United Response

United Response - 16 Curtis Road

Inspection report

16 Curtis Road
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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

Overall summary

This was an unannounced inspection that took place on 24 February 2015.

The home provides personal care and support for up to four adults who have a physical and/or learning disability. The service is managed by United Response and the building is owned by Thames Valley Housing Association. The home is in Whitton, Middlesex.

The home had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

In July 2013, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

Relatives told us the home provided a good service and they enjoyed living there. People chose the activities they wished to do. These were group and individual based. The staff team provided the care and support they needed to do them. Curtis Road was well maintained, furnished, clean and provided a safe environment for people to live and work in. The home's atmosphere was warm, comfortable and enabling.

The records were comprehensive and kept up to date. This included care plans that contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties.

The staff we spoke with were very knowledgeable about the people they worked with and field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They had access to good training, support and career advancement. People were enabled by staff to enjoy themselves, in a safe way and there was a lot of smiling and laughter during our visit.

Relatives said they were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. Staff knew when people were experiencing discomfort and made them comfortable. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives were positive about the choice and quality of food available. They also said the management team at the home were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

Good

Relatives said that they felt people were safe and were not mistreated. There were effective safeguarding procedures that staff used, understood and the home was risk assessed.

There was evidence the home had improved its practice by learning from incidents that had previously occurred.

The staff were well-trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?
The service was effective.

Good

People had their support needs assessed and agreed with them and their families.

People received specialist input from community based health services as required.

People's care plans monitored food and fluid intake and balanced diets were provided to maintain health that also met their likes and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Is the service caring?
The service was caring.

Good

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided support in a kind, professional, caring and attentive way. They were patient and gave continuous encouragement when supporting people.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational and activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities.

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a positive culture that was focussed on people as individuals.

We saw the manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team. There was an approachable management style at the home. The training provided was of good quality and advancement opportunities were available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was an unannounced inspection and took place on 24 February 2015.

This inspection was carried out by an inspector.

There were four people living at the home, who had limited communication skills. One person was in hospital. We spoke with two people, three relatives, two care workers and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted four health care professionals to get their views.

Good

Is the service safe?

Our findings

Relatives said in their opinion the service was safe. One relative told us, "I pop in unexpectedly and people are always well looked after." Another relative said, "People go out safely." They told us they had not witnessed any bullying or harassment at Curtis Road.

Staff had received mandatory induction and refresher training in abuse identification. We asked staff to explain their understanding of what abuse was and the action to take if encountered. Their response matched the provider's policies and procedures and they followed the procedures during our visit. People were treated equally, being given as much time and attention as they needed to have their needs met. There was also a poster on the office wall defining abuse and the action to take if encountered.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

There were risk assessments contained in people's care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated if people's needs and interests changed.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use.

There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Care plans contained action plans and guidance to help prevent accidents from re-occurring.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota was flexible to meet people's needs throughout a 24 hour working cycle. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people were enabled to do the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

During our visit staff encouraged input from people whenever possible. This was governed by people's capacity to do so and therefore some plans and risk assessments were reliant on staff observation and carers input. Two carers confirmed they were invited to review meetings.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date. This included the controlled drugs register that had each entry counter signed by two staff members authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed.

Relatives said people made their own decisions about their care and support whenever possible and that they as relatives were also able to be involved. They said the type of care and support provided by staff was what people needed. It was delivered in a friendly, enabling and appropriate way that people liked. One relative told us, "If it was not for the here (my relative) wouldn't survive."

Staff were fully trained and received induction and annual mandatory training. The induction followed the Skills for Care 'Common induction standards' and included completing a workbook satisfactorily. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there.

The training matrix identified when mandatory training was due. Training included infection control, challenging behaviour, medication, food hygiene, equality and diversity and dementia awareness. Local authority training courses provided some of the training. There was also access to specialist service specific training such as epilepsy; person centred thinking skills and peg feeding.

Monthly staff meetings included scenarios that identified further training needs and inviting health professionals to discuss specific aspects of care. Experiences were also shared with other homes within the organisation. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place. The records we saw demonstrated that regular monthly staff supervision and annual appraisals took place.

Staff at the home demonstrated a variety of communication techniques that was very successful. These ranged from communication tools to objects, symbols and pictures so they could make themselves understood better. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interest meetings were arranged as required and renewed annually or as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home carried out a pre-admission assessment, with the person and their relatives that formed the initial basis for care plans. The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

The home had de-escalation rather than restraint policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans and any behavioural issues were discussed during shift handovers and during staff meetings.

The care plans documented when individual specific behaviour may be triggered and there were separate challenging behaviour care plans for each person that detailed the action to be followed under those circumstances. They also monitored the affect behaviour had on other people using the service.

Good

Is the service effective?

The home worked closely with the local authority and had contact with organisations that provided service specific guidance.

Health care professionals said they had no concerns with the service provided.

Good

Is the service caring?

Our findings

Relatives told us that the service treated people with dignity, respect and compassion. The staff made sure people's needs were met; they enjoyed a good quality of life and were supported to do what they wanted to. Staff listened to what people said and did more than just meet needs. People's opinions were valued and staff were always friendly and helpful.

This mirrored the care practices during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made great efforts to ensure people led happy, rewarding lives, rather than just meeting basic needs.

One relative we spoke to told us the service was, "brilliant." Another relative said, "They do everything and nothing is too much trouble".

People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to respect them, their wishes and meet their needs.

Staff received training about respecting people's rights, dignity and treating them with respect. This was reflected in the approach of the staff to people using the service during our visit. They were very courteous, discreet and respectful even when unaware that we were present.

People were constantly consulted by staff about what they wanted to do, where they wanted to go and who with. They were asked about the type of activities they wanted to do. These were discussed with staff during our visit.

Everyone was encouraged to join in activities and staff made sure no one was left out.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan that was based on the activities they would be doing at home. During our visit one person visited an activities centre and another went shopping. One person was in hospital and was visited by staff daily. A relative said, "Plenty to do." The activities that took place included music, massage, sensory sessions, swimming, church and the cinema. There were also weekly 'Coffee and cake' friends meetings that rotated between local homes within the organisation.

There was access to an advocacy service through the local authority.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives said they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People's relatives said that they were asked for their views formally and informally by the home's manager and staff. They were invited to meetings and asked to contribute their opinions. During our visit staff asked people for their views, opinions and choices. Much was based on staff knowledge of people, their body language and re-actions as people did not have well developed communication skills. Despite this staff enabled them to decide things for themselves, listened to them and where required took action. Needs were met and support provided promptly and appropriately. One relative said, "I went to a care review yesterday." Another said, "More than happy with the responses I am given."

People were given time to decide the support they wanted and when by staff. The appropriateness of the support was reflected in the positive body language of people using the service. If there was a problem, it was resolved quickly.

People had lived at the home for a number of years. There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. The manager was fully aware of this policy and procedure. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff would add to the assessment information.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home would then carry out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. A relative said, "Very helpful and keeps me informed".

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

The care plans were separated into three folders for health, social and financial. They were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, dementia, personal care, recreation and activities, last wishes and behavioural management strategy.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

The care plans contained individual communication plans and guidance. These were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

Relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were attended to during our visit.

Good

Is the service well-led?

Our findings

Relatives told us the manager was very approachable and open door policy made them feel comfortable. One relative told us, “The home is very well run.” Another relative said, “The manager and staff are always accessible”. Relatives said they were actively encouraged to make suggestions about the service and any improvements that could be made. During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk down to them.

There were clear lines of communication within the organisation and specific areas of responsibility and culpability. Staff told us the support they received from the manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration by the home. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “A very supportive organisation”. Another member of staff told us, “Good training provided.”

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. This included hospital admissions where a ‘Hospital passport’ was provided and people accompanied by staff. A hospital passport provides information about a person for the hospital. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person.