United Response
William Street

Inspection report

2 William Street
Calne
Wiltshire
SN11 9BD
01249 817215
Website: www.unitedresponse.org.uk

Date of inspection visit: 10 October 2015
Date of publication: 19/11/2015

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

This inspection took place on 10 October 2015 and was unannounced. The last inspection took place on 15 May 2014 and no breaches of legal requirements were found at this time.

The home provides care and accommodation for up to four people with a learning disability. At the time of our inspection there were three people living in the home. There was a registered manager in place at the home. 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. The registered manager told us they were about to embark on long term leave. However the organisation had arranged for a temporary manager to oversee the running of the home in the registered manager absence.

People in the home were supported by safe numbers of staff who were able to meet their needs, and people's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's

Summary of findings

capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary. Staffing levels were flexible to accommodate the needs of people and the activities they chose to do in their local community.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by speaking with people and the observations we made during our inspection.

Staff were trained in medicines management. Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Medicines that we checked matched the records that were kept.

People received effective care and were supported to access medical support when they experienced a change in their health needs. Referrals were made to external professionals as required.

People's nutritional needs were met and people were supported to make choices and cook their own meals if they wished to, with staff support as required.

Staff felt positive about the training and support they received. They felt the training they received enabled them to fulfil their roles effectively.

People's care and support plans were reflective of people's needs and contained risk assessments that ensured the least restrictive options were considered. Support plans clearly identified people were given choices in their daily lives.

A detailed system was in place to monitoring the quality of the service that people received. This included a system to manage people's complaints.

People's feedback was sought on a regular basis to gain their views on the service they received.

The registered manager understood their legal responsibilities in relation to their role. This included reporting to CQC when they were going to be absent from the service for longer than 28 days.

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?

Good

The service was safe.

Sufficient numbers of skilled staff were on duty to support people safely with their care routines.

Safe recruitment processes were followed and relevant checks were made before staff started work in the home.

Staff were trained in safeguarding adults and understood their responsibilities to protect people from potential abuse.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Medicines that we checked correlated to the records that were kept.

Is the service effective?

Good

The service was effective.

Staff received appraisals and supervision that guided them in their role and highlighted any development and training needs.

People received effective care. Support was in place to ensure that people's health needs were met.

People's rights were protected in line with Mental Capacity Act 2005 and staff received training in this area. People were supported to make decisions in their daily lives.

People's nutritional needs were met and were encouraged to be involved in the meal choices and preparation.

Is the service caring?

Good

The service was caring.

People felt positive about the care they received and the staff that supported them.

Staff treated people with respect and dignity and supported people in a sensitive manner.

People were supported to maintain relationships with the important people in their lives.

People were involved in decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people themselves.

Is the service responsive?

Good

The service was responsive.

Staff supported people to be actively involved in their local community. This included part time voluntary employment.

Personalised care and support was offered to all people that lived in the home.

Staff understood people's needs and preferences. They had a good knowledge of people's individual likes and dislikes.

Summary of findings

A system was in place to respond to complaints. Information was supplied in appropriate formats to meet people individual communication needs.

Is the service well-led?

Good

The service was well led.

People's opinions were sought to improve the quality of the service.

Staff were confident about raising issues and concerns and felt supported by the management team.

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

There was a management team in place to support the registered manager.

William Street

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 was planned to check 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.

This inspection took place on 10 October 2015 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people in the home and looked at how staff were trained and supported. We spoke with the people who were at home. We made observations of the care people received and spoke with two members of staff who were on duty. Following the inspection we also spoke with the registered manager. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

Good

Is the service safe?

Our findings

We spoke with the three people who lived in then the home and asked how safe they felt. People's comments included: "yes I am safe here I would tell [name] and "it's nice here I like it". One person we spoke with told us they knew who to tell if they weren't feeling safe. We observed that people were content and settled in the company of staff and they interacted in a friendly way throughout the inspection.

Staff were aware of and confident in their responsibilities to safeguard people in the home. All staff confirmed they had received training in this area and felt confident in reporting issues to senior staff. We viewed the safeguarding folder in place that detailed a flow chart for staff to follow should the need arise to report any concerns. The organisation also had a whistleblowing policy in place. Whistle blowing describes the action a member of staff can take if they are concerned about bad practice in the work place. However this could not be found at the time of our inspection, although staff we spoke showed a clear understanding of the policy. Following the inspection the registered manager confirmed it would normally be in the safeguarding file and confirmed a copy was now in the file.

People were cared for by suitable staff as there were systems in place to support safe recruitment decisions. Candidates would complete an application form followed by a structured interview. They would then visit the home and meet the people who lived there. One member of staff said "this is good to see how they get on with people". Following an offer of employment the relevant checks were made. This included: a Disclosure and Barring Service (DBS) check and two references. DBS checks give prospective employers information about any criminal convictions a person might have and records whether they are barred from working with vulnerable adults.

There were sufficient numbers of staff that to ensure that people's needs were met. A member of staff we spoke with told us there were sufficient numbers of staff to allow people undertake their chosen community activities. They said "we have various flexible shifts throughout the day to allow this. At night we have a sleep in". We viewed staffing rotas and saw that these reflected staffing levels as described. We were told that any unplanned staff absences were covered within the staff team, so that agency staff were not used, which meant a more consistent staff team supported people. Staff told us "We have a few relief members of staff that cover a lot of shifts and have worked here for years. They know people very well".

Systems were in place to manage people's medicines safely. Staff received training in medicines management and the administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts we viewed. Stock levels were checked on a monthly basis when new supplies were delivered from the pharmacy. Between these times, staff and the registered manager carried out checks and monitoring through the auditing and checking of MAR sheets.

The home was clean and free from odours. Cleaning schedules were in place as part of the homes daily routine and people were encouraged to help with the tasks. Personal Protective Equipment (PPE) was available for staff to use when undertaking some tasks such as cleaning and assisting people with their personal routines. This reduced risks of cross infection as effective cleaning took place.

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option was considered. One person's risk assessment stated '[name] bathes and washes their hair independently. However needs staff support to check the temperature of the water". This ensured the person was able to be independent with minimal staff support.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager and area manager audited all incidents to identify any particular trends or lessons to be learnt.

Good

Is the service effective?

Our findings

People received effective care and staff worked with healthcare professionals where necessary and followed their advice to ensure that the risks to people's health were minimised. One person we spoke with told us they had been affected by recent health concerns. In this instance the staff worked closely with the GP and followed the advice given. They also explained to the person what the treatment plan was and how it could affect their daily routines. The person's documentation evidenced clear guidance for staff to follow and included regular monitoring. Referrals were made to occupational therapists and social workers for further advice and guidance as required by people. This included a referral to an activity group to help a person's anxiety management.

People's on-going health needs were managed as people were supported to see a local GP or hospital, should they require it. People had Health Action Plans (HAP's) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals. It also helped health professionals understand the way in which people liked to be supported. Pictures were used to help the person to understand what it might be like and this was developed with the person to gain their preferences.

People's rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw examples of best interest's decisions being taken on behalf of people where it had been assessed they lacked capacity to make decisions themselves. Documentation contained details of who was consulted and involved in the process pictures were also used to aid people's understanding should they require this . Staff confirmed they had received training in the Mental Capacity Act 2005 and were able to tell us about key aspects of the legislation that demonstrated how they gained people's consent on a daily basis. For example, we heard a member of staff ask people, "Is it ok for the inspector to look at your personal files [names]". Throughout the inspection we observed people's rights were upheld as consent was routinely asked for.

People's nutrition and hydration needs were met and people's independence was promoted. People were involved in preparing and choosing their meals. We observed this during our inspection, we heard a member of staff say "[name] would you like to come and make your lunch". Each person was supported in this way. One person told us how they liked to cook the evening meal when it was their turn. The rota we viewed confirmed each person had this opportunity. Staff told us choice was always available for people on a daily basis, but they also ensured a balanced meal was provided and encouraged. Daily recordings were made of what people ate that demonstrated a balanced and varied diet was provided each day.

Staff were positive about the support and training they received. One member of staff said "we do have lots of training. Sometimes it feels too much, but it is good to be up to date with everything". We viewed the overall training records which showed the training set by the provider as being essential to meet people's needs. This training included: safeguarding adults, dementia awareness, equality and diversity, person centred care, moving and handling and health and safety. Specific training relevant to the needs of the individuals in the home was also provided . For example we saw staff received training in autism and positive behaviour intervention. Where people had particular needs associated with their health, staff confirmed they would receive training to support them. The organisation was implementing 'The Care Certificate' induction program throughout the organisation. This identified the standards care workers must receive to prepare them to work in a caring environment. The registered manager confirmed all new staff would be following this route as well as the standard local induction into the home.

Staff received appraisals and had one to one meetings with their line manager where their role was discussed and highlighted any development and training needs. Staff told us they felt supported and they worked together well as they were a long established team. The registered manager told us "under collective team management, staff supervision is completed through peer support and feedback sessions. These are done at the team meeting (held every 4 weeks) on a rotation basis. Since being in post I have also offered 1:1 sessions with team members and also hold these with relief colleagues also". Staff confirmed this and also reported they would feel confident to approach senior staff at any time on an informal basis to discuss any issues or concerns.

Good

Is the service caring?

Our findings

People felt positive about the care they received and the staff that supported them. We spoke with all three people who told us "staff are nice, yes we have choice. I like [name] is taking me to the hairdresser". Another person said "they help me a lot I am happy here". All people interacted contently with each other and with the staff. One person told us "I go to stay with my [name] I like that".

Staff were kind and caring in their approach and spoke with people in a considerate and respectful manner. We observed pleasant interaction throughout our inspection. Staff asked people what they wanted to do and often asked if they were ok, when they were sat quietly watching television. One member of staff was playing a game with two people and the other person wanted to do their knitting and was supported to do this.

People were supported to maintain relationships with the important people in their lives. People's files showed the people they wished to see and why they wanted to. Documentation called 'Important to' clearly showed who was important in their life and another document call 'important for' clearly showed how it was important to maintain theses family and friends contacts for the person. Staff told us how they would provide travel and support for people to visit their family and friends as transportation for some people may be a problem. This ensured people could maintain their links with family and friends.

Independence was promoted. It was clear in people's support plans the aspects of their care routines they were able to manage for themselves, this included their financial management. During our inspection we saw people went out to the bank to withdraw money from their account and staff supported them to record the money going into their account in the home and the money they took out. Other documentation we saw clearly identified how a person was supported to independently have days out with a friend. The plan was clear and ensured the person's choice and independence was promoted and respected.

People were involved in decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents were signed by people if they were able. Support plans were personalised and were written in the first person. Staff told us how they involved people in their reviews and were supported to choose what they wanted to achieve in their daily lives.

People's cultural needs were taken into consideration and accounted for. Staff told us this would be considered and discussed at the pre admission assessment and would be provided for. They told us people living in the home at this time did not have any specific spiritual or cultural needs, but felt confident they could meet any individual need in the future should this change. Staff received training in equality and diversity to raise their awareness and the training records viewed confirmed this.

As part of the provider's quality monitoring, people's opinions were sought through surveys on a yearly basis and through person centred planning reviews. A pictorial survey was used to help people understand what was being asked of them and staff said comments were positive. The registered manager told us the home used to have resident meetings, but people decided they didn't want to have this option anymore and their choice was respected.

Good

Is the service responsive?

Our findings

Staff supported people to be actively involved in their local community. One person told us "I go to [name] and I enjoy that. I see friends", another person told us "I go to work in the [name] it's good".

Staff told us "we have good neighbours and people are well known in the local community. One person undertook voluntary work in the community which they travelled to independently and clear guidance was in place for the person that included emergency contact information. Other people's activities included: going out for food and drinks in local establishments, shopping, going to the cinema and seeing family and friends. Staff told us "we try to do things that don't cost a lot of money as some trips are very expensive. We like to do walks as well, as its good for everyone". People were able to choose what activities they undertook and were individualised, this included yearly holidays with staff. We observed activities taking place during our inspection. This included supporting people to visit local shops to purchase individual items of their choosing.

People were supported by staff who understood their individual needs and preferences. Staff demonstrated they had good knowledge of the ways in which people wanted to be supported. For example a communication board was developed for one person who liked to know what they had to do the next day. Staff were able to describe in detail what they needed to do and what this meant for the person as a means of reducing their anxiety. People were able to follow their own preferred routines, getting up and going to bed at a time of their choosing. People we spoke with confirmed this.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were also developed in a pictorial format. This included safeguarding and complaints information.

Personalised care and choice was offered to all people that used the service. Personalised care plans were put in place . These were person centred and written in the first person and staff told us they asked people what they wanted to achieve in their daily lives and the plans were written with them. External professionals were involved as required in the form of joint reviews. Each person's individual file held comprehensive information around their care and support needs. The information included; support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. All support plans were evaluated regularly to ensure they reflected the person's current needs. Some of the documentation viewed was in a pictorial format to aid the person's involvement. This meant different communication methods were used to involve people in the development of their care and support planning.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described as 'things I find difficult now' clearly identified a person's presenting behaviour and mood. Then a document called 'things people do that are unhelpful' identified considerations for staff to follow. For example, a consideration to follow for one person was 'allow me time to complete the task' and 'give me positive feedback' . This ensured staff knew ways to support the person positively and reduce possible agitation.

Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary. A pictorial version was seen in people's files and people had signed to say it had been read to them and they understood it fully. No complaints had been received since our last inspection and people we spoke with knew how they could make a complaint.

Good

Is the service well-led?

Our findings

The service involved people in the quality monitoring of the service. One of the people who lived in the home was a member of the United Response National Quality Panel. This group of people used the service, visited other United Response services and spoke with people to gain their opinions and views. The views gathered was in relation to the quality of the service they received. This person told us "I enjoy the panel, I also did interviewing. I went to London as well". Staff told us this panel approach was aimed at improving the quality of services offered.

The service was well led. There was a registered manager in place, with support from a small team of support workers. They also received support from senior managers and their peers in the organisation. Staff were positive about the management arrangements and told us they were very well supported. Staff felt very confident about raising concerns with the manager and the wider management team. Staff said "we are an excellent team! We help each other. For instance someone had a fall the other day and extra staff was needed. [Name] came in straight away to help. We go above and beyond to support people here".

Staff worked together well and had communication books in place to keep up to date with any changes. They also identified positive qualities that were important in their role. Staff told us it was important "to do your best for people", "go that extra mile", "caring" and "treat people how you like to be treated. Like family". These qualities were evident in the observations we made throughout the inspection and evidenced team working was embedded in the service.

There were systems in place to monitor the quality and safety of the service provided. Following our inspection we spoke with the registered manager to gain their views and vision of the service. They told us "United Response has been going through a big streamlining project over the last 18 months. This has culminated in a lot of our policies being updated, and a review of certain things such as the format we use for files. The audit process has been reviewed and the first 6 monthly Area Manager's Audit has been completed. A lot of the areas identified in the audit link to specific parts of the new support files that are not yet in place. We discussed the new format at the last William Street team meeting and have an organisational goal of February to get them in place". Records of audits we viewed confirmed this.

The area manager six monthly audits included: support planning checks, staff records, complaints and practice observations. The overarching quality assurance system included weekly, monthly, quarterly, six monthly checks and annual checks. Checks included: medicines, finances, incidents/accidents, observations of staff interactions, training and fire and health & safety checks. These checks were undertaken by both the registered manager, staff and included visits from staff within the wider organisation. We viewed documentation that confirmed detailed checks were undertaken in line with the organisations policy and any actions were fully recorded and followed up at subsequent visits for progress updates. This ensured the care delivery and facilities were safe and effective for people.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, keyworker meetings and yearly questionnaires. Staff told us "we always ask people if they are happy with things and what they want to do".

The registered manager communicated with staff about the service. Monthly staff meetings took place and were also used as 'group' supervision forum. Minutes that we viewed confirmed this.

The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. For example, they understood the need to notify CQC of their long term absence from the home. Arrangements had been put in place to support the service. Staff told us "we have [name] filling in for [name]. They know the people here very well". People we spoke with were aware of the temporary management arrangements and confirmed they had met the temporary manger.