

United Response

United Response - 131 Kneller Road

Inspection report

131 Kneller 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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

United Response - 131 Kneller Road is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence.

People's needs were assessed and reviewed regularly which ensured staff provided care appropriate to their needs. Care and support plans were updated when needed to enable staff to respond in a timely manner to changes in people's needs. The registered manager reviewed care plans and ensured staff had guidance on how to support people appropriately. People were encouraged to share their views about the service and to make a complaint when they were unhappy with any aspect of the service.

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.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights.

People had developed positive and meaningful caring relationships with staff who provided their care. Staff had worked at the service for long periods and had established a rapport with the people they cared for. Relatives commented, "Very kind, polite and friendly" and "It's one big family."

Staff provided care to people respectfully and ensure they upheld their dignity and privacy. A relative commented, "They treat [person] and everyone with respect." People were asked for their consent to the care and support provided. Where possible staff supported people to be as independent as possible and to make choices about their daily living.

People and their relatives were happy about the care and support provided. Comments included, "The staff are good and so is the care" and "Very pleased with the whole team." People received care in a manner that protected them from the risk of avoidable harm and abuse. Staff were trained in safeguarding adults and were aware of responsibilities to identify and report abuse to keep people safe. Risks to people's health and wellbeing were identified and managed safely.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using

services lead confident, inclusive and empowered lives.

People were supported by enough trained and skilled staff. Relatives told us, "[Care staff] know how their jobs well" and "[Staff] are well trained and very skilled."

Staff followed best practice and guidance in managing, administering and storing of people's medicines as they were trained to do so safely. Infection control and prevention practices and including those associated with COVID-19 were implemented to minimise spread of disease and contamination. The registered manager reviewed incidents and ensured staff learnt from their shortcomings in care delivery.

People were supported by staff who underwent safe recruitment processes, an induction, training and supervision to make them competent in their roles. People's needs were met through timely interventions by healthcare services when required. A relative told us, "[Person] sees the GP whenever they're unwell" and "[Staff] makes sure [person] attend all hospital appointments."

The provider and registered manager used quality assurance checks effectively to identify shortcomings in care delivery with improvements made when needed. The service worked in close partnership with other agencies.

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

Rating at last inspection

The last rating for this service was good (published 4 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector undertook the inspection.

Service and service type

United Response – 131 Keller Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. United Response – 131 Keller Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service, three relatives and four staff members including the registered manager and care staff and a health practice manager at the service.

We reviewed a range of records. This included four people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service

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

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 we rated this key question good. The rating for this key question has remained good. 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. Comments we received included, "I have no concerns about [person's] safety at the home" and "It is a safe environment."
- Staff understood their responsibility to identify and report abuse to keep people safe. They attended safeguarding training and refresher courses to keep their knowledge up to date on how to support people safely. Comments we received included, "We have a duty to report anything suspicious to the manager" and "Our residents depend on us to keep them safe. I know the types and signs of abuse to look out for."
- The registered manager ensured staff understood and followed procedures to keep people safe, for example changes were made when a person's ability to manage aspects of their personal care changed.
- Safeguarding referrals were made to relevant authorities, investigated and resolved. There were no open safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- People were assessed for risks to their health and wellbeing which enabled staff to provide care in a manner which minimised the risk of avoidable harm.
- Staff were provided with risk management plans which were reviewed and updated regularly which ensured they had guidance to provide care safely. For example, people received support with managing their personal care, medication, nutrition and hydration and environment.
- Staff knew the risks to people they supported. Records showed staff followed the guidance when providing care and worked closely with their managers when they identified new risks.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs. A relative told us, "[Person] has all the support they need and more. There is always a carer to support [person]." The registered manager used a dependency tool to determine the level of support each person required. Staff were allocated in line with this and rotas prepared in advance. Staff absences were suitably covered to ensure people received care when required.
- People received care from a regular team of staff, some of whom had worked at the service for over a decade. The provider had an ongoing recruitment programme to build and retain a permanent staff team which enabled staff to develop positive relationships and understanding of people, their needs and support required. Another relative told us, "I am happy because the same carers have supported [person] for years. They understand [person] well and almost instinctively know when they are happy or sad."
- People were supported by staff who were recruited safely. The provider undertook checks on prospective staff's employment history, including references and Disclosure and Barring Service (DBS). DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the support they required to manage and take their medicines. Medicine Administration Records (MAR) were completed, checked and audited to identify and resolve any issues.
- Staff underwent training on how to manage people's medicines and the registered manager checked their competencies assessed to safely do so.
- The medicines policy and procedures were reviewed and updated and made available to staff for guidance when required.

Preventing and controlling infection

- People were supported in a manner that minimised the risk of infection. A relative told us, "[Care staff] are good with their hygienic practices. The home is always kept clean and so is [person]."
- Staff received training in infection prevention and control procedures including those related to COVID-19. People told us staff followed good hygiene practices when providing them with care. Staff were provided with Personal Protective Equipment (PPE) such as aprons and gloves which they consistently used when undertaking personal care or food preparation to prevent contamination and spread of disease.
- Routine and spot checks, team meetings and handovers were undertaken to ensure staff used PPE as appropriate.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People's care delivery benefitted from staff who learnt from incidents and minimised the risk of the events from happening again.
- Staff followed the provider's procedures to record and report accidents and incidents. The registered manager reviewed incidents which enabled them to identify patterns and trends. They ensured staff learnt and shared good practice via supervision and team meetings.

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 we rated this key question good. The rating for this key question has remained good. 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 needs were assessed to enable staff to provide effective support. A relative told us, "We meet and communicate with managers and staff to discuss [person's] care needs and any changes to their health." Relatives where appropriate were involved in the planning, assessment and review of people's needs.
- People received care that met their individual needs and preferences. Care plans highlighted people's health needs, the support they required and their preferences to the times and how they wished to receive care and support. Care plans were regularly reviewed and updated to reflect people's care and support needs.
- Staff provided care in line with provider's guidance and best practice.

Staff support: induction, training, skills and experience

- People were supported by staff who were equipped for their role through induction, training and supervision. Comments included, "The training offered is great" and "[Registered Manager] and management team are always available and very supportive."
- Staff received supervision and training in areas such as safeguarding people from abuse, infection control, Mental Capacity Act 2005 and moving and handling which ensured they kept their knowledge up to date and skills relevant to their roles.

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

- People received appropriate support from healthcare professionals which enabled them to live healthier lives. The provider involved other agencies such as GPs, learning disability nurses, occupational therapists, speech and language therapists as well as psychologist and psychiatrists to meet each person's individual need. A relative told us, "Staff keep me in the loop when [person] is unwell and make all the appointments required." The registered manager worked closely with people's relatives to ensure appropriate arrangements were made to have each person access the healthcare services they required.
- Staff followed guidance put in place by healthcare professionals to meet people's needs. A relative told us, "[Person's] health is good because staff follow the GPs recommendations."

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

- People's nutritional and hydration needs were met. Staff involved people with meal planning, preparation and encouraging them to eat healthily. A relative told us, "[Person] enjoys a variety of food dishes. Staff encourage [person] to think about what they want to have and promote healthy choices."
- People received the support they require to plan their meals, prepare the food and to include fresh food,

vegetables and fruit in their diets.

- Care records contained people's food and drink preferences which ensured staff provided them with what they enjoyed and to meet their dietary needs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to the care and support they received. Relatives told us, "Staff understand [person's] ways of communicating. They know how to get permission before they give them care" and "[Care staff] check with [person] before they do anything."
- Staff were trained in MCA and understood its principles which they applied when supporting people to make decisions about their care.
- People's care records indicated their ability to make decisions about their care. This enabled staff to understand when and how much support to provide. For example, about managing their personal care and medicines.
- Staff had access to up to date policy on MCA and Deprivation of Liberty for guidance about how to uphold people's rights to make decisions about their care and support.

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 we rated this key question good. The rating for this key question has remained good. 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 were treated with kindness and compassion. Relatives told us, "Staff are very caring. They treat everyone not just [person] with respect" and "Everyone is so lovely here."
- People had developed positive caring relationships with the staff who provided their care. Relatives comments included, "[Staff] have worked with [person] for a very long time. They get on well with each other" and "Undoubtedly, staff know more about the [person] than us family members. They are great with all the residents."
- People's records contained information about their life history, likes, dislikes and preferences which ensured staff care for them in a manner that met their diverse needs. Staff supported people to access the community and to enjoy various aspects of daily living. Staff respected people's equality and diversity rights and did not discriminate against them when providing care.

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

- People were supported to share their views and to make decisions about the support they required.
- Staff involved people using the service and their relatives where appropriate in planning and developing their care and support plans.
- People were cared for in a manner that respected their wishes and according to their preferences. Staff were flexible around people's daily routines when needed.
- The provider, registered manager and staff had a strong ethos of advocating on people's behalf to ensure they had access to the resources and care they required. This included various aspects of their daily living such as their tenancy and ensuring the properties they lived in met their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People had their rights to privacy and dignity promoted and upheld. Comments we received included, "We respect people's spaces and give them private time when they wish to be on their own" and "We do the basic but important things such as knocking on doors before entering, using their preferred names and not making an assumptions about what they want."
- People were supported to live independent lives as far as practicable. A relative told us, "[Person] is encouraged to do as much as they can for themselves. Staff will do those tasks that are difficult for [person]."
- Staff supported people to acquire new skills and to maintain existing abilities to undertake tasks they were able to do such as washing their face, dressing up and laying out the table.
- Each person's ability to undertake various aspects of their living such as washing and dressing, managing their medicines, attending activities in the community and developing friendships were assessed and

recorded. This enabled staff to provide people's care in a manner that promoted their independence.

- Staff maintained people's confidentiality and shared their information with relevant professionals when appropriate and on a need to know basis.
- The provider and staff received a dignity care certificate from the local authority in recognition of the manner in which they provided care in a caring and dignified manner.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received personalised care that met their needs and preferences. A relative told us, "Staff really know [person] and help them as much as possible with the support they need."
- People and their relatives told us the registered manager and staff involved them in planning their care and were happy with the support provided. Staff worked closely with people and engaged them to have choice and control about how they wished their care provided.
- People's care records were reviewed, updated and indicated each person's individual needs, the issues important to them, preferred daily routines and preferences and the level of support they required. This ensured staff had the information they required to meet people's needs.
- Staff had meaningful relationships with people and understood how to provide care to them.

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.

- People's sensory needs and preferences were assessed and staff understood how they wished to communicate. Guidance showed each person's communication needs and the manner in which staff were to communicate with them.
- People and their relatives told us and care records confirmed staff communicated with each person well and understood how they wished their care to be provided.
- People were provided information that fulfilled the AIS requirements. People's care and support plans, menus, activities and questionnaires were in easy read, pictorial format and or large font when required.

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 received the support they required to take part in activities of their choosing which enabled them to minimise the risk of social isolation and live fulfilling lives. For example, staff supported people to undertake personal development activities such as attending college and learning new skills.
- Each person had an individualised plan of their daily activities. Where required, staff supported people with meal preparation, tidying their bedrooms, to access the community, going on holiday and family functions. People were supported to build meaningful links with the local communities. Staff arranged transport, provided escorts and researched information on places of interests to visit and activities to undertake.

- People's care delivery responded to the changes of their individual needs. A member of staff was assigned to coordinate aspects of a person's care. This ensured people were supported to live their life to their fullest potential and to access services appropriate to their needs.
- People enjoyed relationships with others who were important to them. Staff supported people to develop and maintain friendships with others they lived with. The relations in the home were cordial. Staff worked closely with family members and friends where appropriate to arrange visits to the home or in the community.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint if care provided did not meet their expectations. Relatives commented, "There is a process to follow to register my displeasure. Fortunately, things have been good" and "I have spoken to the [registered manager] and staff. We have disagreed on issues, but they do listen and we discuss and iron out things."
- People and their relatives were provided with the complaints policy and procedure and understood how their concerns were dealt with.
- Complaints were investigated and resolved in line with the provider's procedures. Records of complaints were recorded and monitored which ensured concerns were addressed.
- People using the service and their relatives were very complimentary of the care provided.

End of life care and support

- People's end of life wishes were identified which ensured staff provided care that met their choices. Care records indicated people's views and end of life wishes were these were shared. At the time of this inspection, there was no one receiving end of life care and support. Staff told us they received training and supported a person to have a dignified and comfortable passing.
- The registered manager ensured staff followed the provider's end of life care policy and guidance. This included working closely with other health and social care professionals such as GPs and the palliative care team when required.

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 we rated this key question good. The rating for this key question has remained good. 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

- People using the service and their relatives were happy about how the service communicated with them. One person told us, "Staff contact us frequently. Communication is great."
- People and their relatives felt the registered manager and provider managed the service well.
- The registered manager ensured people's individual needs were known and that staff delivered person-centred care. This enabled people's needs and preferences to be met. An open and inclusive culture prevailed at the service and staff ensured people were empowered to lead their lives as they wished.
- Staff received up to date information about people's health and support needs daily through handover, communication book, feedback from colleagues and managers and care records. This enabled staff to provide care as people wished and in line with their preferred routines. We observed people involved in discussing their plans for the day and the support they required, for example making arrangements to go out into the community.

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;

- People and their relatives told us the registered manager and staff involved them in discussing any shortcomings in care delivery.
- The provider and registered manager were open and honest with people when things went wrong and took responsibility in ensuring issues raised were discussed and resolved. For example, the provider had reviewed how the process of involving a person's access to a preferred healthcare had not gone as planned. This ensured people were supported to access good standards of care.
- Staff told us the provider and registered manager empowered them to take ownership of any mistakes they made and which encouraged them to be open and honest without fear of reprisals. The registered manager addressed any issues that arose and supported the staff well.

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

- People's care delivery met regulatory and statutory requirements. A relative told us, "The home is well managed. Checks are done and I am happy with the quality of care provided."
- The registered manager understood their responsibilities and submitted notifications to CQC and the local authority safeguarding teams of significant events. They were passionate about the service and knew in detail the needs of each person and the support required to enable them to live fulfilling lives.

- Quality assurances checks were undertaken to assess and monitor the care provided. Audits on areas such as people's finances, medicines, care planning, record keeping, staff support and training were effective in identifying any concerns and driving improvement.
- Staff were provided with up to date policies and procedures on how to support people safely and in line with best practice. For example, the provider ensured staff had information in line with national guidance in response to the COVID-19 pandemic which enabled them to meet regulatory requirements.
- Staff had job descriptions and were clear about their roles and responsibilities. They worked closely with the registered manager, managers and colleagues to improve their practice.
- Staff told us they enjoyed working for the provider and felt supported in their roles. The registered manager had an open-door policy which staff said enabled them to discuss any concerns and receive the support they required. Staff received supervisions and updates from the management and communication from the provider. Team meetings records showed robust discussions about how staff were to meet people's needs, manage risks, policies and procedures, managing medicines, record keeping, supervisions, training and any changes happening at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People who used the service and their relatives and staff were engaged and involved in the running of the service. Comments we received included, "The [registered manager] is approachable, friendly and available when needed", "The staff are fantastic and have supported [person] well over the years" and "A very good care home. Happy to recommend to others."
- People and their relatives had opportunities to give feedback and shared their views on the care and support they received through meetings, surveys, care planning and reviews, contact via the service managers and daily communication with staff.
- Staff received regular updates about developments at the service and felt communication between the provider, management and them was good.
- The provider offered staff development opportunities within the organisation.

Continuous learning and improving care

- People were supported by staff who were engaged in continuous learning to improve the standards of care. The provider's policies and systems were used effectively to encourage staff to reflect on their practices and incidents to drive improvement.
- Staff had opportunities to learn and improve care through handovers, individual and group supervisions. This enabled staff to deliver care in a manner that minimised the likelihood of making mistakes when supporting people. They felt confident to share their views to develop the service and said the registered manager and provider valued their ideas.

Working in partnership with others

- People's care delivery benefitted from the close working partnership with health and social care professionals including GPs, physiotherapists, pharmacists, occupational therapists and social workers in planning and delivering individualised care. The registered manager liaised with agencies to facilitate the transition process and to enhance staff's understanding of people's needs.
- People received the support they required to develop and maintain links with the local community and to access resources and facilities they required to improve their health and well-being.
- We received positive feedback from healthcare professionals who worked closely with people using the service and their relatives.