

United Response

# United Response - 47 Doublelegates Green

## Inspection report

47 Doublelegates Green  
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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 inspected United Response - 47 Doublegates Green on 10 December 2018. The inspection was announced. When we last inspected the service in April 2016 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the evidence continued to support the rating of good and 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.

United Response - 47 Doublegates Green 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.

United Response - 47 Doublegates Green is a large purpose-built bungalow situated on a housing estate close to the centre of Ripon. The service is registered to accommodate a maximum number of five people with a learning disability, some of whom have a physical disability. At the time of the inspection there were five people who used the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

At this inspection we found the service remained good.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. We did note the choking risk assessment for one person did not include guidance for staff to follow in the event of this happening. However, we received confirmation after our inspection from the registered manager that this had been undertaken.

Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked. However, we did find the staff signature list for those staff who were responsible for the administering of medicine had not been completed. There were some gaps in the recording of room temperatures where medicines were stored. The senior support worker told us they would take immediate action to address this.

The home was clean and tidy and communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

There were enough staff on duty to meet their needs. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place. Where there were gaps in training this had been identified and training had been planned.

People were 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.

Staff supported people to maintain a healthy and nutritional diet. People were supported by staff to maintain their health and attend routine health care appointments.

Staff were kind and caring. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People had access to a range of activities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager, senior staff and the provider, to monitor and improve the quality of the service. Feedback was sought from people who used the service through meetings and surveys. This information was analysed and action plans produced when needed.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# United Response - 47 Doublegates Green

## **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.

This comprehensive inspection took place on 10 December 2018 and was announced. We gave the provider short notice that we would be visiting. We did this because the service is a small care home and people are often out during the day. We wanted to make sure someone was in when we arrived at the service. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other health and social care professionals who worked with the service to gain their views of the care provided by United Response - 47 Doublegates Green.

The provider had 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 used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at two staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

The registered manager was not present on the day of the inspection. However, we spoke with them on the telephone after our visit. During the inspection we spoke with a senior service manager, a senior support worker and four support workers. People who used the service had limited communication because of their disability. We spent time observing staff interactions with people throughout the inspection. In addition, we spoke with the relatives of two people who used the service.

# Is the service safe?

## Our findings

Relatives told us the service was safe. Comments included, "I have a good comparison of good care and negligent care. [Person] would not get any better looked after by royalty" and "I have no worries at all about [person]. When we bring [them] back after spending a weekend with us [they] are smiling. It's a weight off my mind [person] being here. I know they are very well looked after."

Health and safety checks of the building and equipment were carried out. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. Documentation and certificates showed that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with understood the policies and how to follow them. Staff were confident the provider would respond to any concerns raised.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs of people who used the service. During the inspection we saw staff had a calm approach and responded to people's needs in a timely manner.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, skin integrity and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. We did note the choking risk assessment for one person did not include guidance for staff to follow in the event of this happening. However, we received confirmation after our inspection from the registered manager that this had been undertaken.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. We noted the staff signature list for those staff who were responsible for the administering of medicines had not been completed. There were some gaps in the recording of room temperatures where medicines were stored. The senior support worker told us they would take immediate action to address this.

The home was clean and tidy and communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had access to equipment to maintain good food hygiene practices. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. There were plans in place for emergency situations. For example,

what to do in the event of a fire, and each person had an up to date personal emergency evacuation plan. This meant staff had the information they needed to ensure people were safely evacuated in an emergency.



# Is the service effective?

## Our findings

Relatives told us staff provided a good quality of care. Comments included, "Lots of things got done when [person] came here. [They] had an occupational therapist assessment. [Person] got new slings and other things." This relative told us the person who used the service had lived at another regulated service for many years before moving into United Response - 47 Doublegates Green. Initially they had been worried about the move. They told us, "This has been a positive move. The transition was fantastic. We [relatives] can settle now knowing [person] is enjoying [themselves]."

Prior to using the service an assessment of people's needs was completed. This was to ensure their needs could be met and the correct equipment was available to ensure people's safety and comfort. People and relatives were invited to spend time at the service to see whether they would like to stay there.

Care staff were well supported in their role as the registered manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff we spoke with during the inspection told us they felt well supported by the registered manager, senior staff and the provider. Staff told us "The manager is very supportive. I have been getting supervision every six weeks whilst I am on my probationary period" and "It's good to get feedback from our manager. I think [registered manager] is very supportive."

Care staff had received the training they needed to meet the needs of the people using the service. We noted some staff were slightly overdue some training. The registered manager told us any gaps in training had already been identified and training arranged. One staff member we spoke with during the inspection told us when they first started work at the service they received an induction and had shadowed more senior staff until they were confident and competent.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. Mental capacity assessments and best interest decision were available within care records we looked at during the inspection.

The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this. We saw that snacks were provided during the day.

People had access to the healthcare services they required and staff were knowledgeable about people's healthcare needs. For example, they knew how to recognise when a person was unwell. Staff requested healthcare support when this was needed and followed the advice given. Staff told us they communicated regularly with other health and social care professionals and described the support from the learning disability team as "Fantastic." A professional wrote and told us, 'The service seems to be effective. Residents'

care needs appear to be being met and the service definitely promotes a good quality of life, based on current best practices to the best of their ability.'

The premises and environment met the needs of people who used the service, was comfortable and homely in style. People's bedrooms were individually furnished and decorated.

## Is the service caring?

### Our findings

People were treated with kindness and compassion. Comments from relatives included, "The staff are dedicated and very caring and they listen" and "All of the staff are very caring. [Name of person] likes them all."

Staff knew people well. For example, they knew about people's preferences, what was important to people and how to motivate them in their day to day lives. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things people found upsetting or may trigger anxiety. We observed relationships between staff and people to be friendly and positive.

Staff were well organised, communicated effectively with each other and people who used the service. Staff spoke positively about the caring relationships which had developed between the staff team. One staff member said, "We are a great team and work really well together. [Registered manager] is very caring and works really hard to make sure people needs are met and they are happy."

A professional wrote and told us, 'The staff at Doublegates Green are incredibly caring. Many have worked with the residents for a number of years and this is one of their biggest strengths. Staff always treat the residents with compassion, kindness, dignity and respect, from what I have observed.'

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were extremely polite and friendly in their approach to people. Staff were patient when speaking with people and took time to make sure they understood what was being said. We heard staff making noises with a person who used the service. We asked why they did this and we were told that this was what a close relative did. We saw how this brought about comfort and reassurance for the person who used the service. This meant staff communicated with people in a way that was meaningful to them and resulted in comfort and reassurance. We saw staff were appropriately affectionate with people. used to communicate with the person in a way that was meaningful to them and it resulted in comfort and reassurance.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff understood people's right to be treated with respect and dignity and to be able to express how they were feeling. Staff told us how they would knock on people's doors before going into their room and how they made sure all personal care was provided behind closed doors.

Information on advocacy was available for anyone who required this. At the time of the inspection there was one person who used the advocacy service.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Relatives praised staff and the care that was provided. Relatives commented positively on the activities and outings people took part in and told us they had a very active social life. One relative said, "The music man comes in [person] takes part and bangs the drums and tambourine. I know [person] likes noise. [Person] has been out to Pateley Bridge, the seaside, into Ripon. [Person] goes out to the local Weatherspoon's for a meal."

People were supported to follow their interests and take part in activities and outings of their choice. People regularly visited the local shops and went into Ripon for shopping and meals out. People enjoyed reflexology once a month and regular therapeutic massage. Staff told us people liked movie nights and that some people had enjoyed a holiday in Blackpool.

At the time of the inspection the service was planning for Christmas. A Christmas party for people, relatives and staff had been arranged for 20 December 2018.

Relatives confirmed they were involved in discussions regarding their family member's care and supporting people to make making choices about the care they received. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's hygiene, mobility and nutritional needs.

Relatives said communication with the service was good, and that staff responded quickly to any changes people wanted in their support. A relative we spoke with said, "They [staff] keep me up to date with everything."

The service had a complaints policy and procedure, details of which were provided to people and relatives when they first joined the service. Relatives told us they would feel comfortable in speaking with staff if they had any concerns.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. The senior service manager and registered manager told us how they had recently celebrated the life of a person who used the service. The person was well known in the local community and people, staff, relatives, friends and the local community had come together in the grounds of the service to celebrate the person's life and sing songs. We were shown the memory area of the garden where a plaque had been placed in memory of them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats

to meet people's diverse needs. Staff knew people well and knew how each person communicated.

## Is the service well-led?

### Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been registered with the Care Quality Commission since July 2017.

Relatives spoke extremely positively of the registered manager. Comments included, "[Registered manager] runs the ambience of the place as if it were [their] own house", "[Registered manager] is a very good manager. [They] are genuinely sincere and very approachable" and "[Registered manager] has always gone the extra mile to make sure everything is as it should be." A professional wrote and told us, 'The manager of the home is extremely knowledgeable and approachable both towards [their] staff team and towards healthcare clinicians alike. [They] ensure to take an active role in assessments and interventions recommended through our service to residents at the home and ensures that [they] action recommendations in a timely manner. The home manager definitely promotes person-centred care and encourages learning and innovation in the staff team for the benefit of the residents.'

Staff spoke very positively about the culture, values and leadership of the service. One member of staff said, "I love working here. [Registered manager] is fantastic. There is a good atmosphere where they [people who used the service] always come first.

The registered manager and other senior staff carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, health and safety and medicines. Records confirmed that where audits identified issues action was quickly taken to address them.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service. A staff member said, "Our meetings are good we all share ideas and bounce of each other." Formal meetings for people who used the service did not take place. Staff told us they were able to obtain feedback on what people liked and didn't like by observing their facial expressions and reactions. Staff observed people when they were taking part in activities and outings, eating, during care and with staff to make sure they were content.

The registered manager understood their role and responsibilities, and could describe the notifications they were required to make to the Care Quality Commission and these had been received where needed.