

United Response

# United Response - 1 St Alphege Road

## Inspection report

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Date of inspection visit:  
20 May 2019

Date of publication:  
12 June 2019

## 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

About the service: 1 St Alphege Rd is a residential care home which provides support to 5 people who are living with mental health needs. Some people also have learning disabilities and health needs such as diabetes. Some people live in their own flats within the service.

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

People's experience of using this service:

People were supported by a long-standing staff team who knew them well and understood their needs. People told us the staff were kind, caring and helpful. People were at the centre of their care and were encouraged and supported to express their wishes.

People were supported to stay safe. Staff supported people to understand when they could be vulnerable and how to manage this. Positive risk taking was encouraged and people were involved in assessing risks and planning how to minimise them.

People were involved in planning and cooking their own meals. Staff supported them to understand what food they needed to stay healthy. People's health needs were well managed. People were encouraged to increase their understanding of their health conditions. Staff worked with health professionals and followed any advice given.

People took part in a range of activities they enjoyed. People were encouraged to try new things and staff consistently tried new ways to engage people. Staff continued to offer people opportunities no matter how often people declined to take part.

People and staff told us the manager was approachable and very supportive. Regular audits were completed, and shortfalls addressed. Lessons were learnt from mistakes and learning shared with people and staff. There was a sense of equality at the service with everyone's views being considered and listened to.

Rating at last inspection: Good (published November 2016)

Why we inspected: This was a scheduled inspection based on the previous rating. The home continued to meet the characteristics of Good in all areas.

Follow up: We will continue to monitor the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led	<b>Good</b> ●

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## **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:

The inspection team consisted of one inspector.

#### Service and service type:

1 St Alphege Rd is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have 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. An application had been submitted to CQC and was being processed.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We reviewed the information we require providers to send us to give key information

about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

Notifications we received from the service, completed surveys from people who used the service, relatives and professionals. One care plan, care records, records of accidents and incidents. Audits and quality assurance reports.

We spoke with three people who use the service. We spoke with the manager, two staff and received feedback from four health and social care professionals.

# 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 were supported to understand when they were vulnerable and how to stay safe. One person told us they would tell staff straight away if someone had been unkind to them.
- Staff had received safeguarding training and understood their responsibilities in relation to reporting concerns. They told us they were confident the manager would take action.

Assessing risk, safety monitoring and management

- People were involved in identifying, assessing and managing risks related to them and the things they wanted to do. Staff spent time supporting people to understand all the possible outcomes of their choices.
- The manager told us, "We are very clear that a risk assessment is not about stopping people doing things, it's the opposite, it is finding how they can do things, just safely."
- People were supported to take positive risks, as a result people who could only go out with staff now went out independently.

Staffing and recruitment

- People told us there were enough staff to meet their needs.
- One person said, "I can see the rota, so I know who is going to be here. It helps me plan what I want to do."
- Staffing was also planned around which staff people felt most comfortable with supporting them in situations which may make them anxious, such as hospital appointments.
- There had been no new staff recruited since the last inspection.

Using medicines safely

- People were involved in managing their medicines as much as possible. They were supported to take their medicines by trained and competent staff.
- People could tell us what their medicines were for and how they helped them.
- Staff supported people to request changes in their medicines. For example, one person did not like having their medicines by injection. Staff supported them to request a change and they now receive the medicine in liquid form.
- People were supported to reduce the amount of medicines they took. The service was working in line with a health initiative called STOMP (stopping over medication of people with learning disabilities.) All of the people in the service had their medicines reviewed and some had had reductions as a result.

Preventing and controlling infection

- Staff understood the need for infection control. Staff and people had access to protective equipment such as gloves, which were used throughout the inspection.

### Learning lessons when things go wrong

- All incidents and accidents were reviewed for learning.
- For example, there had been a number of medicines errors, which were because staff were being distracted as medicines were stored in a busy area of the service. The medicines were moved to a dedicated area in a quieter part of the service and as a result the number of errors has reduced.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were constantly reassessed, and actions were taken to update any care plans.
- Assessments considered people's lifestyle choices, legislation and good practice.

Staff support: induction, training, skills and experience

- People told us staff had the training they needed to support them. One person said, "They (the staff) really know what they are doing and how to help us."
- Staff had core training with the addition of specific training related to the needs of the people they supported.
- The manager had a regular meeting with the provider's training manager to ensure that training was being completed and continued to meet the needs of the service.
- Staff had regular supervisions to discuss their performance. They told us the manager had an open-door policy and they could always get support.

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

- Each person chose what they wanted to eat each day and were supported to purchase and prepare the food.
- When people were reluctant to be involved in cooking they were encouraged to remain in the kitchen area to be part of the activity.
- People told us staff encouraged them to try new things and they had enjoyed expanding their menu.

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

- Staff communicated effectively amongst themselves, with other professionals and the manager to support people effectively.
- For example, one person was planning to leave the service due to an increase in their needs. The manager had supported the person to find a suitable place to go and was working with the new service to ensure a smooth transition.

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

- The service was designed in a way which met people's needs. Some people lived in self-contained flats and others had bedrooms. Everyone could access communal areas to socialise.
- One person had an injury which resulted in a reduction in their mobility. With the agreement of people, staff changed one of the downstairs communal areas to a bedroom for the person and created a lounge elsewhere. The person could then come home and recover.



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

- Staff worked closely with health professionals to ensure people received the care they needed.
- For example, one person who was living with diabetes could find it difficult to manage the condition and at times did not want to engage with health professionals or have the necessary tests or treatment. Staff worked closely with the diabetic nurse to help them understand the impact of the person's mental health needs and build a relationship.
- The person now had their blood sugar levels under control and was happy to accept tests and treatment as required.
- A health professional told us, "They provide excellent support to their residents. I have no doubt that the care and safety of their residents is their priority."

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.
- People's capacity was assessed and staff were aware of the impact of people's mental health on their capacity to make decisions. Staff took the time to help people understand decisions and make informed choices.
- Staff respected people's right to make unwise decisions and worked with them to minimise the risks involved.
- When necessary, best interest decision meetings were held involving, the person, their family, professionals and staff.

# 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

- One person told us, "This is a happy place, we are all treated as individuals and that makes a difference. The best thing is the staff support each other and together they support us."
- When people expressed a wish to explore their sexuality this was supported. For example, one person had stated that they wished to try sexual experiences which could be risky. Staff worked with the local community learning disability nurse to understand what the person wanted to do and how it could be done safely.
- One person was supported to have clothing made for themselves. This was designed to ensure the person could put on the clothing without the need for staff support to respect their dignity.
- Some people expressed a wish to find a relationship, staff spoke to them about what they were looking for and encouraged them to go to places where they could meet people and build their confidence.
- People were supported to maintain relationships with partners, family and friends. People could have visitors whenever they wanted and welcomed neighbours for events such as BBQs and garden parties.

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

- People told us they planned their own care, one person said, "We talk about what support I need, and they do it. We work together me and the staff."
- When people's choices were impacted by restrictions under the mental health act, staff supported people to understand this. People were supported to challenge restrictions or to find other areas of their life where they could take more control. As a result, people had become more actively involved in meetings about restrictions and gave their views.
- People who had been reluctant to accept restrictions previously, had asked for them to be left in place as they now understood the benefit to themselves.
- On the day of the inspection one person had a fall. Staff suggested they go to the local hospital to get checked out, but they refused. Staff explained the reasons why they felt they should go and described hospital and what would happen there. They then left the person to consider their options, the person then agreed to go and see a doctor.
- When people presented behaviours which could challenge, they were supported to understand their own behaviours and develop coping skills.
- People were supported to understand if they were having a relapse in their mental health and to access support quickly. Staff knew the early signs that people were becoming unwell and intervened at that point. People were therefore encouraged to ask for support or agreed to it rather than this being decided for them.
- One person had agreed to go for a stay in hospital as they recognised they were becoming unwell and were able to return home after a shorter stay than previous admissions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People planned their time with staff and were left to themselves if they preferred.
- People were encouraged to develop their independence whenever possible. Staff worked in a spontaneous way adapting to people's moods and willingness to participate in tasks.
- Staff told us, "It can be difficult to motivate people sometimes, so you just keep trying and go with the flow. When they do something, it is great."
- People took an active role in caring for their home, being involved in cleaning and planting the garden with flowers. They were proud to show us what they had achieved.
- When people were living with long term health conditions, they were invited to training sessions with staff, to increase their knowledge and help them to become more independent in managing their health. The person would also be aware of what staff have learned and how much they know about the condition, increasing trust in the support they offered.

## 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

- People's care was designed around their needs and preferences. This information was then recorded in their care plan.
- People took part in a range of activities based on their interests. Some people went to local poetry clubs, others took part in yoga sessions and went for days out to local parks or zoos.
- Staff responded quickly to people's decisions to take part in activities. The manager told us, "We know so often people don't want to do things, so when they ask, we say yes straight away and make it happen."
- One person would request to go to a variety of places, however when staff began to plan trips with them the person would refuse to attend. Staff found that if they arranged the trip without letting the person know and just asked them on the day to come along that they almost always agreed. The person now went out on a regular basis.
- The ground floor of the service had recently been decorated. People had been involved in choosing the colour scheme. One person had created art work for the walls including portraits of people and staff. Another person was doing a project with a member of staff, taking photographs of British wildlife which they then printed, selected a frame for and displayed.
- People attended services and events at the local church on a regular basis.
- Staff and people at the service 'kept an eye' on local elderly neighbours, which they enjoyed and told us made them feel they were helping others.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection.
- There was a complaints procedure in place which people had access to. This was originally in an easy read format, however one person at the service found this demeaning. The manager raised this with the provider and the procedure was then made available in a standard format.

End of life care and support

- Staff had spoken to some people about their end of life wishes. However, some people found this very distressing. Staff were aware of the anxiety this caused people and were respectful of this.
- No one at the service needed end of life care.

# 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear vision and set of values from the provider which staff upheld. The focus was on individual care for people to support them to achieve their full potential.
- A health and social care professional told us, "What I can say is that United Response are a valued provider here in Kent who have the right ethos and values, they are successful in supporting people with complex needs, they are very person centred, they provide the right training and support to their staff and are constantly looking for new and innovative ways to improve what they do."
- People and staff told us they were always welcome to suggest ideas for improvements.
- Some people had been involved in groups with the provider to influence changes nationally.
- The provider had recently been selected as a positive behaviour framework provider by the local authority and clinical commissioning group.

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

- Staff were aware of their roles and responsibilities. The manager was aware of when they needed to notify CQC of events and how to do so.
- The provider had a quality team who carried out audits at the service. Any shortfalls formed the basis of a service improvement plan with clear actions and dates for completion.
- Staff received positive feedback from the quality team about how quickly shortfalls had been addressed.

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

- People, families, professionals and staff were all invited to give their views on the service via surveys. Outcomes were shared and used for learning.
- At each staff meeting staff were able to make suggestions about ways to improve the service or give examples of things that had worked well.

Continuous learning and improving care

- The provider had a focus on continual approval. The manager attended regular meetings with other managers from the provider's other services. These meetings were used to share learning and update on good practice. Any learning was then shared with staff.
- The manager had implemented more frequent stock checks for medicines. This enabled them to identify

discrepancies more quickly and identify the staff member involved more easily. Staff could then be offered additional support or training to prevent errors reoccurring.

#### Working in partnership with others

- Staff worked closely with other professionals to ensure people's needs were met quickly. Staff spoke regularly with diabetic nurses and mental health teams.
- Staff and people at the service 'kept an eye' on local elderly neighbours.
- Positive relationships had been built with local shops, as a result people who went shopping independently could get help more quickly. This had also increased local understanding of mental health needs so staff and shops were more understanding of people's behaviours or actions.