United Response

United Response - 16 Curtis Road

Inspection report

16 Curtis Road
Whitton
Middlesex
TW4 5PT

Tel: 02088986026
Website: www.unitedresponse.org.uk

Date of inspection visit:
18 October 2019
25 October 2019

Date of publication:
27 November 2019

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
Curtis Road is a care home providing care and support for up to four people with learning disabilities. The home is managed by United Response and is situated in the Hampton area within the London Borough of Richmond Upon Thames. There were no vacancies.

The service has 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The home was safe for people to live and staff to work in. People enjoyed living at Curtis Road. Risks to people were assessed, enabling them to live safely and enjoy their lives, whilst taking acceptable risks. Accidents, incidents and safeguarding concerns were appropriately reported, investigated and recorded. There were suitable numbers of appropriately recruited staff. Medicine was safely administered.

People did not experience discrimination and their equality and diversity needs were met. Well-trained, supervised, and appraised staff spoke to people in a patient, clear way that they could understand. They encouraged people to discuss their health needs and people had access to community-based health care professionals. People were protected, by staff, from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

The home had a warm, friendly and welcoming atmosphere with people enjoying the way staff provided them with care and support. Staff we met were caring and compassionate. There were many positive interactions between people, staff and each-other during our visit. Staff observed people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People's care was person centred and they had their needs assessed and reviewed. They had choices, followed their interests and hobbies and did not suffer social isolation. People were given information to make decisions and end of life wishes were identified. Complaints were recorded and investigated.

The home had a culture that was open, positive and honest with transparent management and leadership. The organisation's vision and values were clearly set out and understood by staff. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration

requirements were met.

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 the last inspection
The last rating for this service was good (published 28 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

After the inspection
We continue to seek clarification from the provider to validate evidence found. This included training matrix, and audits. We received the information which was used as part of our inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

United Response - 16 Curtis Road

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
This inspection was carried out by one inspector.

Service and service type
Curtis Road is a care home. People in care homes receive accommodation and nursing or personal care as a 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
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked 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 the inspection
We spoke with one person, three relatives, three care workers and the registered manager. We looked at the personal care and support plans for two people and two staff files. We contacted five health care professionals to get their views.

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.

After the inspection
We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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.
- People demonstrated they felt safe through their positive and relaxed body language. Only one person directly commented on their safety. When asked if they felt safe living at the home they said "Yes." A relative told us, "I go in and out often and people are safe."
- Staff were trained to identify abuse and this enabled them to take appropriate action if they encountered it. Staff knew how to raise a safeguarding alert. There was no current safeguarding activity. A safeguarding procedure was included in the provider's policies and procedures.
- Staff advised people how to keep safe and areas of individual concern about people were recorded in their care plans.

Assessing risk, safety monitoring and management

- People took acceptable risks and enjoyed their lives safely. This was enabled by risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, and interests changed.
- Staff knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people, that was serviced and maintained.

Staffing and recruitment

- There was a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. There was also a six-month probationary period with a review.
- There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met and for them to follow activities safely.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to self-medicate. Currently people have been assessed as unable to self-medicate.

Preventing and controlling infection

● Staff had infection control and food hygiene training that was reflected in their appropriate work practices.

● Staff used personal protective equipment (PPE), as required, such as gloves.

Learning lessons when things go wrong

● The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would use. The incidents were analysed to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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's physical, mental and social needs were assessed holistically, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes. A relative said, "The service is brilliant, I have no qualms about this place."
- When a new person moved in, the commissioning local authority provided assessment information and further information was also requested from any previous placements. The home, person and relatives also carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition took place at a pace that suited the person's needs. Two new people had moved in since the last inspection.
- People were able to visit the home as frequently as they needed to, before deciding if they wanted to move in. During these visits assessment information was added to, including the views of people already living at the home.
- The home provided easy to understand written information for people and their families.
- Staff knew the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training enabled people to be supported in a way that met their needs effectively. A staff member told us, "Training is focussed on what we do."
- New staff shadowed more experienced staff as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. This included epilepsy, dementia in care and Percutaneous endoscopic gastronomy (PEG) feeding through a tube directly into the person.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.
- Staff received six to eight weekly supervision, annual reviews and there were monthly staff meetings.

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

● People were supported to eat and drink sufficiently to maintain a balanced diet.
● People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, as required.
● Staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
● Whilst encouraging healthy eating, staff ensured people still ate meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain their health as staff had good working relationships with external healthcare services and received ongoing healthcare support.
● The home provided written information and staff accompanied people on health and hospital visits when required.

Adapting service, design, decoration to meet people's needs
● The home had appropriate adaptations and equipment, to meet people's needs, that was regularly checked and serviced. People chose the home's decoration and colour schemes, particularly their bedrooms.

Supporting people to live healthier lives, access healthcare services and support
● People received yearly health checks and referrals were made to relevant health services, when required.
● Everyone was registered with a GP and a dentist. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.
● Health care professionals did not raise any concerns about the quality of the service provided.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

● Staff understood their responsibilities regarding the MCA and DoLS.
● Four people, who required them, had up to date DoLS authorisations in place.
● Mental capacity assessments and reviews took place as required.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People did not directly comment on their care. Although when asked about staff, one person responded, "Good." People's positive body language indicated they enjoyed the company of staff and were relaxed. They also looked very comfortable with each other. People laughed and smiled a lot, during our visit. A relative told us, "Staff are so friendly and approachable."
- People did as they wished with staff support, coming and going as they pleased.
- Staff had equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to people and people were treated respectfully and equally.

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were very committed and passionate about people and the care they received, which was delivered in an empowering way.
- Staff were trained to respect people's rights to be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy. This included discreetly attending to people's personal care needs. A relative said, "They [staff] are very kind and always make a point of introducing themselves."

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

- People and their relatives made decisions about their care, how it was delivered and activities they wanted to do, with staff support. Staff made sure people understood what they were saying, the choices they had and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with.

Respecting and promoting people's privacy, dignity and independence

- Staff knowledge of people promoted their dignity and independence. It enabled staff to understand what words and gestures meant and people could understand them. If people were showing distress or frustration, staff gave them alternatives to calm situations.
- Staff tried hard to maintain people's independence by encouraging them to do things for themselves and develop their life skills particularly around the home. One person was supported to regularly watch their favourite football team, at its ground.

● Staff were aware this was someone's home and they must act accordingly.
● The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
● There was a visitor's policy that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were supported to express their views through a number of methods including gestures and behaviour that staff understood the meaning of and pictures. This was underpinned by staff knowledge of people built up through relationships, bonds and experience.
- It was demonstrated that these methods worked by people attend various activities they had chosen including going to the shops and out for lunch.
- People's needs and wishes were met by staff, in a timely fashion and in a way that people were comfortable with and enjoyed.
- People's care plans were individualised, recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- Each person had a keyworker to support them to participate in their care planning.
- People had their care and support needs regularly reviewed and updated with them and their relatives, to meet any changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.
- Staff were available to discuss any wishes or concerns people and their relatives might have.
- People's positive responses reflected the appropriateness of the support they received. A relative told us, "I've never come across a place like this one. If it wasn't for here, he [person] wouldn't be alive today." Another relative said, "We are very happy with the service, but more importantly so is [person using the service] and he would let you know if he wasn't."

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.

- The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- Staff demonstrated a variety of effective communication techniques that ranged from communication tools to objects, symbols and pictures. These were used to make it easier for people to understand what staff were saying. One person who could not verbalise instead used their iPad to ask and answer questions and put their views forward. People also used pictures to choose the meals they wanted, decide on a menu and participate in food shopping if they wished. Meals were timed to coincide with people's preferences and

the activities they attended.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had activities that were individual to them and as a group. Many of the activities took place via the organisation's Enterprise hub that was based at the organisation's headquarters in Teddington. These activities were also available to people from other homes in the organisation and other providers. They included; meals out, circuit squad, 'ready steady move' dance group, Wednesday club for wrestling, aromatherapy, comics, games and trips, 'speak as one' politics group and drink and draw canvas and 'cocktails'. One person was going to a disco for people with learning disabilities during our visit, which was part of their routine. When asked if they had enough things to do, one person responded, "Yes."

● People were encouraged to develop their life skills by helping with tasks around their home such as laundry, helping with meal preparation and household chores. One person was doing laundry, with staff support, during our visit.

● Numerous trips also took place including parliament visit and meeting the local MP, canoeing, pet therapy, Buddhist Temple, Tate Britain, afternoon tea out and brewery and Twickenham stadium trips.

● People were encouraged to keep in contact with friends and relatives, with visits to other homes and to and from relatives. They also attended activities organised by other providers, so they could catch up with friends.

● People were well known in the local community and made good use of local shops and restaurants. Two people went out for lunch during our visit.

Improving care quality in response to complaints or concerns

● There was a robust system for logging, recording and investigating complaints, that was followed.

● People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand.

End of life care and support

● Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. People had end of life care plans; in place.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 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 home had an open, inclusive, positive and empowering culture. This was due to the attitude and contribution made by the registered manager and staff. They listened to people and acted upon their wishes. One relative told us, "The [registered] manager is great and the staff friendly and approachable."
- Relatives said the registered manager was good and the home very well-run. A staff member said, "A very helpful and supportive [registered] manager."
- The organisation had a clearly set out vision and values that staff understood. These were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicines management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- There were quality assurance systems in place. They contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets.
- Audits were carried out by the registered manager, staff, registered managers from other homes and the internal quality team. They were up to date. There was also an audit action plan. This meant people received an efficiently run service.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.

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

- The home had close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home's registered manager attended the Richmond Learning Disability Providers Forum to keep up to

date with developments in the learning disability field, take part in workshops and swop ideas and information. The forum had been run by the local authority. This responsibility was passed to the providers and the first meeting took place at the United Response headquarters in Teddington.

● Other homes within the organisation and externally were communicated with to share activity resources available within the community. This also prolonged people's friendships, which had been built up over several years. During the inspection people had attended a party at another home within the group, where they socialised with friends.

● Staff made sure that people had access to local resources that provided advocacy and advice. No one required the advocacy service at the time of the inspection.

● The home had group meetings for people, to decide upcoming activities and weekly meal planning. They also had regular personal reviews. Relatives said they were in frequent contact with the home, who kept them informed and adjustments were made from feedback received. A relative told us, "They always keep us up to date." The organisation sent out surveys to people, their relatives and staff. Suggestions made were acted upon.