

United Response

United Response - 15a Vale Road

Inspection report

United Response
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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

About the service

United Response is a residential care home for people with learning disabilities. The home can accommodate up to five people in one adapted house. At the time of the inspection there were five people living at the home. People at the home had a range of physical and learning disabilities.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People received kind care from staff they knew and who knew them in return. People's needs were consistently met and assessed to enable improvements and progress in their lives. Risks to people were assessed and managed to balance people's safety and right to lead a non-restricted life. There were enough well-trained staff to ensure people were supported safely at all times.

People were supported to communicate with their relatives and the managers when they were not happy or wanted to change their support. Staff cared about the people they supported and enjoyed working at the home.

People, relatives and staff were engaged by the service via meetings so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for staffing improvements at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

People were engaged throughout the day by staff who made them smile or express their happiness.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
Good (August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

United Response 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

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.

During the inspection

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to discuss evidence we found on the day. We looked at training data and quality assurance records. We spoke with two relatives who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection in November 2016, we rated this Key Question as 'Good'. At this inspection we found that people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff.
- Although there had not been any safeguarding concerns since the last inspection there was a clear process for staff to follow should any allegations be made. Relatives told us they thought people were safe at the home. One said, "If I can't get there for any reason, I know that she is well looked after."

Assessing risk, safety monitoring and management

- Risk assessments were followed by staff to ensure people's known risks were managed and monitored safely. Risk assessments were consistently updated.
- One person suffered frequent seizures which staff needed to monitor and record. We saw that these seizures were being safely recorded for type, duration and seriousness by staff. There was guidance to ensure staff knew what to do in the event of a serious seizure.
- The registered manager had completed an up to date folder which included gas and fire safety checks on all relevant equipment.

Staffing and recruitment

- People were cared for by a sufficient number of staff. Staff were always on hand and ready to assist or support people when they needed it. There was a rota to ensure there were always at least two staff members to support people. One staff member said, "I think there are enough staff here. There are always enough people for the shift. We have time to do activities with people such as taking them out."
- Relatives told us they were happy with the number of staff at the home. One relative told us, "There are enough staff."
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

Using medicines safely

- People were supported to take their medicines as prescribed. People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps. People had guidance in place for staff to understand how much medicine could be given to them.
- Audits of medicines were completed frequently to ensure compliance and quality. Where some bottles had been found to not have opened dates in January 2019, this had been corrected and we found all medicine bottles to have opened dates on them.

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Domestic staff were observed cleaning the home during our visit.
- One staff member told us, "We always try to minimise the risk of infection by wearing aprons and washing our hands."

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year.
- Staff were able to tell us exactly what steps they would take in the event of an emergency. Where one person had suffered an injury recently, the correct action had been taken by staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in November 2016, we rated this Key Question as 'Good'. At this inspection we found that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they received care and support which met their needs. People's needs and choices were assessed with regards to their personal care and preferences. Assessments also detailed people's medical conditions and any needs associated with these.
- One person with epilepsy required specific medicine and care to ensure they were safe when they were having or had had a seizure. Staff had read the guidance and knew how to accommodate this person's needs.

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One staff member said, "We do training every year or twice a year sometimes. We did positive behaviour training recently. Every day we have to learn a new thing here."
- Staff were well supported by the management team who provided regular supervision and checks on their competency.

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

- People were supported to eat healthy food and snacks throughout the day. We could see that people were happy eating the food. Where necessary, staff kept records of people's weight, nutrition and hydration. One person's diabetes was managed by their diet.
- Although people could not tell staff what they wanted to eat, staff made as much effort as they could to understand what people liked to eat. One staff member said, "It is difficult to know what people want to eat as they cannot speak. We judge this by watching them eat and seeing what they have eaten. You know whether they are enjoying their food as they eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary.
- Staff consistently completed daily notes to enable consistent and up to date information to be shared across the team. We saw daily records included detailed information about what people had done throughout the day.

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

- People lived in a house that had been designed to meet their needs. The house was situated on one floor

for people with wheelchairs.

- Each person's room was adapted to suit their needs. One person's room was very bare and minimal because they liked it this way. Staff had carried out assessments to ensure that rooms reflected personalities and made people happy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected because staff followed the principles of the MCA. Every person in the home had decision specific mental capacity assessments completed which had considered their best interests. Each restriction in place had been supported by a DoLS application with some approval responses.
- We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. One staff member said, "Everyone has capacity until proven otherwise. I use best interests considerations when necessary."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection in November 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were supported by kind and caring staff. Two people in wheelchairs were taken into the garden during the sunlight of the day to relax. Staff stayed with them and talked to them. One person liked to be around staff members, so staff would move slowly and chat to them whilst they worked around the home.
- Relatives told us that staff were thoughtful and cared for people well. One relative said, "The staff are brilliant. My sister has known some of the staff there for years. They have always been absolutely brilliant with her. They know her so well." A second relative said, "My sister is always clean, tidy and happy when I see her."
- Care records included information about people's sexual, religious or cultural wishes where it had been specified.

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

- People were involved in their care and supported to express their views. This was challenging as people were unable to communicate with staff using any specific signing or approach. One staff member said, "We have training to understand each person here. It helps us to join the training to the care plans."
- We saw that care plans reminded staff to always consider what people wanted on a day to day basis. Staff consistently asked people what they wanted and observed their reactions to gauge their responses.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member said, "We keep each person's room private. We close curtains and doors when doing personal care." A relative told us, "The staff are caring and thoughtful. My sister has her own room and she retains her privacy."
- People were encouraged to be independent and to do as much for themselves as they could. A second staff member told us, "We support them to do what they can do. We know what their limitations are. We care for them from the point where they can't do things."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection in November 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. One person's care plan included details about their personality, family, preferences and history. This person had a specific mobility method which staff supported them with. This method was described in detail for staff so that they could ensure the person was safe and could enjoy themselves.
- Each care plan had a summary page which enabled anyone to quickly understand and know them. This was clearly effective as all staff understood and knew people's needs. One staff member said, "Every care plan is person centred and gives you a lot of information about the individuals. They are all suitable for each person I think."
- People had access to a wide range of activities on the site and through trips into town. One person had had a holiday this year where they went to see a tribute band of their favourite musician.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Unfortunately, people at this home were extremely limited in how much they could read or comprehend in terms of information. This limited how much staff could tell people via documents, books, songs or pictures. Where possible, staff made as much effort as possible to include and explain things to people verbally and using hand movements.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in the reception at the home. Relatives and staff told us they would feel confident approaching the registered manager to make a complaint.
- There had been no complaints since the last inspection.

End of life care and support

- Although there was limited end of life details in people's care plans, there was sufficient information to enable staff to provide person-centred end of life care should the need arise. No one had died at the service since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in November 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives spoke positively of the management team, the quality of service and felt confident to approach them with their views. One relative said, "The managers are very good. If anything changes I get an immediate phone call." One staff member told us, "The managers are approachable and easy to talk to. If we have any problems we can share with them."
- The registered manager was present at the home on the day of the inspection and was out of their office regularly to interact with and assist people in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

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

- Quality assurance processes were effective at checking quality and driving improvements at the service. There was accurate and contemporaneous record keeping which provided a clear audit trail for all aspects of care and service delivery. There were comprehensive audits being completed regularly to monitor the overall quality of services provided.
- For example, there were quarterly audits completed in March 2019. These found that not all supervisions had been completed and some staff hadn't signed to state they had read risk assessments. We found that all supervisions had been completed and all staff had signed the risk assessments we viewed.
- This service had quality checkers who are people from other services run by the provider who come in to carry out audits from resident's perspectives. The last quality checker audit completed was positive in its findings and feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and the local community were engaged by the management of the service.
- Residents and staff meetings were held every month or so for people to contribute to the running of the service.
- One staff member said, "We have team meetings where we can share support details and information

about people. We are talking about a person's diet at the next meeting." A second staff member said, "I think the service is well managed because everything we talk about is done. They listen to us."

- The management team ensured that many agencies were engaged with to provide opportunities for people using the service. The service worked closely with Mencap to enable people to attend events and trips. Mencap is a charity which can help people and families in supporting people with disabilities. Other organisations which were connected to the home included a lot of internal groups from within the charity United Response. There were forums and groups who could support staff and involved people in communicating with others.

Continuous learning and improving care

- The manager completed feedback surveys with people, staff and volunteers. These were collated and analysed by the registered manager. One staff member told us, "We have done feedback and surveys for the managers." The results of the last surveys were positive and had been presented in easy to read tables and charts.
- Staff and managers attended training provided by the service and the locality.