funeral arrangements. The registered manager said they had not implemented this yet because of recent transition between the providers. They planned to consult the family members first about the best time to have such discussions with people. The service already approached a community nurse asking for support to talk to people about their last days of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One person said, "[The manager] is doing a very very good job. Whatever I want, I get." A family member told us they didn't have any concerns about the management of the service, but they had not "yet met the new manager since [the new provider] took over. It would had been nice if they introduced themselves."
- A health care professional said, "The service is very well managed. The manager is responsive and ensures that actions are put in place... There have been issues regarding activities and transport for some residents... The organisation is looking into this and has responded to this when it was raised."
- This service was re-registered with the Care Quality Commission on 17 May 2018. The management team told us there was a transition period where people were supported to change their provider from Dimensions to United Response. People had their regular staff members coming to work for United Response so they could continue supporting them. The management team told us they were still in the transition period and that they continued improving the service. This included implementing new policies and procedures at the service and changing the templates they used to record care delivery for people.
- The management team told us they were open and transparent in relation to care. They regularly contacted family members to update them about their relatives' well-being if people consented to this information to be shared with their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff confirmed they had the necessary guidance to perform their duties well. One staff member said, "I do, I do get support, the managers are always available when I need them to be."
- Staff were encouraged to develop in their role and were given responsibilities to carry out quality assurance checks at the service. They regularly audited people's medicines and the equipment they used for transfers. Any issues identified were reported to the management team to ensure that action was taken to improve where necessary.
- The registered manager was aware of the different forms of statutory notifications they had to submit to CQC and we found these were sent to us in good time. We saw the previous CQC inspection's ratings being displayed on the premises as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were encouraged to have discussions about the quality of the services being provided for people. Regular staff meetings were facilitated to make decisions related to people's changing care needs and any

issues regarding the systems used such as support provided for people with food shopping.

- Staff were informed about the changes taking place in the social care sector. An 'all staff briefing' was regularly sent to the staff team with the updates on the provider's policies and also actions taken to improve the health and safety at the service where necessary.

Continuous learning and improving care

- Systems were in place to monitor any concerning events taking place at the service such as safeguarding allegations, incidents and accidents and complaints. Records showed that the management team had prepared a monthly incidents report which was used to summarise such data in order to prevent the repeated incidents taking place. Action was taken to support people living in the care home to express their views effectively.

Working in partnership with others

- The registered manager told us they attended provider's forums for information about the changes taking place in legislation. They recently went to a conference facilitated by the National Institute for Clinical Excellence (NICE), a public body accountable to the Department of Health, regarding the management of people's medicines.
- The management team worked in partnership with the healthcare professionals to support people's well-being and good practice at the care home.