

United Response

United Response - 66 & 66a Lemsford Road

Inspection report

66 & 66a Lemsford 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

United Response - 66 & 66a Lemsford Road provides accommodation and personal care for up to eleven people with physical and learning disabilities or autistic spectrum disorder. The building is in two parts with eight people living in one part and three people in the smaller building. The ground floor of the main building had been specially adapted for people who use wheelchairs, to ensure there is adequate space to accommodate their needs.

The inspection was carried out on 19 November and was unannounced. At the time of our inspection the service was providing support to eleven people.

The service provided personalised support to people and they told us they were happy living at Lemsford Road. Staff were aware of people's needs and abilities and support was tailored around individual's abilities to support and maximise their potential. Staff spoke about

Summary of findings

people they supported at the service in a kind caring and sensitive way. The registered manager and staff demonstrated an open and transparent approach to all aspects of the service.

We saw that there was adequate staff on duty at all times to meet people's needs. People were supported with hobbies both within the home and to access activities in their local community. We saw that there were appropriate recruitment processes in place, which ensured that people who were employed were appropriate to work with vulnerable people. The staff group were diverse and this was representative of the people who lived at Lemsford Road.

We saw that people's privacy and dignity was respected. Staff treated people in a way that was respectful and caring. We saw that staff went at a pace that people were comfortable with and did not hurry them.

We saw records which demonstrated that safeguarding incidents were appropriately reported and investigated and these had also been reported to CQC by the provider. The manager showed us the quality monitoring audits that were in place. This was an area that was undergoing some further development to strengthen the processes that were already in place.

The manager told us about the complaints process and showed us how people were supported to make a complaint or to raise a concern. We saw that the complaints process was available in an easy read format supported with pictorials to enable people to understand the process.

Staff had received training relevant to their roles and had regular supervisions with their line manager. Staff demonstrated they were clear about their roles and responsibilities and received support from the manager and staff also supported each other.

People were supported to do their shopping and to cook meals for themselves with support from staff. People and

staff spoke positively and told us they had choices of what food and drinks they had. People were supported to maintain good health and staff accompanied them to attend appointments at the GP, opticians and other health related appointments.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The manager and staff were fully aware of their role in relation to MCA and DoLS and what they were required to do if people were at risk of being deprived of their liberty. No one at the service was being deprived of their liberty however staff did accompany people to events in the community to make sure they were kept safe.

We observed that staff supported people in a way that promoted their independence, and enabled them to do as much as they could for themselves.

People had personalised activity programmes, these were detailed on a chalk board in people's bedrooms. People were supported to attend events in their local community including an ethnic specific facility, for people from a Caribbean background.

People had individualised care and support plans and these were regularly reviewed. We saw that there were risk assessments in place which were reviewed whenever there was a change to people's abilities. People's support plans ensured staff had all the guidance and information they needed to provide individualised care and support.

There were systems in place to monitor the quality of the service. The provider had obtained feedback from all stakeholders. This was used to enable the manager and staff to identify where improvement were required and to support continual improvements.

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.

People were protected from the risk of harm because the provider had systems in place to manage risks.

Medicines were managed safely and recruitment procedures ensured the employment of suitable staff.

People were safeguarded from abuse. Staff had been trained to recognise abuse and protect people.

Staffing levels were appropriate and were determined by people's needs.

Good



Is the service effective?

People received effective care and support.

People received care and support that was based on their needs and wishes.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

Staff were skilled in meeting people's needs and received ongoing support and training.

People's dietary needs were catered for.

People were supported to stay healthy, and well.

Good



Is the service caring?

The staff demonstrated they were kind and caring when supporting people.

People enjoyed positive relationships with staff and were based on respect by all parties.

People were treated with dignity and their confidentiality was respected.

Good



Is the service responsive?

The manager and staff were responsive to people's changing needs.

The service was flexible and responded appropriately to people's changing needs.

People received care that was based on their needs and choices.

People were involved in planning and reviewing their care and were supported to lead full and meaningful lives.

People's views and opinions were obtained and were used to improve the standards.

Good



Is the service well-led?

The management of the service was good.

The manager promoted a person centred approach and staff worked in the same way.

Good



Summary of findings

The service worked effectively in partnership with other organisations within the community to improve the lives of people they supported

There were systems in place to monitor quality of the service.

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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 was 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.

We visited the service on 19 November 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information

about important events which the home is required to send us. We also contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback.

During our inspection we spoke with four members of staff and two people who used the service. We also spoke with the registered manager and the deputy manager. We reviewed records, which included looking at care and support plans, staff recruitment records, staff rotas, risk management plans, audits and quality monitoring records relating to the overall management of the service.

We used our Short Observational Framework for Inspection (SOFI) to see how people who could not speak with us were treated and cared for.

Is the service safe?

Our findings

People told us they liked living at Lemsford Road. One person said, "I like everything about this place, I have been here for years now." Another person told us, "The staff are my friends, they make me feel safe."

We saw that there were processes in place to help keep people safe. Staff had received training on how to protect people from avoidable harm. We saw details of the local authority safeguarding procedures in the office which was accessible to all staff. Staff demonstrated they were aware of what constituted abuse and told us how they would escalate concerns. Staff were confident that any reports of abuse would be acted upon appropriately. We saw that a safeguarding concern had been appropriately referred to the local authority for investigation.

Staff told us the process that had been followed when they were recruited to work at the service. The manager confirmed there was a robust recruitment and selection process to make sure the staff were appropriate to work with vulnerable people. We reviewed recruitment files for staff employed at the service. We saw that pre-employment checks were carried out before staff started work at the service. These included obtaining written references, a disclosure and barring check (DBS) and proof of identity.

There were adequate numbers of staff employed and deployed to meet people's needs safely. We observed that there were staff present supporting and monitoring people throughout our inspection. Staff were quick to respond when they observed people requiring support or

reassurance. Staff told us there was always enough staff on duty to meet people's needs and support them with their activities, both within the home and in the wider community.

We saw that risks were assessed and reviewed regularly. Staff told us they provided guidance for staff to follow on how to mitigate and minimise risks. The risk assessments identified specific risks and measures which had been put in place to minimise risks. For example keeping people safe when they went out in the community.

We saw there were various quality monitoring checks in place, for example equipment had been recently 'PAT' tested to ensure they continued to be safe to use and medicines were audited along with care plans and fire safety checks. People had personal emergency evacuation plans (PEEP's) in place and regular fire drills were carried out. We saw that these formed part of people's individual support plans and were supported by pictorials so that in the event of a real fire people would remain calm and be aware of the plans and arrangements.

We saw that there was a clear procedure in place for the management of medicines. Staff described the process for the ordering, storage, administration and safe disposal of any unused medicines. We saw that medicines were audited and staff monitored the balance of medicines. If there were any anomalies these were picked up and addressed without delay. Information about medicines was available to support staff and they received training and competency checks. These processes helped to ensure that medicines were managed and administered safely and people received their medicines in accordance with the prescriber's instructions.

Is the service effective?

Our findings

We observed that staff asked people in advance of providing any support what they wanted to do and if they were happy for staff to support them to do things. For example, we saw that one person got ready to go out to the local town. The staff who supported them explained what the plans were and talked things through with the person to check that they understood and were happy with the arrangements. Staff told us they obtained consent in different ways depending on the person's ability to respond and their understanding. We saw that consent had been recorded in people's care and support plans for different aspects of their care and support, for example people had consented to have their photograph taken. Staff told us it was important to know people well in order to establish what their wishes were.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity to make their own decisions was kept under regular review.

Staff told us they were happy with the support they received at the home. They received regular training and support which enabled them to meet the needs and preferences of the people they supported. For example moving and handling, food hygiene and infection control. One person told us, at "Staff know everything, they always answer my questions, so I think they must be trained, if they don't know I check it out at the library

Staff told us about the training they received and we saw evidence of this in their personal records. We saw that staff

had undertaken individualised training called 'everyone counts.' This related to training around the needs of people they supported who lived with conditions such as autism or who had behaviours that challenged. We saw that staff were required to complete an induction programme at the commencement of their employment and they had ongoing training and refresher training as it became due. In addition staff 'shadowed' more experienced colleagues until they were competent to work in an unsupervised capacity'.

Staff told us they were well supported by each other and the manager. One staff member told us, "We are a diverse team, but are like a family, we always support each other and it really works well." For example, they said, "We know the needs of the people we support come first so if we need to change a shift we all cover for each other and are flexible." Staff told us, and we saw records to confirm, they had regular team meetings, 'one to one's' with their manager and an annual appraisal to review their overall performance, identify areas for development or anything relating to their work and the people they supported.

Staff told us that people were supported with shopping and cooking and could choose what and when they wanted to eat and drink. Staff encouraged and supported them to eat a healthy and nutritional diet. People told us what their favourite foods were and staff said they encouraged them to try alternatives. One staff member said, "The only thing is [name] would have that every day if we did not suggest trying alternatives." We saw that staff were patient in the support they provided and were knowledgeable about people's eating habits.

People were supported to attend a range of health related appointments and we saw evidence of these records in a 'purple folder' which was a summary of the person's health requirements. They took this with them to all health related appointments to ensure everyone was aware of the person's health needs and there was a continual and current record. Staff told us they would have no hesitation in raising concerns if there was any deterioration in people's health or wellbeing. Do we have any examples of people's specific health needs being met?

We saw that staff communicated effectively with a handover at the beginning and end of every shift to ensure staff coming on duty had the most up to date information. For example, they discussed what kind of a day the person

Is the service effective?

had had, or if they had been unwell and how they had got on at day care. This meant that staff had shared information appropriately to ensure people received appropriate care and support.

Is the service caring?

Our findings

We observed that people were supported in a kind and caring way. We saw that when staff interacted with people they were gentle in their approach and spoke in an appropriate tone. It was clear from our observations and conversations with staff and managers that they knew people well and respected their choices and decisions. Staff told us they really were like a “family unit and looked out for each other.” Staff told us they valued the positive relationships they had with people. One person told us, “I like all the staff, and my keyworker, they are all nice to me and always come and see if I am alright.”

Staff helped and supported people in a way that maintained their dignity and respected their privacy. For example, we saw that staff always knocked on people’s bedroom doors before entering. Staff were observed to be discreet when they assisted people with personal care and also when they provided support they respected people’s ‘personal space’.

We saw that where people wished family or friends had been invited to contribute in the planning, and reviews of the care and support provided. This was reflected in the detailed guidance made available to staff about how people wanted to be supported and cared for.

One person said, “My keyworker asks me about my care plan and we decide what I am going to do. They ask me if I am happy and explain things when I don’t understand.” Care and support plans demonstrated people’s involvement and had been signed by people to say they had been involved and agreed to the content of the support plans. Staff told us that not everyone had family who could be involved in which case they were supported to access independent advocacy services where necessary.

Confidentiality was maintained at the service and information held about people’s health, support needs and medical histories was kept secure. Staff and the manager told us that only shared information on a ‘need to know’ basis.

We observed there to be a positive and relaxed atmosphere during our inspection and staff told us it was always like that. We observed that people were relaxed, both with staff and managers and with each other. We saw for example when two people arrived home from day care another person put the kettle on and made them all a cup of tea. They sat around the table with the member of staff who was supporting them. The staff member told us this was the daily routine and even though verbal communication was limited they communicated in their own way and were able to share information about what they had done at the day care. This demonstrated a positive and caring environment where people were cared for and respected.

Is the service responsive?

Our findings

People told us the service was responsive and that they received the help and support they required. One person told us, “The staff know how to help me, I have been here a long time.” Another person said, “The staff help me to cook lovely meals and help me to get all my shopping done”. The person went on to say “I like keeping my room clean and staff support me to do it when I want to do it, so they work around me.” Staff told us that people who lived at Lemsford Road had different needs which changed regularly. One staff member said, “No two days are alike here; we have to expect the unexpected and be ready to respond accordingly.”

Staff supported and encouraged people to pursue their hobbies and interests. For example, we found that a person who was of Afro-Caribbean origin helped out at a local café called the ‘Caribbean Kitchen’ and went there several times a week. Staff told us not only did the person enjoy going there, but it also gave them an opportunity to sample the food. It reminded them of the county they had visited many times with their family which was a very positive experience for that person. We saw on another person’s chalkboard in their bedroom that they had a whole raft of social events planned. This included going into town for lunch, playing snooker and attending events at a local church hall as well as attending a social club and disco. We saw that if people changed their minds or decided not to attend any activities they were just crossed off their diary and there was no pressure for anyone to attend anything they did not want to attend.

A person told us they were going to town for a cappuccino and a “look around the shops.” Staff told us the person enjoyed going to coffee shops as it was something they had enjoyed over many years and was important to that person. Staff told us that most of the people who lived at Lemsford Road were well known in the town and local surrounding areas and they encouraged them to be involved in a number of events and things that were of interest to them. Another person showed us some beautiful art they had created and it had been displayed in London at the ‘London project’; a project that supports and displays crafts made by people with learning disabilities.

People told us that sometimes they had entertainment in the home and were able to go on holiday and do whatever they wanted to do. Staff and management had a positive outlook and there was nothing that people could not achieve with the right support and encouragement.

People told us that they were able to raise any issues or concerns with the staff or management. We saw that several complaints had been raised by people and had been investigated and responded to. There was also a process for recording compliments and for positive achievements. A member of staff told us, “This feels like a balanced approach as too often the focus was on the negatives when actually 99% of the time everything was good.”

We saw the complaints procedure was displayed in visible areas in the home and that it was available in an easy read format so that people could understand the process. Staff told us they would support people with making a complaint or raising a concern. Staff told us they had regular ‘house meetings’ and people had an opportunity to discuss anything that was of concern to them during these meetings. Complaints were discussed in staff meetings to ensure positive lessons were learned. This demonstrated an open and transparent culture and an environment where people and staff were listened to and whose opinions mattered.

We found that records were completed appropriately and in a timely way, this included daily progress and communication notes. For example, when a person returned from day care we saw the member of staff who was supporting them have a look to see what kind of day the person had had at day care or to see if there were any issues that they needed to be aware of. This process helped to monitor what was happening and for staff to be kept abreast of things so they could intervene quickly and keep on top of things. It also supported a good working practice between multiple organisations who were involved in supporting people.

Is the service well-led?

Our findings

People who used the service and staff told us they felt that the service was managed and well-led. They told us that the manager and management team had a visible presence and people we spoke to knew who the manager was. Staff told us the registered manager was approachable and that they were well supported.

People's views and opinions were sought through a survey that was sent to all stakeholders. The results were analysed and discussed at team meetings and action were agreed to make any required improvements. The manager told us they were reviewing the questionnaire as they had used the same one now for a couple of years and it was time for it to be reviewed.

Staff told us that attended regular staff meetings and were listened to. They told us they were consulted on all matters relating to the overall running and management of the home and they felt their opinion was valued. People who lived at Lemsford Road also had regular meetings where they could discuss matters important to them. We looked at the minutes of the last two meetings and saw that people had discussed many topics including keyworkers, care and support plans, redecoration of the home and topics which kept people informed about what was happening in their home.

The manager, assistant manager and staff had all been monitoring the quality of the service and completed regular audits. For example, medicines audits, cleaning and laundry audits and document audits including the regular review and updating of people support plans and risk assessments. The manager told us they tried to learn from incidents and accidents to reduce the chances of a reoccurrence. For example around the use of equipment in the kitchen, they tried to ensure precautions were in place to keep people safe.

We saw that peoples bedroom were personalised, clean and reflected people's individual personalities. In the smaller house the communal areas were in the process of being redecorated and people had been consulted and involved in the process.

We saw that staff and managers involved other agencies, such as social workers and day care workers in reviews and meetings about people who lived at Lemsford Road. This demonstrated an open and transparent approach and also ensured that everyone involved worked seamlessly to achieve the best possible outcomes for people who used the service.