

United Response

United Response - 4 Highgate Park

Inspection report

4 Highgate Park
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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 

Overall summary

We undertook this announced inspection on the 7 October 2015. At the previous inspection, which took place on 9 April 2014 the service met all of the regulations that we assessed.

4 Highgate Park provides care for four adults with complex physical and learning disabilities. The home is about a mile from Harrogate town centre. The building is a single storey purpose built property which is fully

adapted and accessible. The home has paved gardens with parking to the front of the property. At the time of this inspection there were four people living at the service.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 they felt safe. Relatives and a friend we spoke with told us they felt their relatives were safe at Highgate Park. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Staff were recruited safely and there were sufficient staff to meet people's needs. People who used the service, their relatives and staff members confirmed this.

Medicines were managed safely. Staff had received the appropriate training and we saw staff offered people explanation and reassurance when their medication was being administered.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

People told us the food was good. We saw people had access to regular drinks, snacks and a varied and

nutritious diet. If people were at risk of losing weight we saw plans were in place to manage this. People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

The principles of the Mental Capacity Act (2005) were consistently followed by staff. Consent to care and treatment was sought. When people were unable to make informed decisions we saw a record of best interest decisions. There was a record of the person's views and other relevant people in their life. The registered manager had a clear understanding of the Deprivation of Liberty Safeguards.

The service was well-led. Everyone we spoke with was full of praise for the registered manager. Staff morale was high and there was a strong sense of staff being committed to providing person centred care.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

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.

Staff knew how to protect people from avoidable harm. The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

There were enough staff to keep people safe. Staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

People's medicines were managed safely and they received them as prescribed.

Is the service effective?

Good



The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received a nutritious, balanced and varied diet. They told us the food was good. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans and we could see records of best interest decisions. This meant the service was following the principles of the Mental Capacity Act.

Is the service caring?

Good



The service was caring.

People told us staff were caring. We saw genuine positive interaction between staff and people throughout the inspection. People were treated with dignity and respect.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

Is the service responsive?

Good



The service was responsive.

People using the service had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

People were involved in activities they liked, both in the home and in the community. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

A complaints procedure was in place. The service encouraged feedback from people who used the service and their relatives. Feedback was taken seriously and acted on promptly.

Is the service well-led?

Good



The service was well-led.

Summary of findings

The registered manager was well respected by people, their relatives and the staff team. They were clear about the responsibilities of their role. They provided staff with guidance and support which helped them to provide a good standard of care.

Feedback from people who used the service, relatives, friends and staff was very positive about how the service was managed and organised.

Effective systems to monitor, assess and improve the quality of the service were in place.

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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 7 October 2015 and was announced. The provider was given 24 hours notice because this was a small service and we needed to be sure that people would be available to meet with us. This inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR 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.

During our visit we spoke with two people who used the service. One person was out and another was in hospital. We telephoned two relatives and a friend. We spoke with the registered manager and two members of care staff. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Because of people's complex care needs we were not able to ask everyone directly about their care. However we observed the care and support people received in the communal areas of the home which gave us an insight into their experiences. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at three people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for three people and observed how medicines were given to people. We also looked at the recruitment, training and supervision records for three members of staff.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person said, "I feel safe. The staff here make me feel safe." Another person told us, "Yes I feel safe."

One relative when asked if they thought their relative was safe said, "Very much so the staff absolutely love her." A friend of a person who lived at the service told us, "(name) is absolutely safe. There is always enough staff when I visit. They are beyond criticism."

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager.

The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessment were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

Accidents and incidents were recorded. These were regularly reviewed by the registered manager and the area manager, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place monthly rather than weekly in line with the fire authority's national guidance. We discussed this with registered manager who said that the provider had made changes as they service used to complete these checks weekly. We contacted North Yorkshire Fire and Rescue service for further guidance on this matter. The advice we were given by the fire officer was that fire alarms should be tested weekly in line with the fire authority's national guidance. Since the inspection we have

received written confirmation from the provider and the registered manager that they intend to re-commence the testing of fire alarms weekly in their services. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy.

There were enough staff available to meet people's needs. The registered manager explained they amended staffing levels based on the needs of the people who used the service and what people were doing. For example if people were going out to various activities in the community or going shopping then staffing levels would be increased to accommodate this. However, they also said that people who used the service could be spontaneous, and we were given examples of where people wanted to go out to pubs or the theatre. We were given copies of rotas for October 2015. We saw that there were usually three or four staff on duty each morning until 3.00pm, dependent on what people living at the service were doing that day. For example on the day of the inspection one person was supported to go out. Staffing levels decreased in the afternoon, but there was never less than a minimum of two staff. Rotas showed that there was one waking night staff and one sleeping staff on duty on the premises each night. Staffing was consistent and at the levels the registered manager had explained to us. A member of staff told us, "There are enough staff to make sure we meet the needs of the clients."

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. The service used a monitored dosage system (MDS). We looked at medication administration records (MARs) and found these were up-to-date and completed correctly. Each person had a medicines profile in place, which had a photograph of the person and comprehensive details their of GP and medical conditions medication was related to. The service monitored stock levels regularly. This meant if any errors were identified they could be

Is the service safe?

rectified in a timely manner. There was an up to date medication policy and procedure in place at the service. We observed medication being administered; this was done in a patient manner. People told us they were supported by staff to take their medicines. They told us that they always got their medicines when they should. One person said, “The staff help me with my meds and I always get them.”

We toured the premises during this visit. The registered manager told us that there had been some extensive work completed at the service. We saw that some walls had been moved making communal areas more spacious and accessible for wheelchair users. The home had been re-decorated in these areas. There had been a new kitchen

fitted in one area of the large kitchen/dining room, which had been specifically adapted for the people living at Highgate Park. This meant people were supported to be as independent as possible.

The service had a homely feel and was clean and hygienic. There was appropriate protective equipment which we observed staff used to prevent the risk of infection.

The atmosphere throughout the service was welcoming and people who lived at Highgate Park appeared relaxed and very much ‘at home.’ People we spoke with told us they liked living at the service and described staff in positive words.

Is the service effective?

Our findings

People received effective care. They told us staff had the skills and experience to support them to have a good quality of life. One person said, “I like living here as I can do what I want. I do some cooking and staff help me.” Another said, “The staff support me to go out and they support me with my meals.”

We observed lunchtime and saw staff routinely sought consent and offered people explanations before support was provided. People enjoyed the lunch time experience and told us they had chosen what they wanted to eat. We saw people were supported to have drinks and snacks throughout the day.

Relative’s and a friend who visited the service all spoke highly about the staff. A friend said, “(name) welfare is beyond criticism. The degree of care is excellent. The clients and staff become one, like a family and that is so important.” A relative said, “She loves the staff and loves living there. They (staff) understand her and they (staff) are fantastic.”

The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. Staff told us they could go on a variety of training. One member of staff told us, “We receive various mandatory training as well as specific training covering areas such as epilepsy and autism. United Response invests in their staff.”

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included, “We have a strong and stable staff

team here who support each other,” and, “We have an effective staff team who communicate well and are very supportive.” The staff we met with were all enthusiastic and demonstrated a commitment to providing a good service.

Staff told us they received regular supervision where they could discuss any issues in a confidential meeting with their line manager. One member of staff told us, “We have a monthly one to one with the manager and an annual appraisal. We have a very supportive manager.”

The service had policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and we saw evidence that staff had been trained in this area. The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how the decision had been reached. Best interest decisions were recorded and we could see people, their families and appropriate health and social care professionals had been involved in these.

People were supported to maintain their health and had access to health services as needed. Care plans contained clear information about peoples’ health needs. There was evidence of the involvement of healthcare professionals such as the doctor, dietician and speech and language therapy team where there was concern about a person’s nutritional wellbeing. One person told us, “If I was ill they (staff) would get the doctor for me.”

We saw from the last surveys that a consultant with the speech and language therapy team had written, ‘Finding the right solution for health issues depends on team members being prepared to advocate for their client and challenge our thinking. This was done appropriately and sensitively and helped produce the best decision for the client.’

Is the service caring?

Our findings

Throughout our inspection all of the care we observed was kind. Interaction between staff and people who used the service was consistently warm and friendly. People who lived at the service told us staff were caring. One person said, “They (staff) are all very caring. They know when I am having a good or a bad day.”

One relative told us, “My daughter is very well looked after.” A friend who visits the service told us, “I am their biggest fan. It is a very welcoming service. The present staff are some of the best that care for him. He is very happy living there is no question about that.” They explained people’s privacy was respected and said, “I was impressed the other week when visiting. Staff knocked on his door even though it was open to ask us if we wanted a drink.”

Staff described their role with passion. One member of staff said, “There is a relaxed and friendly atmosphere here and the clients are great to support. We empower people here to live their life to the full and that can only happen through the full commitment from the staff team.”

Staff had a good understanding of people’s needs, preferences and personal histories. Staff told us they accessed people’s care plans and that they wrote in the daily records. Staff said they had time to read what had

happened previously and to catch up if they had been away from the service. We saw people’s consent had been sought about decisions involving their care and the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives and other professionals had been involved in discussions about care and support. This was reflected in the care plans we saw.

We observed the lunchtime meal during our visit. We saw people were being asked by staff what they would like to eat. We saw that people were given plenty of choices of food and drink. We saw members of staff supporting people during lunch and found that they created a relaxed atmosphere. We observed staff listening to people living at the service and often anticipating what they needed for example we observed one staff saying at lunchtime, “Would you like me to make you another hot drink as the one you have must have gone cold.”

We observed that people were relaxed with staff and confident to approach them throughout our visit. We saw staff interacted positively and warmly with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people. Members of staff we spoke with told us they enjoyed their work.

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for three people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs.

People who used the service told us that they received the individual help and support they needed with personal care. People told us that staff tried to accommodate individual requests and preferences. One person told us, "They (staff) know us very well." Another person said, "They (staff) are reliable and always do what they can to help me."

We looked at three care plans in detail. People's needs were planned and delivered in line with their individual care plan. The care plans we viewed included good information about people's individual needs and preferences, including their likes and dislikes, and any support or equipment they needed with eating and drinking. We saw they had all been written in the first person 'My health needs' 'How I like and need my support' and 'My decision making profile.' We saw in one person's care plan that they had made a DVD which said 'I am (name of person).' The person told us they had wanted to do the DVD and had done so with staff support. We saw picture formats were used for example in areas such as food and how people communicated. A friend who visited the service told us about a review they attended for one person living at the service. They said, "It was an inspiring review. It was all about (name) and was very person centred."

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage

participation in the local community and prevent social isolation. We saw in people's care plans there were weekly timetables in place with a 'My Activities' support plan in place. This detailed what activities people were attending with the level of support people needed from staff. We saw one person had chosen to go on a cruise for their holiday this year and they had been supported to do this.

The service had an up to date complaints policy. We saw the complaints record and there had been no complaints since the last inspection. The registered manager said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible. Relatives and a friend told us they knew how to make a complaint. We saw that the complaints form 'You know you can complain. Are you happy' was in picture format. This meant that information on how to make a complaint was available to people in different and suitable formats and protecting their rights.

People told us that if they had any concerns they would speak with the registered manager and they said they felt listened to. The complaints record showed that there had been one complaint since the last inspection, which had been resolved by the service. We saw there was a record of the response and action taken. One person told us, "I would speak with staff if I was not happy with something." Another person said, "I would speak with (name of manager)." A relative told us, "I have no complaints as they do their best for her."

We also saw a file that held compliments that the service held. We saw a compliment had been received from a member of the public regarding how they observed people from the service being treated by staff. They said 'The interaction was great to see as was the person centred way the staff involved the people they were supporting, in all aspects of the evening including playing bingo, dancing and generally being 'part' of the community in a natural way. People were very complimentary in their comments about how 'fantastic' it was to see people obviously loving their jobs and having so much respect for the people they were supporting.'

Is the service well-led?

Our findings

The registered manager was supported by a senior support worker and support workers. We found the registered manager to be open and honest during the inspection. They were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

During the inspection we received feedback from people who used the service and staff that the registered manager was approachable and that people felt able to go to them to discuss issues or concerns. One member of staff told us, "We have a good management lead."

Relatives told us there was a positive culture at the service and they were confident if they approached the registered manager or staff they would be listened to and their query would be resolved. One relative said, "The manager is absolutely lovely, very approachable and understanding."

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held monthly, which gave opportunities for staff to contribute to the running of the service.

When we spoke with people they told us they were frequently asked if they were satisfied with everything and that they regularly received surveys to complete. We saw that surveys had last been sent out by the provider in July 2014. The registered manager told us that they were in the process of sending out another survey to people who use the service, relatives, staff and to stakeholders.

Some people who lived at the service told us how they continued to be involved in making sure that the organisation as a whole provided a good and effective service by volunteering to be 'quality checkers'. This meant that people receiving services run by the organisation visited other services, for example a small home. They spoke with people who lived there to find out what it was like and if there were any areas that could be improved, to make life better. People we spoke with also told us that they did a report on their findings. Records we saw supported this. People who lived at the service told us they held regular 'house meetings' and records we saw supported this. People said that they continued to be happy living at the home with one person saying, "Manager is very good. All the staff are very good. I am quite happy here."

There were systems and processes in place to monitor the service and drive forward improvements. A quality assurance tool was used to record the findings. We looked at records of audits and saw these had been undertaken by the registered manager and area manager. These covered areas such as medicines, finance, care plans and environment. We saw the overall quality monitoring by the provider for all services they maintain, with a report on their findings 'Getting it Right' which had been carried out in February 2014. This covered areas about all aspects of care for people. For example from person centred approach, listening, organising and reviewing to values, which meant that all of the providers services were regularly monitored to ensure good quality care was delivered.