

United Response

United Response - 33 Station Road

Inspection report

33 Station Road
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Date of inspection visit: 12 January and 26 January 2016
Date of publication: 06/06/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

United Response 33 Station Road provides accommodation for up to 6 people with a learning disability who require personal care. There were 5 people using the service at the time of our inspection.

This inspection took place on 12 January 2016 and 26 January 2016. The first day was unannounced.

Our last inspection of June 2014 found the provider was not meeting one regulation. This was in relation to the management of medicines. At this inspection we found that the actions we required had been met. Medicines were managed safely.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had not been followed consistently where people were potentially being restricted.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that the required interventions had been undertaken. The records had also been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about how to reporting procedure.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. People were able to take part in hobbies and interests of their choice.

Complaints were well managed. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was **safe**.

Staff were deployed effectively to ensure people were assisted in a timely manner.

Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable people were employed.

Good



Is the service effective?

The service was **effective**.

Staff had sought people's consent to care and support and acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood but legal requirements had not been followed consistently where people were potentially being restricted.

People received the support they required to maintain their health; they were enabled to see health care professionals and staff made sure they received enough food and drink. Staff had completed sufficient relevant training to meet the needs of people using the service.

Good



Is the service caring?

The service was **caring**.

People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in planning their care and support.

Good



Is the service responsive?

The service was **responsive**.

Concerns and complaints were well managed so people's concerns were addressed at an early stage.

People were encouraged to express their views and had been supported to participate in interests they enjoyed.

Good



Is the service well-led?

The service was **well-led**.

Systems in place to monitor the quality of the service were effective.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Good



United Response - 33 Station Road

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.

The inspection took place on 12 January 2016 and 26 January 2016. The first day was unannounced. The inspection was carried out by one inspector. There were five people using the service at the time of our inspection.

We reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the provider is required to tell us about by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

During the inspection we spoke with three people who used the service. We also spoke with the area manager, registered manager and three support staff. Throughout the day, we observed care practice and general interactions between people and staff. We spoke with two relatives and two health and social care professionals by telephone following the inspection.

We looked round the building and accessed a range of records relating to how the service was managed. These included two people's care records, three staff recruitment and training records and the provider's quality auditing system.

Is the service safe?

Our findings

At our previous inspection in June 2014 we found medicines were not always well managed. We asked the provider to take action to remedy this. We received an action plan in July 2014 stating how the provider was addressing the issues. At this inspection we found that the requirements of this regulation had been met.

We found medicines were managed safely. People who were able to tell us said they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed. Staff also knew what to do if an error was made and we saw they were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. We saw 'as required' medicines had clear instructions for their use. This meant people received their medicines according to the prescriber's instructions.

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said "I feel safe here" and a relative also confirmed their family member was safe using the service.

We found people were involved in planning their care, including risk assessments, as far as possible and were encouraged to be independent. Plans and risk assessments were clear and we found these were being followed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed annually or more frequently if required to ensure the information was up to date and reflected current needs. They included taking positive risks; for example, guidance to prevent falls enabled people to maintain their mobility. We observed people being encouraged to be independent, for example, staff offered guidance on using mobility equipment safely.

When people's needs changed we saw that their care plans and risk assessments had been changed accordingly. Records confirmed that prompt action was taken where a

change had occurred, for example, one person's care plan showed a risk of dizziness was being followed up with the person's doctor. This was also confirmed by an external health professional we spoke with. They told us that early referrals were correctly made where there were concerns. This meant people's care was provided safely.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. All the staff we spoke with also told us staffing numbers were adequate to meet people's needs. We looked at rotas for the week of our inspection. This showed us that there were two support staff available during the day and one at night. Where any absences were identified, the rota showed that cover was usually obtained from within the existing staff group. Our observations during the day confirmed people received assistance in a timely manner. The provider ensured there were sufficient staff available to work flexibly so people were safe.

There were clear procedures in place, which staff understood how to follow in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training, which was up to date, and had access to the provider's policies and procedures for further guidance. Records we saw confirmed training was up to date. The provider therefore minimised the risk of abuse occurring and ensured people were safe.

People's money was managed safely. Staff were able to describe the procedures in place to manage people's money, which included checking the balance on a daily basis. Records we saw confirmed that the cash held corresponded accurately with record. Receipts were available for individual purchases. The provider had systems in place to ensure the risk of financial abuse was minimised.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we

Is the service safe?

spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers

ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

Is the service effective?

Our findings

People were supported to make choices and asked for their consent whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed by the person if they were able to do so, dated and their purpose was clear.

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.

We checked whether the service was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. There was a decision making profile for each person and we saw specific decisions recorded, for example, in relation to specialist footwear required. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this.

Information supplied by the provider stated that DoLS applications had been made for all five people using the service. However, there were no records available to support this. An external social care professional confirmed that none had been made for the people they were involved with. We discussed this with the manager. She told us applications had been made in 2014 and that she had not been advised of their progress despite repeated requests for information. We therefore could not be sure the provider had followed the requirements in the DoLS by

submitting applications to a 'Supervisory Body' for authority to restrict people's liberty where they thought it was in their best interests. The registered manager agreed to make new applications, where appropriate, for people who were subject to constant supervision.

People were supported to eat healthily. Everyone could eat independently. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said it was "Good" and one relative said of their family member "They eat well."

The provider information return stated that a nutritional tool kit was in use with advice from a dietician. We found menus were planned with people, following this guidance.

Staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain. An external professional we spoke with confirmed their advice was followed in relation to specialist needs and said staff were knowledgeable about individual needs and preferences.

People's records showed specialist information and advice was available in relation to dietary needs, for example regarding diabetes. There were ingredients available to meet these needs, for example low sugar options. People were weighed monthly and any fluctuations in weight were monitored. People's dietary needs were met and this enabled them to maintain a satisfactory weight.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health needs were met. One told us they had "No qualms" about the way their relative's health needs were met.

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by external health professionals we spoke with. One health professional told us that progress had been made and that staff worked co-operatively to ensure people's health needs were met. Health care needs were addressed effectively.

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their

Is the service effective?

duties. A staff member told us, “Everyone is always willing to help”. Staff also demonstrated a thorough and detailed knowledge of people’s individual needs, preferences and choices. We saw staff encouraging people in household tasks and communicating with them effectively. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as dementia and autism.

Training records showed most staff were up to date with health and safety training and they identified which staff needed refresher training. Records confirmed training for specific needs such as dementia, autism and epilepsy had occurred in the last two years. Staff were able to provide effective care based on the support and training they received.

Is the service caring?

Our findings

People told us staff were caring. One person said “I like living here” and another said “They [staff] are all good to me”. A relative told us they were always made to feel welcome and that staff “Are very approachable”.

We saw people were offered choices in their daily routines. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures to help people decide what they wanted. We saw where people were able to refuse options, their choice was respected.

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. People were listened to and were comfortable with staff and we saw staff sat with people and engaged them in conversation and hobbies of their choice. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. Staff were able to give us examples of respecting dignity and choice. For example, ensuring that doors were closed when personal care was provided and offering people options at mealtimes and during the day. We saw staff always

knocked on doors before entering people’s private space and ensured eye contact when speaking with people. People were asked before tasks were completed e.g. moving around the building and during leisure activities.

People and their relatives were involved in their care planning. A relative told us they were kept informed of important events and they were “Satisfied” with the progress made by their family member.

Staff told us they worked with the person to establish what their needs and preferences were and that they were included in review of care and support plans. One staff member gave us an example of how a person’s non-verbal expression of interest in clothing had been noticed and the relevant item had then been purchased. They told us the person had used gestures and smiles to indicate they were pleased. We observed people were given clear explanations about care plans and that they were asked for their opinions about the support they received. We saw people were able to express their views and they were listened to.

Records we saw showed reviews of people’s care involved family and people important to the person. Where possible, people who had capacity to do so had signed their care plan. Care planning was therefore inclusive and took account of people’s views and opinions. The provider ensure people and their families were actively involved in planning care and support.

Is the service responsive?

Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked reading and another said they enjoyed going to church. A relative told us their family member had been out socially much more since using the service and said “They do a brilliant job.” Staff knew what people’s likes and preferences were, and we saw that these were recorded in people’s care plans. This enabled staff to offer people activities and opportunities that were more personal to them. People had participated in hobbies of their choosing such as music, attending a day centre and trips out to places of interest. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms.

Staff told us they tried to be responsive to people’s needs. Staff knew people’s routines and said they were able to encourage people’s independence. Staff also knew what people’s individual care needs were and how they liked to be supported. For example, one person preferred to be quiet and enjoyed privacy in their room and staff respected this. Our observation during the inspection confirmed this. People were responded to appropriately to ensure their preferences were met.

People who were able to speak with us told us they knew how to make a complaint. One person said “I would tell the manager” and relatives said they who to talk to and were confident any concerns would be dealt with in a courteous manner. Another relative said “I’ve not needed to make a complaint.”

We saw the complaints procedure was on display. It was available in a pictorial format. We asked about complaints that the service had received. The manager told us no complaints had been received in the previous twelve months. We asked the manager if any informal concerns had been raised. She told us any minor areas of concern

were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. This meant people’s concerns were addressed at an early stage.

The area manager told us they listened to people and staff. We also found the provider gathered feedback from staff and people and used this to identify improvements. We saw surveys had been undertaken in 2015 and these identified where improvements had occurred since the previous year. For example, a higher percentage of people confirmed that they made decisions and choices that were important to them in 2015. The provider ensured that any issues raised were used to improve the service.

We found the provider gave clear information in easy to read formats on a range of subjects. For example, an easy read version of a government document on people’s human rights and adults with learning disabilities was available. The provider had produced its own brochure in an easy read format giving important information to people before they started using the service. The provider was therefore proactive in making information available in an understandable format and responding to people’s communication needs.

Records we saw contained relevant information about people’s health, personal and social care needs provided by them, their families and other people involved in their care and support. Each person had a social history outlining their lifetime events, achievements and experiences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations. We saw reviews of people’s care took place and a relative confirmed they had been involved in a meeting to discuss progress. The provider ensured people received a personalised service that was responsive to individual needs.

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One relative said, “The manager has turned things around” and said they were confident any concerns would be listened to.

We found the provider had gathered people’s views on the service and used people’s comments and opinions to assess the quality of the service. Surveys had been completed in 2015 and the manager spoke to people individually. These showed people were satisfied with their support. For example, the survey showed most people chose their food and drink and were able to do new activities. People made suggestions about the service and we saw these had been acted on, for example in the provision of menu choices. The provider used people’s comments and opinions to assess the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the manager. One staff member said “It’s rewarding working here.” We looked at surveys undertaken by staff in 2015. These showed a large majority of staff were satisfied in their role, with over 90% commenting they felt supported by their line manager. The provider ensured staff were supported by managers.

Staff told us they received guidance from the manager by regular one to one meetings and said this was useful. They were positive about their job role. One staff member said “I get all the support I need.” Records showed that supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service.

There was a staff team in place to support the manager, including senior care staff. The manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to us.

The provider had developed easy read information for people to ensure they understood their rights. For example, we saw a pictorial document on how to participate in a general election. The provider ensured people had information they could understand to make decisions and play an active role in their community.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The area manager told us quarterly visits were undertaken by an external manager. The most recent was undertaken in December 2015. We saw the audit covered a range of areas such as health and safety issues and people’s records. There were no actions required as a result of the audit. The registered manager told us she did weekly and monthly checks on the daily operation of the service, for example of finance and any accidents. We saw regular checks of the safety of the building were undertaken, for example, gas safety had been checked in July 2015 and fire detection equipment in June 2015. The provider had systems in place to ensure the service operated safely.

The registered manager and area manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as shops and places of worship. They also maintained professional contacts with relevant agencies such as advocacy services and local medical centres. They told us they were trying to improve the service in order to meet people’s needs and aspirations. Improvements to the fabric of the building, such as the bathroom, had taken place. The provider was therefore proactive in improving the service.