

United Response

# United Response - 198 Powder Mill Lane

## Inspection report

198 Powder Mill Lane  
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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

### About the service

United Response - 198 Powder Mill Lane is a care home providing care and support for up to five people with learning disabilities. The home provides permanent care and support for up to two adults with learning disabilities and respite care for up to three adults with learning disabilities. The home is managed by United Response and is situated in the Whitton area within the London Borough of Richmond Upon Thames. There were two people receiving respite care during the inspection. The home was not taking permanent people until refurbishment work was completed.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The home provided a safe environment for people to live and staff to work in. People enjoyed living at the home. People had risks to them assessed, this enabled them to live safely and enjoy their lives, whilst taking acceptable risks. Accidents, incidents and safeguarding concerns were appropriately reported, investigated and recorded. There were enough suitably recruited staff to meet people's needs. Medicine was safely administered.

People were not discriminated against and their equality and diversity needs were met. People were spoken to by well trained and supervised staff in a patient, clear way that they could understand. People were encouraged to discuss their health needs and they had access to community-based health care professionals. Staff protected people from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The home was adapted to meet people's needs. Transition between services was based on people's needs and best interests.

The home's atmosphere was warm, friendly and welcoming, with people enjoying the caring and compassionate way staff provided them with care and support. During our visit there were many positive interactions between people and staff. Staff observed people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People received care that was person centred and their needs were assessed and reviewed. They had choices, followed their interests and hobbies and did not experience social isolation. People were provided with information to make decisions. Complaints were recorded and investigated.

The home's culture was open, positive and honest with transparent management and leadership. The organisation had a clearly set out vision and values that were understood by staff. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

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.

The service applied the principles and of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good (published 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# United Response - 198 Powder Mill Lane

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

United Response - 198 Powder Mill Lane 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

#### During the inspection

We spoke with two people, five relatives, one care worker, and the registered manager. We looked at the personal care and support plans for four people and two staff files. We could look at four people's personal care and support plans as some people frequently used the respite service and so copies were kept on site. We contacted two health care professionals to get their views.

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.

#### After the inspection

We requested additional evidence to be sent to us after our inspection. This included the training matrix, audits and evidence of activities. We received the information which was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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.
- People's relaxed attitude and positive body language demonstrated that they felt safe. When asked if they felt safe living at the home one person said, "It's nice here, a safe place to be." A relative told us, "[Person using the service] is happy to go which is my indicator it is safe."
- Staff were trained in how to identify abuse and the appropriate action to take if they encountered it. Staff were aware of how to raise a safeguarding alert. There was one current safeguarding alert raised that was awaiting investigation. The provider's policies and procedures included a safeguarding procedure.
- Staff guided people about how to keep safe and areas of individual concern about people were recorded in their care plans.

Assessing risk, safety monitoring and management

- Peoples' risk assessments enabled them to take acceptable risks and enjoy their lives. The risk assessments included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, and interests changed.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people, that was serviced and maintained.
- Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
- One person frequently went out without telling staff. Staff were aware of the importance of checking if the person was out and where they were going.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.

Staffing and recruitment

- The staff recruitment process was thorough and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staff skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. There was also a six-month probationary period with a review.
- There were enough staff to provide people with flexible care to meet their needs. Staffing levels matched

the rota and enabled people to follow activities safely.

#### Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to self-medicate. However at the time of our inspection, people living at the home had been assessed as unable to self-medicate.

#### Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their appropriate work practices.
- Staff used personal protective equipment (PPE), as required, such as gloves and hand sanitisers.

#### Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff told us they would use. Any incidents were analysed to look for ways to prevent them from re-occurring. This was shared and discussed with staff during team meetings and handovers.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had their physical, mental and social needs assessed holistically, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance. This included National Institute for Care and Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. A relative said, "[Person using the service] is absolutely fine and has adjusted well."
- When someone moved in, the commissioning local authority provided assessment information and further information was also requested from any previous placements. The home, person and relatives carried out a separate pre-admission needs assessment. The speed of this assessment and transition took place at a pace that suited the person's needs. There were no current people using the service permanently as there were plans to reconfigure the home.
- People were able to visit the home as often as they wished, before deciding if they wanted to move in. During these visits assessment information was added to, including the views of people already living at the home.
- Staff were aware of the importance of understanding the views of people and their relatives so that the care could be focussed on the individual.

Staff support: induction, training, skills and experience

- Staff received induction and mandatory training that enabled them to support people in a way that met their needs effectively. A staff member told us, "The training is excellent."
- New staff shadowed more experienced ones as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating and when this took place. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. This included dementia, autism, epilepsy and diabetes.
- Staff received regular supervision, annual reviews and there were monthly staff meetings.

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

- People were suitably supported to eat and drink sufficiently to maintain a balanced diet.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, when required.

- Staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff ensured people still ate meals they enjoyed.
- One person did their own food shopping with staff support. They told us, "I like to eat healthily." They also participated in food preparation.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had good working relationships with external healthcare services and people received ongoing healthcare support to maintain their health.
- Staff accompanied people on health and hospital visits when required and written information was provided.

Adapting service, design, decoration to meet people's needs

- The home provided appropriate adaptations and equipment, to meet people's needs, that was regularly checked and serviced. The registered manager said that after the building work, people who lived permanently at the home would choose the decoration and colour schemes, particularly their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- People living permanently at the home received yearly health checks and referrals were made to relevant health services, if required.
- The registered manager said people living permanently at the home would be registered with a GP and a dentist. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding the MCA and DoLS.
- The two people receiving respite care did not have DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 did not directly comment on their care, although when asked about staff, one person said, "They [staff] are all very nice and I get on well with all of them." People displayed positive body language that indicated they enjoyed the company of staff and were relaxed. They were also comfortable with each other. During our visit people spent a lot of time laughing and smiling. A relative told us, "Really good staff that provide more of a homely feel."
- People did as they wished with staff support, coming and going as they pleased.
- Staff received equality and diversity training that enabled them to treat people fairly and equally whilst recognising and respecting their differences. The inclusive staff care practices reflected this, by ensuring no one was left out. Staff treated people as adults, did not talk down to people and they were treated with respect. People felt respected and relatives said staff treated people with kindness, dignity and respect
- Staff were passionate and committed to the people they provided care for, which was delivered in an empowering way.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly, within an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy. A relative said, "[Person using the service] is a lot happier going there now with staff and the [registered] manager making it feel more like a home from home."

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

- Staff enabled people to express their views by listening patiently to them and giving them time to explain their thoughts and views. This was underpinned by staff knowledge of people.

Respecting and promoting people's privacy, dignity and independence

- Staff had a thorough knowledge of people which promoted their dignity and independence. If people were showing signs of distress or frustration, staff gave them alternatives and options to calm situations. This included accompanying people to their rooms for one to one.
- Staff maintained people's independence by encouraging them to do things for themselves and develop their life skills around the home and within the community. One person was supported to work at a retail outlet in Richmond, travelling to and from by taxi. They told us, "I work at [retail outlet] it's a good job and I like keeping busy."

- Staff were aware this was someone's home, they must treat it with respect and act accordingly.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that stated visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This matched what we found when we visited.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- During the inspection people were able to express their views and opinions vocally. When people who used the respite service, were not able to vocalise, staff were aware of the methods people used to communicate including gestures and behaviour that staff understood the meaning of and pictures. This was underpinned by staff knowledge of people built up through relationships, bonds and experience that was recorded in their support plans.
- The success of the methods used was demonstrated by people attending a variety of activities they had chosen including going to the shops, out for lunch, taster dance classes, indoor rowing, social groups and sensory sessions.
- People and their relatives made decisions about their care, how it was delivered and activities they wanted to do, with staff support. Staff made sure people understood what they were saying, the choices they had and that they understood people's responses. They asked what people wanted to do, where they wanted to go, when and who with.
- Staff met people's needs and wishes, in a timely manner and way that people were comfortable with and enjoyed.
- People's care plans were individualised, recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People had keyworkers to support them to participate in their care planning.
- People's care and support needs were regularly reviewed and updated with them and their relatives, to meet any changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.
- Staff made themselves available to discuss any wishes or concerns people and their relatives might have.

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.

- The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

- Staff enabled people to articulate their needs and wishes by taking the time to listen to them and giving people time.
- Easy to understand written information for people and their families was provided by the home.

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 attended activities that were individual to them and as a group. Many of the activities took place via the organisation's Enterprise hub that was based at the organisation's headquarters in Teddington. The activities were also available to people from other homes in the organisation and other providers. They included; circuit squad, yoga, Wednesday club for wrestling, comics, games and trips, 'speak as one politics' group and 'drink and draw canvas and cocktails'. One person told us, "We are off to the Gateway club tonight. We've got bowling tonight speaking to [person using the service]." This was a well-attended social club for people with learning disabilities that provided a number of activities including a disco.
- People were supported to develop life skills by joining in with tasks around the home. One person was folding their laundry, when we arrived.
- There were a number of trips including to a New Orleans art exhibition, South Bank tour, cinema, night out at the pub and Hampton Court trip.
- Staff supported people to keep in contact with friends and in the case of people who would live permanently, at the home, with relatives. There were visits to other homes to see friends and people also attended activities organised by other providers, so they could catch up with friends.

Improving care quality in response to complaints or concerns

- The home had a robust system for logging, recording and investigating complaints, that was followed.
- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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; 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

- The home's culture was open, transparent, inclusive, positive and empowering. This was achieved by the positive attitude and contribution made by the registered manager and staff. They listened to people, acted upon their wishes and let people and their relatives know if things went wrong with their care. They provided appropriate support to people in these instances and gave an apology. One relative told us, "He [registered manager] has made a real effort to get to know people." Another relative said, "[Person using the service] really loves [registered manager] which is great."
- Relatives said the registered manager was approachable and the home very well-run.
- The organisation had a clearly set out vision and values that staff understood. These were explained during induction training and revisited at staff meetings.
- Staff care practices and attitudes reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicines management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- There were quality assurance systems in place. They contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets.
- Audits were carried out by the registered manager, staff, managers who did not have direct operational responsibility for the service and the internal quality team. They were up to date. There was also an audit action plan. This meant people received an efficiently run service.
- The records demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.

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

characteristics; Working in partnership with others

- The home maintained close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of appropriate information being shared with services within the community or elsewhere.
- The home's registered manager attended the Richmond Learning Disability Providers Forum to keep up to date with developments in the learning disability field, take part in workshops and swap ideas and information. The forum had been run by the local authority. This responsibility was passed to the providers and the first meeting took place at the United Response headquarters in Teddington.
- The home communicated with other homes within the organisation and externally to share available activity information within the community. This also extended people's friendships, which, in some instances, had been built up over many years.
- Staff made sure that people had access to local resources that provided advocacy and advice. One person required an advocate who attended a meeting with their social worker and the person, during the inspection.
- The home did not currently have group meetings for people, as people were not living there permanently although up and coming activities and weekly meal planning discussions took place. There were also regular personal reviews. Relatives said they were in frequent contact with the home, who kept them informed and adjustments were made from feedback received. A relative told us, "The [registered manager] is the key, proactive and listens." The organisation sent out surveys to people, their relatives and staff. Suggestions made were acted upon.