

United Response

# United Response - 9 Beverley Road North

## Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

United Response – 9 Beverley Road North provides care and support to up to five people who have learning disabilities. The home is a dormer bungalow providing good access to local services and amenities. Each person has their own bedroom and shares communal facilities. There is a safe and secure garden.

The inspection visit took place on 30 January 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day, we needed to be sure someone would be in.

At our last inspection we rated the service overall Good. It was outstanding in caring and good in the other four domains. At this inspection we found the evidence continued to support the rating of overall good and remained outstanding in the caring domain. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection visit five people lived at United Response – 9 Beverley Road North.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People supported in Beverley Rd had complex care needs and not all were able to speak with us or communicate in a way we understood. However we observed interactions between staff and people who lived at Beverley Rd, spoke with people able to communicate verbally and with families. They told us they felt they or their family member were safe and cared for, happy and well supported by staff.

Procedures were in place to minimise the risk of unsafe care or abuse and staff understood their responsibilities to report unsafe care or abusive practices. They had received training on safeguarding vulnerable people and knew how to do this.

Care plans were focused on each person's individual needs and preferences. Staff involved people and where appropriate, their relatives and records were informative about the care people received. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with complex care needs. There were sufficient staffing levels in place to provide the support people required and staff responded promptly when people needed assistance.

Medicines were managed safely. They had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. People received their medicines when needed and appropriate records had been completed.

People indicated they liked the choice and variety of meals. We saw people received adequate nutrition and hydration. One person said, "I enjoy cooking with the staff. We choose healthy food."

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities provided were appropriate for the care and support provided. We found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

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

We saw people had access to healthcare professionals. One person told us "[Name] sorts out for the doctor or nurse to see me and stays with me so I don't get too anxious." People's healthcare needs were met promptly. Staff provided care in a way that respected peoples' dignity, privacy and independence. People and their relatives told us staff cared for them in the way they wanted.

People indicated they enjoyed a variety of meaningful leisure activities in the home and in the local community. These gave people the opportunity to try new activities as well as ones they already enjoyed.

People and their relatives were given information about how to complain. People we spoke with told us they felt able to complain and express any concerns. No-one we spoke with had any complaints. People also had information about support from an external advocate should this be required.

The registered manager assessed and monitored the quality of the service. These included regular audits and ways to seek people's views about the service provided. People who lived at Beverley Rd and relatives told us the management team and staff were approachable and willing to listen.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Outstanding.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# United Response - 9 Beverley Road North

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

United Response - 9 Beverley Road North is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

United Response – 9 Beverley Road North provides care and support to up to five people who have learning disabilities. It is a dormer bungalow providing each person with their own bedroom and shared communal facilities. There is a safe and secure garden.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and Lancashire Healthwatch. Healthwatch is an independent consumer champion for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 30 January 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included two people who lived at the home, a relative and a healthcare professional. We spoke with the registered manager and three staff members. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at two people's care records and five people's medication records. We reviewed other records, including staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. This enabled us to determine if people received the care and support they needed in an appropriate environment.

# Is the service safe?

## Our findings

We asked people able to talk with us, if they felt safe at United Response - 9 Beverley Road North. One person said, "I am totally safe here. I know there are staff here all the time." A relative told us, "[Family member] is the most safe they ever could be and this shows by how contented they are."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who knew what action they would need to take to protect people from abuse. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at the home."

Risks for people were reduced because the staff team had completed risk assessments to identify potential risks to people in their care. We saw these provided instructions and guidance for staff. They were monitored and reviewed regularly.

We looked at how accidents and incidents were managed at the home. Where any incident, accident or 'near miss' occurred the registered manager reviewed them to see if lessons could be learnt. As a staff team they reflected on whether they could improve on how they managed the incident and if they could reduce the risk of similar incidents occurring.

Staff were recruited safely with appropriate checks, trained and supported. People indicated there were sufficient staff. This was demonstrated by the staffing levels during the inspection and on the staff duty rotas we checked. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide person centred support

People said staff supported them with their medicines safely. We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We saw one person was on large amounts of medication on admission. With guidance from the GP and agreement with the person, staff slowly decreased unnecessary medication. This resulted in the person becoming clearer about their needs, wishes future goals.

We looked around the home and found it was clean, tidy and maintained. Equipment was serviced regularly. Maintenance and repairs were carried out promptly. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This assisted staff to reduce the risk of infection to people they supported and themselves when providing personal care.

## Is the service effective?

### Our findings

People indicated they enjoyed the food at United Response - 9 Beverley Road North. One person smiled broadly when we asked if they liked their meal. Another person said they were involved in buying and cooking meals. They told us, "I cook with supervision. I have to get used to a gas cooker. I'm used to an electric one, but staff help me." During the inspection we saw people were involved in the weekly shop and choosing meals. One person told us they were trying to eat healthily and exercise to lose weight and get fit. We saw staff supported them with this.

People had been assessed on their nutritional needs and preferences. Staff knew people's dietary needs, likes and dislikes. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We saw people received effective care because the staff supported people in a consistent way with clear and up to date care records. People told us staff supported them to see healthcare professionals. Care records confirmed this. People's healthcare needs were monitored, discussed and agreed with the person and where appropriate their relatives. One person said, "[Staff] come with me and explain anything I don't understand so I am not as anxious about things." A relative confirmed staff fully involved them in their family member's care. Staff advised people about their health conditions and supported them with complex and life changing decisions. This gave them confidence and information to make an informed choice. Staff liaised with other professionals and provided information and documentation about people's needs so they could give the right care.

On admission one person was using a wheelchair, unable to walk as a result of injury and had other health issues. They had become socially isolated, anxious and communication was poor. Staff were proactive in improving the person's well-being. They had engaged, supported and encouraged the person to progress. They referred them to a physiotherapist and robustly supported the physiotherapy programme. On inspection we saw the person was walking and able to go out alone or with staff. They had developed a trusting relationship with staff who put strategies in place to deal with anxious times. They referred the person to the learning disability team and a counsellor. This support made a difference. Gradually the person felt able to share their anxieties with staff and decided they did not need see a counsellor anymore.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment where people had capacity. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where people were restricted this was done lawfully. The staff team made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We looked around the building found it was accessible, homely and appropriate for the care and support provided. Bedrooms were on the ground floor and had ceiling tracking and other equipment to assist people with mobility. People had personalised their rooms with their own choice of belonging reflecting their personality and interests. There was a spacious garden where people could access outdoor space.

Records seen and staff spoken with confirmed they received training relevant to their role. All staff had achieved or were working towards national care qualifications. This assisted them to provide care that met people's needs. One staff member told us, "We have had lots of training and the time to complete it." Staff told us and records seen confirmed they received regular supervision. These were one to one meetings held on a formal basis with their line manager. They told us they could suggest ideas and training needs and were given feedback about their performance.

## Is the service caring?

### Our findings

The service remained outstanding and was providing personalised care that met people's needs and exceeded people's expectations. People indicated they were happy and well cared for. One person told us, "I came here just for a short stay. I looked at a few places and this was the best. Once here I was so happy here I decided I didn't want to leave, so I have stayed here and I love it." A relative told us, "There is a feel in Beverley Road that we have never experienced elsewhere; it's like visiting a family you are part of. You don't feel it's staff, service users and relatives. You feel the staff really love and care for the people in Beverley Road. We are all one big family genuinely caring and wanting the best for each other."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. All staff had received training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and staff were very knowledgeable about each person. This helped people to receive the right support.

One person was admitted to United Response - 9 Beverley Road North as an urgent placement due to the closure of their care home. Staff worked additional hours at short notice to make sure they had the right support in place, to get to know the person and support them. If staff had not supported the person to move within the given time-frame there would have been a negative effect on this person. The person would have had to have a temporary move to another service before moving to United Response - 9 Beverley Road North. If they had moved without knowing the people they were to live with or staff it would have been more stressful for the person and for their 'housemates'. Also staff would not have not known the person sufficiently well to provide personalised care to meet their needs.

We saw one person had significantly improved their communication since admission. Their communication on arrival was only one or two words. The person had a communication board which staff supported them with. However, the person didn't want to use it. Staff referred them to a Speech and Language assessor to look at alternative communication aids. The person informed staff robustly that they did not want to use communication aids. Gradually with consistent staff support they had developed good verbal communication. They were able to ask questions and say what they wanted to do. With their increased and effective verbal communication, the person's behaviours that challenged had significantly reduced and they were more content and confident.

Staff were proactive in supporting people to keep in touch with families and friends. They encouraged friends and relatives to visit the home and also took people to see them. One person told us they had developed a good social life with staff support, rebuilt old friendships and made new ones. The person was extremely positive about the move to United Response - Beverley Road North and attributed their improved confidence to staff care and support.

Relatives told us they had unrestricted access to their family member. One relative told us, "We don't have to phone up first. Everyone makes you feel very welcome." Staff assisted people to use technology to communicate with others. People told us about using the telephone, computers and IPADs to help them keep in touch with their families. One relative told us they used 'facetime' to speak to their family member. This enabled them to see and hear each other even if they were away from home. They added how pleased they were with how this had worked.

We saw there was information for people about advocacy services so people's interests would be represented by independent services to act on their behalf if needed. This was particularly important where people had no relatives. People's information remained confidential. Records were safely stored and staff knew not to talk about people's personal information in public areas.

We observed staff treated people in a respectful, sensitive and caring way. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. They listened to people and gave them sufficient time to ask and answer questions. One person said of staff, "They are friendly and fun but also really good when I am upset or anxious and always calm me down. They are just great." A relative praised staff and told us, "One of the most special things about Beverley Road is the way they keep their staff and the way the staff look after the individuals there." They went on to tell us of the exceptional caring and commitment by the staff team to the people they supported, saying, "[Family member's] key worker even changed their annual leave so they could go with family member [and us] to an important appointment as we needed [staff members] input. You don't often see commitment at that level."

## Is the service responsive?

### Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. People who lived at United Response - 9 Beverley Road North and relatives told us staff were responsive to their care needs and available when they needed them. They said they were encouraged to talk about how they wanted their care and support provided. One person told us, "Me and the staff we discuss together what I want to do and write it down on my activity sheet. We can change it if I want to, if I change my mind."

Staff told us care plans were personalised and reviewed regularly and involved each person and their relatives. The care plans we saw demonstrated people were consulted and involved in care planning and reviews. Information on each person was detailed, informative and written positively.

There were frequent and varied social and leisure opportunities according to each person's likes and dislikes. Activities included cooking, art, playing the guitar, watching sports, listening to music, swimming, attending social events, theatres concerts and cinemas and holidays.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Where people had no formal way to communicate, clear information on the non-verbal ways people showed emotions was in place. As was their likes and dislikes. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals, particularly where people were unable to communicate independently.

The complaints procedure was made available to people and their relatives. It was also available in easy read. Where people were unable to complain themselves due to their communication difficulties and complex needs, relatives or advocates could act on their behalf. One person told us they were encouraged to raise any concerns and knew how to make a complaint. The people we spoke with and their relatives were happy and had no complaints about the service. A relative told us, "If I want to speak to [registered manager] about anything it is not a problem be it a concern or a suggestion she is always ready to discuss things."

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so. We saw people had been supported to remain in the home as they headed towards end of life care. Staff had sought advice as needed from the local hospice and Macmillan nurses and people were supported through their loss when a death occurred and the person was talked about and remembered using memory boxes.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the registered manager was proactive and enthusiastic in her leadership and was approachable and organised. One person said, "I love it here, [registered manager] is great and it is run well. And all the staff listen and help." A relative complimented the registered manager on her leadership and said, "We talk to [registered manager] frequently and discuss [family member's] care. She is excellent. She never lets the staff become complacent and is always looking at how they can improve on things at their staff meetings."

People and their relatives had completed satisfaction surveys. These confirmed they were happy with the standard of care, accommodation, meals and activities organised. They said they felt safe and the home was well managed. A relative told us, "One of the most special things about Beverley Road is the way the staff have stayed with the home and look after the individuals there."

There was a clear management structure in place. The registered manager and her staff team were, knowledgeable and familiar with the needs of the people they supported. They understood the legal obligations, including conditions of registration from CQC and those placed on them by other external organisations. Discussion with the registered manager and staff on duty confirmed they were clear about their role and provided a well-run and consistent service.

The management team completed a variety of audits to effectively govern, assess and monitor the quality of the service and staff. Regular audits had been completed. These included reviewing, medicines, care plans, infection control, equipment and the environment. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager and management team.

The staff team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They told us sought information, advice and guidance from other agencies. These included social services, GP's and other healthcare professionals. They learnt from incidents that had occurred and made changes to care plans in response to these.

The service had on display in the entrance of the home and the United Response website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.