

## United Response

# United Response - 9 Blunt Street

### Inspection report

9 Blunt Street  
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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

The inspection took place on 1 October 2018 and was unannounced. 9 Blunt Street is a care home that provides accommodation with personal care and is registered to accommodate four people. It provides a service to younger adults with a learning disability and complex needs.

The accommodation at 9 Blunt Street consists of a lounge, a sensory room, a kitchen with dining facilities and four personalised bedrooms. The service has a vehicle people can use and there are good links to public transport and local community facilities. At the time of our inspection four people were using the service.

9 Blunt Street 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.

At our last inspection in November 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service remained safe. People were protected from the risks of abuse because staff understood where harm may be caused and took action when people were at risk. Where staff were concerned about their safety they knew who to speak with. People were supported to take risks at home and when out and encouraged to be independent and learn new life skills. Risks were assessed and reviewed to keep people safe and protect them from avoidable harm.

People kept their medicines in the bedroom and were helped to understand what their medicines were for. Staff knew why people needed medicines and when these should be taken. Staffing were organised flexibly to enable people to be involved with activities and to do the things they enjoyed.

People still had good effective outcomes and had access to food and drink that they liked. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required.

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 support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done

lawfully to safeguard them.

People received personalised care and staff were confident that they assisted people in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence. People could have an advocate to help them to make important decisions.

The service remained caring and people were treated with kindness, compassion and respect and staff promoted people's independence. The staff had developed good relationships with people and helped them to maintain relationships with their families and friends. Staff recognised where people may be unhappy and expressed dissatisfaction. Relatives knew how to complain about their care and concerns were responded to.

The provider and registered manager assessed and monitored the quality of care to ensure standards were met and maintained. Where necessary, improvements were made to the service. The provider had an ongoing action plan that showed how the service was continually improving.

They understood the requirements of their registration with us informed us of information that we needed to know.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well led.

Good ●

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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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 1 October 2018 and was announced. The inspection team consisted of one inspector.

The inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This also included statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service for their feedback.

We were unable to speak with people to gain their views about the service due to their communication needs. However, we spent time in the company of people and used observations of how staff engaged with people to help us understand people's experience. We spoke with the registered manager, four care staff and three relatives.

We looked at the care records of two people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the provider ensured the quality of the service; these included the management of medicines, staff recruitment and support, audits and checks on the safety of the environment.

## Is the service safe?

### Our findings

People were enabled to be as independent as they could be because the staff had a positive attitude to risk. Staff showed that they understood people's risks and supported them to do the things they enjoyed. One relative told us, "The staff are very good at trying new things. It's amazing what they get involved with now and how well they are. It's good to see."

Staff were available to provide people with care and support when they needed this to ensure they had opportunities to choose how they spent their time. One member of staff told us, "The staffing is organised so people can get involved with the activities they want to do and have individual support so they are safe. In the day people have one to one support so we can be flexible about what happens." We saw the staffing was reviewed regularly and adjusted to meet people's individual needs.

Staff understood what potential abuse was and how to report it. They told us that safety and abuse was discussed on a regular basis to ensure they were clear about how to act. One member of staff told us, "The manager talks about this with us during our supervision including what we would do if we thought people were being harmed. It's made very clear that we report everything." Procedures were in place that ensured concerns about people's safety would be reported to the registered manager and local safeguarding team. The staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Medicines were managed safely. People stored their medicines in their bedroom and were supported by staff to take these. One person agreed to show us their personal medicine cabinet and we saw there were medication administration records which included their photograph and details of what the medicines were for. Staff who administered medicines had undertaken training and their competence was checked. We saw that the systems in place ensured medicines were administered and recorded to protect people from the risks associated with them.

The staff were responsible for ensuring that all areas of the home were clean and had received training to maintain infection control standards. We saw staff had access to protective equipment and hand gel. Infection control standards were reviewed as part of the quality assurance systems to ensure standards were maintained.

The registered manager and staff had considered how improvements could be made within the service and reviewed how lessons could be learnt. The registered manager told us that agency staff were only used where necessary. Following a medicines error, the registered manager had reviewed the use of agency staff and now they only worked in the service when they had received the home's induction training and a competency check for medicines. This would reduce the possibility of any error as all staff had been trained

against the home's procedures and observed to administer medicines safely.

## Is the service effective?

### Our findings

Staff had a positive attitude towards learning and participated in training to understand how to support people. The training gave them the skills they needed to provide care and support. This included an induction for new staff that ensured they had the knowledge required to start working with people. One member of staff told us, "You are given so much support here. Everything isn't just thrown at you all at once; you learn about different care practices and then you are given time to learn and understand. When you start working as part of the shift, if there's anything you don't know or if you haven't had the training then you aren't expected to do it. It was the same with medicines, until I had the training and somebody checked I was doing it right."

People were supported to be responsible for their own shopping budget and meals were prepared individually with the support from staff. One staff member explained, "People go shopping to buy the food they like and we cook this together and plan meals around the times people want. We break everything down to help people make choices. We know the sort of foods that people like so when we are shopping we only offer two choices. This helps the person to make a decision; giving too many choices at once doesn't work; we understand that having a whole row of different types of one food can make this difficult." People had access to the kitchen and food and drink was available when people wanted these. We saw when people wanted a drink they were helped to make this.

The home met people's needs and where needed, hand rails had been installed to help them move around the home. One ground floor bedroom had a ramp into the garden so they could access this in their wheelchair. People chose where to spend their time and there was a small sensory room which one person enjoyed spending time in. One area of the home had been developed into a small kitchen area as one person liked time alone to help prepare their food and enjoyed privacy. One member of staff told us, "We have looked at making this as private as we can and we have a curtain which we can draw across this area. We have also thought about the decoration and textures so it is easier for people to identify different areas and surfaces."

People's consent was sought before they provided care and support and people made everyday decisions about their care and treatment. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA. Where people lacked mental capacity to consent to specific decisions, assessments had been completed which recorded how decisions about capacity had been reached. Best interest decisions had been made with the involvement of relatives and external professionals, including for managing long-term health conditions. Where restrictions had been identified, authorisations to restrict people of their freedom and liberty had been applied for. Staff understood that this did not prevent people from going out and participating in activities they enjoyed but was in place to ensure their safety.

People were supported to stay healthy and were helped to attend health and social care appointments by



staff who knew them well. For each person there was an individual approach to ensure they had health care that was in their best interests. The outcomes of these sessions were recorded and advice used to update people's care plan. Staff had access to information about different health conditions to support their awareness and understanding. Staff showed a good knowledge of people's individual needs and explained how care plans had been developed in line with best practice guidance.

## Is the service caring?

### Our findings

The staff were kind and caring. We saw caring interactions between people and where people had limited verbal communication, staff using gestures and language that was meaningful to them. One person liked to say hello by touch and we saw staff were comfortable with the contact and the person smiled and laughed with them. One relative told us, "They always look very relaxed and at home when we visit. I always feel very confident that they are happy and have good care from the staff who are kind."

People were supported to maintain their appearance, and staff helped them to choose clothing that met their preferences and personal style. One member of staff explained that some people had clothes designed for them to ensure they fitted well and they could dress in a way they liked.

People were supported to decide what to do and make choices about their care. Staff understood how objects of reference could be used to help people decide what they wanted. An object of reference is an object which has meaning assigned to it to help people to understand or communicate. For example, one member of staff explained that when one person may want to go out, they would pick up their shoes.

The staff were kind and compassionate in their approach to care. People were given time to consider their options before making a decision and encouraged them to express their views and listened to their responses. Staff respected people's decisions and supported them to do the things they wanted to do. The staff treated people in a kind and respectful way and spoke kindly with them, in an adult manner. The staff knew the people they cared for well and we saw people were given opportunities to show their displeasure or to be upset or angry.

People chose what activities they wanted to be engaged in and whether they wanted staff to join them. During the day, people received individual staff support but this was not intrusive and staff recognised people may need personal space and able to spend time alone in their bedroom.

People who did not have family support had access to an advocate to speak up on their behalf if needed. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Staff told us that some people had long term relationships with their advocate which helped them to be involved and play an important role in their support.

Staff supported people to maintain relationships with those closest to them. Relatives told us there were no restrictions on visiting their family member and said they always felt welcomed when they visited.

## Is the service responsive?

### Our findings

People were supported to pursue their interests and take part in social activities. People received individual support during the week so they could be involved with activities that interested them. The staff told us how people enjoyed going out and going on holiday. The service had a vehicle that could be used to enable people to go out. For one person it was identified that sharing this, meant they were limited to the amount of time they could travel to places. As a result, it was agreed they would benefit from leasing their own car, which meant they could go out without any restrictions. One member of staff told us, "People will generally choose to go out every day. Each day can be different, so can involve going to a day service, having a walk and cake or going shopping. We also help people plan to do bigger outings. Recently people have been to London and watched a show and even been on a cruise to Norway and Russia."

There were activities available for people within the home too; for example, craft activities and games. The staff had developed one area off the lounge into a sensory room. This included having tactile equipment and lights and staff told us people enjoyed being able to spend time in this area. One member of staff said, "This has been really useful and it's good to see how [Name] enjoys their time in there. They enjoy all the sensory stimulation."

People had care plans in place which detailed how they liked to be supported. These covered all aspects of their lives; including cultural, spiritual and sexuality in line with the provider's policies. One member of staff told us, "The plans are really useful as we like them to focus on each person and because it can take time to get to know some people we can record what it is we think others like about them and what they are proud of. It's not just about the support we need to offer, it's about getting to know them."

The staff worked closely with people and recognised changes in people's behaviour which could indicate they were concerned or unhappy. We saw the staff were committed to ensuring people had the care they needed. One member of staff explained, "We see the changes in people and we have to be their voice and help them to get the service they need. It's sometimes too easy to say the changes are behavioural. We know people really well here and see those changes, so make sure they see the people they need to get the help they want." Another member of staff told us, "People aren't always able to complain but we can see when people aren't happy so we need to change what we are doing. A complaint doesn't have to be written down." Relatives knew how to make a complaint and who to go to if they had concerns. There had been no recent complaints, though the registered manager understood the importance of listening to people's views and responding to any concerns to ensure continuous improvement.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

The service had a registered manager who was experienced, competent and knowledgeable. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff felt the registered manager was approachable and supportive. One member of staff told us, "The manager or any of the senior staff are there to talk to. I feel confident that they listen to what we say." Another member of staff told us, "The manager is so supportive and this makes it so much more enjoyable to work here. It's a really supportive environment."

Quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. The registered manager used these to identify and implement improvements. Accidents and incidents were monitored for trends and patterns and were used to review care for people to reduce any risk. The provider had a system in place to monitor the progress of any actions required to make improvements to the service. The registered manager explained there was a continuous improvement plan which was monitored by the provider to ensure action was taken within the agreed timescales.

People who used a different service managed by the provider also visited the home to carry out checks on how the service was managed. The people were supported by staff and had an easy read report to complete. The report considered whether people were helped to make changes in their life, knew how to complain and were happy with the way they were supported.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with them. During these meetings staff were reminded about the whistleblowing policy and to report poor practices. One member of staff told us, "The manager will always remind us of our responsibility to report anything. She also reminds us that we need to report anything that we feel is not right with anything that they do. It's good to be this open and it's because we care." Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

There had been a visit from the local authority contracts department to monitor the care and support provided. On their last visit, no concerns were identified and outstanding areas of concern were identified as being completed.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed their rating in the home.