

United Response

United Response - 60 Woodland Way

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

This inspection took place on 13 June 2016. At the last inspection in October 2013 we found the service was meeting all of the regulations we assessed.

60, Woodlands Way is a small care home which provides care and support for up to six people with learning disabilities. At the time of this inspection there were five people living in this home.

There was a registered manager employed at the service. 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. The registered manager was on leave on the day of this inspection. We met with the deputy manager and the service manager.

Relatives of people said they felt staff were well trained. However, our findings showed that the provider had not ensured that refresher training for staff was regularly updated to ensure staff were fully up to date with good practice. Staff had also not received supervision according to the frequency identified in the provider's policy on supervision to make sure staff were adequately supported in their day to day role. The manager agreed they needed to address these concerns.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have told the provider to take at the back of this report.

All the relatives we spoke with told us staff who supported their family members were caring, polite and friendly. They told us staff respected people's privacy and dignity and said staff listened to people. This helped people to feel they mattered. Relatives of people told us they advocated for their family members and were able to contribute to the care planning and decision process about how they wanted their care and support to be provided for people. All the care plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes. We recommend that the provider review information provided to people, including information in their care plans, so this is provided in a more accessible format, for them to understand the information more easily and to be able to make informed decisions about their care and support.

People and their relatives told us they received safe care and support from staff who they said they were happy with. Staff received training to recognise the signs of, and to help protect people from abuse and they knew what actions to take if any concerns arose.

There were appropriate numbers of staff to support and care for the people living at 60, Woodlands Way. They knew all the people well and had a comprehensive knowledge and understanding of their personal needs, likes and dislikes. Staff recruitment processes were robust and this helped to ensure staff working in this home.

Risks for people and for staff were assessed and risk management plans were incorporated into care plans that were discussed and agreed with people and their relatives.

We found the home's procedures for administering medicines to people were satisfactory. All the people needed assistance with their medicines and we found that staff were properly trained to do so.

The managers and staff had a good understanding of people's capacity to make decisions about their care and documented this in people's care files. People's care needs were recorded and reviewed regularly with staff and other relevant people such as relatives and social workers. All care plans we inspected included written consent to care. Staff had comprehensive information and guidance in care plans to deliver care the way people preferred.

Our inspection of people's care files indicated they had regular and appropriate access to all the relevant health care professionals such as GPs and hospitals. Staff demonstrated taking care of people's health was important.

The home had a complaints policy and procedure that relatives of people all knew about. They all told us that they had not needed to make a complaint as they were happy with the service offered to their family members. Relatives and staff said they felt confident they could raise concerns with the registered manager and staff. We reviewed the home's complaints records and we saw the provider responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected against identified risks as the service had comprehensive risk assessments in place.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely and in line with the home's policies and procedures.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. People received care and support from staff who knew their needs and preferences well. However staff did not receive regular refresher training to ensure their skills were up to date, and supervision according to the provider's policy on supervision to ensure their work was monitored and their skills and knowledge enhanced.

People were provided with a wide range of healthy and well balanced food and drink.

People were supported to maintain good health and have appropriate access to healthcare services.

Is the service caring?

Requires Improvement ●

Some aspects of the service were not caring. We recommend that the provider review the communication needs of people using the service in line with national guidance on communicating with people with a learning disability. This was because we did not see people received information in a format suitable to their needs so they understood this.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People knew how to raise concerns and complaints and they were confident they would be listened to and acted upon promptly.

Is the service well-led?

Good ●

The service was well-led. The manager promoted an open and inclusive service whereby people, their relatives and staff were encouraged to be part of the team.

The manager actively sought feedback on the quality of the service delivery via quality assurance questionnaires. Feedback received was reviewed and where appropriate action taken in a timely manner.

United Response - 60 Woodland Way

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 unannounced inspection took place on 13 June 2016. It was carried out by one inspector. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

At the time of this inspection we spoke with three people and one relative. We also spoke with two staff, the service manager and the deputy manager. We looked at three people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke with two further relatives and two commissioners.

Is the service safe?

Our findings

People indicated they felt safe living at the care home. One relative we spoke with told us, "Yes, my relative is safe here. She has been here for a while now and we have never had any problems." Another relative told us, "Yes I feel people are safe, the staff really look after people there".

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and could indicate the procedure they would follow to report suspected abuse. One member of staff told us, "I'd make sure people were safe first and I'd then report it to my senior. If I had further concerns I'd report it to the police." Another staff told us, "There's a clear reporting system in place and we must follow them." Staff were aware of their responsibilities in reporting any safeguarding matters and on whistleblowing.

People were protected against identified risks. The service had in place robust risk assessments which were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves and details of the support they required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. For example one risk assessment involving a person requiring support during meal times, detailed how they preferred to eat their meals independently. The risk assessment detailed what actions the staff should take to encourage their independence whilst ensuring their safety when eating. Risk assessments covered all aspects of people's lives such as, mobility, eating and drinking, accessing the community, making choices and self-care.

People received care and support from staff that had undertaken the necessary pre-employment checks to ensure they were suitable to work at the service. We looked at staff personnel files and found these contained all the appropriate recruitment checks such as criminal record checks, two references and other identification checks.

People were supported by sufficient numbers of staff to ensure their needs were met. A relative told us, "There are always enough staff whenever we visit". Staff told us, "Well yes there are enough staff on duty to help the residents." The deputy manager told us they arranged the rotas so that people's needs were met. On occasions where people required additional support more staff would be on duty.

People were protected against unsafe medicines management. The provider demonstrated good practice in the administration, recording and safe storage of medicines. Staff told us, they were aware of the correct procedure in safely administering, storing and recording medicines. Staff told us they would speak with the manager should they feel there was a discrepancy with the medicines to ensure this was addressed immediately. We looked at the medicines the service held and found these were stored in line with good practice. Medicines were recorded correctly on the medicines administration records (MARs). We undertook a stock take check to see if the remaining amount of medicines recorded by the service was correct, and found all medicines were accounted for. The deputy manager told us medicines were always administered by two staff and all the staff received competency assessments to ensure they were up to date with good practice. Only staff who were trained and assessed in this way were allowed to administer medicines to

people.

People had personal emergency evacuation plans [Peeps] which were reviewed regularly to reflect people's changing needs. Peeps are person specific documents that give guidance to staff on how to safely evacuate people from the building in the event of an emergency, such as a fire. Maintenance records showed staff identified areas of work that required improvement as part of their routine checks of the premises. We saw work was completed to rectify issues that were identified.

Is the service effective?

Our findings

A relative told us, "The staff always keep us informed if there are any problems or events taking place. There is a consistent staff team and they know [family member] very well." Another relative told us, "All the staff know my [family member] really well. They know how to care for them and they do a good job that's not always easy at all. I have nothing but praise for them."

Despite the above we found that staff did not receive regular refresher training to ensure they were fully up to date with current good practice in caring for people with a learning disability. People were supported by staff that had undertaken training to meet people's needs. Staff told us about the training they had completed, some of which was provided through e-learning and other training was held in classroom based learning environments. All the staff we spoke with said the training they had, helped them to do their jobs more effectively. Records showed all staff had received training considered mandatory by the provider, for example, fire safety, safeguarding, learning disability awareness, Mental Capacity Act 2005 and moving and handling. However we saw that not all this training had been provided recently. Training certificates indicated that some of the training staff had received was more than five years old. The service manager told us that following this inspection staff refresher training will be carried out more regularly to ensure that staff are kept aware of best working practices.

Staff told us they were properly supported by the manager. Staff said they received one to one supervision and an annual appraisal. Records we looked at showed that staff did not always receive supervision at least six supervision meetings every year, in accordance with the supervision policy of the provider. We discussed this with the manager and the service manager who both agreed this needed to be improved. The service manager said that the process of staff supervision was currently under review to ensure the effectiveness of staff support was maximised.

The above shows that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records showed that staff meetings were held every two months and both staff and residents joined the meeting. This gave staff an opportunity to discuss any issues and to share their views about the service.

We saw from the records the provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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. Staff had received training on MCA and DoLS and understood what it

meant to the people in their care.

People's consent was sought prior to care being delivered. We saw that staff encouraged people to make their own decisions about their day to day life. During the inspection we observed staff seeking people's consent before supporting them. For example, staff asked people what they wanted to have for their lunch. Staff were patient and gave people reassurance and time to indicate if they wanted to have their lunch or not. Staff asked people what time they wanted to get up or go to bed, the clothes they wanted to wear, the food they chose to eat and the activities they chose to participate in. Staff were able to support people in this way because of their extensive knowledge of people's needs and preferences. They gave people enough time to consider their options and make a decision without being rushed into making a decision. A relative told us, "Staff are always respectful when [our family member] indicates they don't want to do something". Staff told us, "People may not be able to tell us what they want verbally, but they can do so physically. They might push our hand away, or make noises to indicate they do or don't want something. We have worked with them for a long time and it's about getting to know them well and know what their gestures mean".

Our inspection of people's care files evidenced the manager made applications for authorisations to deprive these people of their liberty under DoLS and these had been granted by the local authority.

People were supported to have good nutrition in their food and drink throughout the day. Staff told us, "We ask people what food they like or dislike. We try to provide their choices together with ensuring they have a healthy diet." The service provided a four week rolling menu that had been devised with the input of a local nutritionist. We saw records for one person that indicated the registered manager had requested appropriate advice in healthy eating and suitable foods for people at risk of choking or with a swallowing difficulty.

Our inspection of people's care files showed they were supported to see health care professionals according to their individual needs. We saw records on each person's file that evidenced people were being supported to maintain good health and have appropriate access to healthcare services. People had regular health checks with their GPs, dentists and attended hospital appointments as necessary to meet their health needs. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This helped to ensure a smooth admission to hospital and discharge back to the home for them. .

Is the service caring?

Our findings

People who used the service indicated to us they were happy living in this home. Relatives told us they thought the care and support people received was of a high standard. One relative told us, "Before [my family member] lived here they lived in their own home with daily support. It didn't work at all. Since they have been here they have improved in every way. They've put on weight, they are happy and cheerful and they get out into the community and have activities they enjoy." Another relative said, "My [family member] seems quite happy there. It is a very comfortable place, clean and well kept, a cheerful and happy place."

We inspected people's care records and we saw these addressed their individual communication needs, so staff were aware how to communicate with people. However, we found that the provider did not have arrangements to ensure people received information in an accessible format, so they understood this and were able to make informed decisions about their care and support. For example people were not provided with their care plan in a format suitable to their needs, such as in easy to read format so they were able to understand the content of these records and have a greater understanding of the information the service held on them.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example, a care record stated, 'I always choose what I want to eat for breakfast and lunch'. Another said, 'I like to go to bed after my evening meal'. A relative told us, "People are treated as individuals."

We saw that caring relationships had developed between people who used the service and staff. Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. Staff gave people time to think about what they wanted and to make decisions considering all the options available to them. We inspected people's care records that we saw addressed their individual communication needs.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with their personal care. Staff observed the right for people to have their own space within the home, for example, a person was using a coffee table and we observed staff asked if it was alright to place their drink on it. Staff spoke discreetly to people and asked them if they required assistance. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

We recommend that the provider review the communication needs of people using the service in line with national guidance on communicating with people with a learning disability.

Is the service responsive?

Our findings

People received support which was responsive and tailored to their individual needs. People had care plans that were person centred and contained information that enabled staff to support people. We looked at care plans and found these were reviewed regularly to reflect people's changing needs. People were encouraged to participate in the development of their care plan where possible and records showed people's decisions and preferences were clearly documented. A relative said, "The manager involves us in the care plan reviews, we are part of the process and involved with the staff and the manager during these reviews". Care plans looked at all aspects of people's care for example their health care needs, medical history, preferences, life history, support plans and meeting minutes.

We saw that people were provided with opportunities to participate in a wide range of activities. One relative told us, "My [family member] goes out with staff shopping and they go to the day centre, they love singing too." Another relative told us, "They have a good activities programme. Our [family member] likes the cinema, shopping and meals out". They told us their family member was given choices on what activities they wanted to participate in and staff respected them. We looked at the activities plan for people and found there were wide ranges of activities available for people. For example on the day of the inspection two people were setting off on a holiday with staff for one week. People attended a day centre where they participated in art classes, board games and other activities with their friends. People indicated to us they enjoyed the activities available to them and were happy with the options.

Throughout the inspection we observed people moving freely around the home. Some people chose to spend time in their bedrooms. During those times, staff would check on the person to ensure they were alright and ask them if they wanted to join others. This enabled people to be better protected from social isolation.

People were encouraged to make choices about the care they received. People told us they made choices about their lives and staff were respectful of that. A relative we spoke with told us, "Yes they do ask for their consent, they encourage them to make choices and decisions".

People were encouraged to raise any concerns or complaint. A relative told us, "If I needed to raise a complaint I would feel confident doing so. I have never needed to do this though". This view was echoed by the other relatives we spoke with. We saw evidence that the provider had made available information on how to raise concerns and complaints to people and their relatives.

Staff also had sufficient knowledge on what to do if they received a complaint from someone and the importance of reassuring them and escalating the matter. The deputy manager provided us with the complaints procedure and a copy of the complaint records. We looked at the complaints records and saw they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

Is the service well-led?

Our findings

People received a service which was well led. At this inspection we found a helpful team of staff that received support and encouragement from the registered manager.

One relative we spoke with said, "The manager is such a nice guy, he's always available to talk to. The home is well run and looked after, just as you would hope to find in a family home. It is a family home for all those people living there." One person we spoke with used hand gestures to indicate that they were happy with the manager by giving us two thumbs up.

Staff spoke highly of the manager telling us, "They really do care; they want the best for people and the staff. I enjoy working here, if I wasn't happy I'd leave". Another staff member told us, "He [manager] is a good man". Throughout the inspection we observed the deputy manager and the service manager interacting with people in a compassionate and respectful manner.

We saw there was an open door policy whereby people, relatives and staff could speak with either of the managers at any time. Throughout the inspection we observed people and staff seeking advice and guidance without hesitation. We understand that information was shared with the staff team through handovers and this meant that all staff were aware of any changes for people. The manager told us staff were able to call him at any time should they need his support which was confirmed when we spoke with staff.

The provider sought feedback about the service provision. During the inspection we were told that quality assurance questionnaires were sent out from United Response's headquarters about the service to relatives annually. The questionnaires covered all aspects of service delivery including staffing, management, staff approach and activities. We were told that the feedback information was collated and a plan of action devised and action taken to address concerns raised. We saw written evidence from United Response that supported this.

People were protected against an unsafe environment by the service carrying out comprehensive audits. Records showed the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. We viewed records relating to fire equipment, medicine audits, food hygiene checks, maintenance checks and found these were all in date and any identified issues were reported to the manager who ensured they were rectified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure staff received such appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)(a)</p>