

United Response

# United Response - 29 Mayfair Avenue

## Inspection report

29 Mayfair Avenue  
Twickenham  
TW2 7JG

Tel: 02087155920

Date of inspection visit:  
30 April 2019

Date of publication:  
13 June 2019

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

United Response - 29 Mayfair Avenue is a residential care home that provides personal care and accommodation for up to four older people some of whom have learning disabilities and autism. At the time of this inspection two people were using the service.

### People's experience of using this service:

- ☐ The service was not consistently well-led. There were no robust quality assurance processes in place for the registered manager to monitor the quality of the services provided for people, including accuracy of care records and staff's training needs. We made a recommendation about this.
- ☐ Although staff were not supported to update their knowledge and skills in all areas required for their role, the registered manager took immediate action to address this.
- ☐ People's communication aids required updating which the management team agreed to implement immediately.
- ☐ Care plans provided guidance for staff on how to mitigate the potential risks to people but more information was required on what were the specific risks to people and how it impacted on people.
- ☐ Staff undertook appropriate checks before they were employed by the service.
- ☐ People received the necessary support to manage their medicines safely.
- ☐ Staff followed provider's procedures if they noticed people being at risk to harm or when incidents and accidents took place.
- ☐ The staff team were trained and applied the Mental Capacity Act 2005 (MCA) principles in practice as necessary.
- ☐ Staff assisted people with preparation of their meals or to attend their health appointments when necessary.
- ☐ Confidentiality principles were followed to ensure safe keeping of people's personal information.
- ☐ People were treated with dignity, kindness and staff were respectful towards people's privacy.
- ☐ Staff were aware of people's communication needs and used verbal and body language to have conversations with them.
- ☐ Staff encouraged people to make decisions about their daily activities.
- ☐ Care plans were person-centred and individualised.
- ☐ People were encouraged to make complaints which were addressed accordingly.
- ☐ Staff planned to have conversations with people about their end of their lives wishes.
- ☐ Staff felt that the registered manager was responsive and guided them well.
- ☐ There were shared responsibilities between the staff team to ensure good care delivery for people.

### Rating at last inspection:

This was the first inspection of the service after they changed their provider from Richmond Homes and Lifestyle Trust to United Response in May 2018. At the last inspection on 22 March 2016, the service was

given an overall rating of Good with requires improvement in well-led.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

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

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# United Response - 29 Mayfair Avenue

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection and inspection team:

This inspection was unannounced and carried out by one inspector.

Service and service type:

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides personal care to older people some of whom have learning disabilities and autism. 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.

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. The provider had registered this manager to manager their two services.

What we did:

Before the inspection, we looked at information we held about the service, including notifications they had

made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two people who used the service, one relative, the registered manager, senior support worker and two staff members working for the service. We reviewed two people's care records, three staff files, training and medicine records, quality assurance reports and other relevant documents relating to the service. After our inspection, we received feedback from one healthcare professional.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Staff followed provider's policies and procedures to ensure fire safety at the service. People had personal emergency evacuation plans (PEEP) in place which guided staff on the support they required in the event of fire. Regular checks were carried out to test fire safety equipment at the service, including fire alarms and emergency lighting.
- People had risk assessments in place for finances, medication and manual handling. Potential risks to people in these specific areas were identified and provided a management plan for staff on how they should mitigate the risks.
- However, individual risks to people were not identified in relation to their personal care and going out in the community. We also saw that information was not available on the severity and likelihood of the assessed risks to inform staff on how the risks impacted on people. Although the individual risks to people were not identified and assessed, the care plans were detailed and provided guidance for staff on how to manage any potential risks to people.
- We discussed this with the management team who told us they would update the risk assessments immediately. We will check their progress at our next comprehensive inspection.

### Systems and processes to safeguard people from the risk of abuse

#### Learning lessons when things go wrong

- Staff knew the different types of abuse they should look out for and told us they would approach the manager for guidance if they suspected any abuse taking place, with one staff member saying, "We have a responsibility to keep clients safe and if I saw they are not safe, I would tell the [registered] manager."
- Systems were in place for recording, reporting and investigating any abuse allegations to ensure people's safety. Staff had access to the safeguarding procedure which included actions they had to take should they noticed people being at risk of harm or abuse.
- Processes were in place to monitor the incidents and accidents taking place which meant that actions were taken as necessary to mitigate the repeated incidents. Staff completed an incident and accident form which was reviewed by the registered manager to ensure that appropriate action was taken to protect people as necessary.

### Staffing and recruitment

- Suitable pre-employment checks were carried out in line with the principles of safer recruitment. Staff were required to provide two satisfactory references and to undertake a criminal record check before they started working with people.
- Records showed that two staff members were available to support people during the day which provided them with flexibility to take part in activities of their choice.

#### Using medicines safely

- Medicine records were appropriately maintained and included information about people's support needs. Staff completed the medicine administration record (MAR) sheets to confirm that people had taken their medicines as necessary.
- People's medicines were stored in a locked cabinet and only accessed by authorised staff members.

#### Preventing and controlling infection

- Staff were provided with the necessary equipment to minimise the risk of infection, including disposable gloves and aprons. Staff's competency in relation to infection control was assessed yearly which ensured they followed the necessary policies and procedures to minimise the risk of infection.
- Regular cleaning schedules ensured that communal areas and people's rooms were kept clean and odour free.



# 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

Good: ☐ 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

- The management team told us they worked in partnership with other agencies, including the local authority, to assess people's care needs before the service commenced supporting them. People were encouraged to visit the service to make their own decision if it was suitable for them. Where it was decided that the placement was appropriate, regular visits were arranged to learn more about the person and their individual care needs.
- Staff told us that personal information about people was only shared on a need to know basis. This included providing the healthcare professionals with updates about people's changing health needs when they required their input.
- We observed people's care records being kept in a lockable cabinet and only accessed by authorised staff members.

Staff support: induction, training, skills and experience

- Records showed that recently staff had supervision and appraisal meetings to discuss their on-going developmental needs. Staff also had their competencies checked in relation to infection control and medicines management.
- Staff had support to carry out their duties as required. A staff member told us the training provided was "excellent" and that, "We do a lot of training on line and face to face which is very useful."
- Staff were booked to attend mandatory training courses, including health and safety awareness, safeguarding, equality and diversity, manual handling, first aid, Mental Capacity Act (MCA) 2005 and medication administration.
- However, during the inspection we identified that staff's training needs were not being met in relation to learning disabilities and autism. At the time we were writing this report, the registered manager contacted us to say that staff were in the process of completing autism training and that the local authority will be providing training in learning disabilities within the next two weeks. Meanwhile, the registered manager printed out some documents regarding autism and learning disabilities for staff to read and follow the guidance until they completed the necessary training courses. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

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

- People told us that food provided to them was "good."
- People chose where they wanted to eat but most of the time they had the meals together as they enjoyed each other's company.
- Staff supported people to prepare their own meals such as to choose and make their own breakfast.

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

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

- Family members told us that people were well supported with their health needs, with one of them saying, "Staff know what [my relative] needs and they regularly have his health checked."
- People's health care needs were appropriately identified, recorded and addressed to ensure safe care delivery. An appointment form was used to record an outcome when people had attended a medical appointment which ensured consistency. People had a hospital passport and a health care plan in place to guide staff on the assistance they required to maintain good health.

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

- The home felt welcoming and safe for people who lived there. It was recently re-decorated and further improvements were planned such as changing the carpet on the stairs.
- The registered manager told us that people made choices how they wanted their rooms to be decorated, including colour of the floors. We saw people's rooms being individualised and reflecting their personal tastes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the importance of respecting people's right to choose and make their own decisions, with one staff member saying, "We advocate on service users' behalf on a daily basis and we help them to make choices for themselves. Where they require help, we give them two choices, so they can tell us what they want."
- The registered manager was aware of the actions they had to take where a person's capacity to make a specific decision was doubted. They reported their concerns to the local authority for taking a lead on carrying out a mental capacity assessment, followed by the best interest decisions to support people in the decision-making process.
- Records showed that the service applied to renew the DoLS applications before the expiry date to ensure they had the requests approved in time.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked their home and staff that supported them, with one person saying that staff were "good" and available when they needed assistance. A relative told us that staff were "lovely" and that they supported people well with their care needs.
- People were encouraged to build relationships in the community. The registered manager told us that people were in contact with their neighbours and that they were well known in the local community.
- People had support to maintain relationships that were important to them which included meeting their previous housemate. Staff supported a person to call their relatives when they wanted to.
- Care plans included information about people's religious needs and the support they required to meet these needs, including attending the church on a regular basis.

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

- People told us they made choices about their support needs, with one person telling us by using their body language that they took part in the activities of their choice. The management team told us that people only had a set time table for the activities if they wanted to and for as long as they wished to attend the scheduled activities.
- On the day, we observed people making decisions how they wanted to spend their day and when they wanted to go out as staff were available to accommodate their wishes.
- People had one-to-one meetings with their key worker to discuss their goals and aims, including planning of their holidays. A key worker is a nominated staff member who takes a key role in co-ordinating the care of the person.

Respecting and promoting people's privacy, dignity and independence

- A healthcare professional said, "To the best of my knowledge, staff in Mayfair Avenue home are well experienced and treat the clients with respect and dignity."
- People took responsibility to keep the house clean and were involved in the household chores as much as they wished to which included cleaning tasks and emptying the dish washer.
- Staff showed respect to people's privacy. We observed a staff member asking a person if they could show us their room.
- People's care plans included information regarding the goals people wanted to achieve and the support they required to make this happen, including trying out new activities that interested them.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person centred and included information about their daily routines, likes and dislikes, personal history, communication needs and important relationships. This ensured that staff had access to important information about people and used it to support people according to their preferences.
- The provider was partially compliant with the Accessible Information Standard (AIS). AIS is a standard, covered by law, which aims to make sure people with a disability are given information they can understand, and the communication support they need. Staff understood people's communication needs and they used verbal and body language and facial expressions to engage people in conversations. We observed staff having good listening skills which included people being reassured and given as much time as they needed to express their views. This helped people to maintain their confidence in communication.
- However, we found that appropriate communication aids were not always available to support people to make choices about their daily care. Staff used objects of reference, such as food ingredients, to assist people in planning their weekly food menu which could have been confusing as to what specific dish the object of reference was representing. We also saw that pictures used to remind people about their meal choices for the day, were small and unclear.
- This was discussed with the management team who told us they would immediately address this concern by reviewing and updating the communication aids used by people. We will check their progress at our next comprehensive inspection.

Improving care quality in response to complaints or concerns

- People told us they would talk to the staff team should they have any concerns. Staff used a complaints log to record any complaints made by people. Records showed that action was taken to address a person's complaint in relation to the washing machine being loud. A family member told us that their concerns raised about people's transport had been looked into as necessary.
- An easy to read complaints procedure was recently discussed with people to ensure they understood it.

End of life care and support

- The service did not currently provide end of life care, but they had in the past. The registered manager told us they were equipped to support people at the end stages of their life should they require such care.
- The staff team was in the process of having discussions with people about their end of life wishes. They planned to involve families to support people to have conversations about this sensitive matter. We saw a template ready to be used which included various choices that people could make in relation to their care before death and funeral arrangements.

## 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

#### Continuous learning and improving care

- Staff had a responsibility to carry out day-to-day observations of the service to ensure people's wellbeing. This included regular health and safety and temperature checks of the fridge and medicine cabinet.
- There were systems in place for the provider to monitor the service's performance. Quarterly audits were carried out by the senior managers to help ensure the quality of service and drive improvement where found to be required.
- We found that the registered manager was dedicated and actively involved in dealing with the individual issues arising at the service, including any reported incident or accident.
- However, no evidence was found of any regular audits carried out by the registered manager to maintain oversight of the service. There were no checks undertaken to monitor the medicines being taken by people. We also saw that people's daily money transactions were not reviewed to ensure it was managed appropriately. The registered manager told us they regularly checked people's care plans and staff's training needs. However, as we identified earlier, people's risk assessments and staff's training needs required improvement.
- This was discussed with the registered manager who reassured us that the quality assurance processes would be reviewed and carried out as necessary.

We recommend that the provider seeks guidance on how to sufficiently monitor and improve the service delivery so that people experienced safe care.

#### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered manager was "very caring and professional" and that "he was there to help." Another staff member said, "We did not have any procedures [with the previous provider], whereas now it is in place."
- A healthcare professional told us, "I strongly believe that the new provider has done very well in identifying clients' individual needs and helping them to attain their best potential... [The registered manager] always ensures that he attends to all carers' concerns regardless of whether he is on shift or not."
- In May 2018, the service had changed their provider from Richmond Homes and Lifestyle Trust to United Response. The registered manager told us they continued implementing the new provider's policies and procedures to ensure effective care delivery for people. Staff who had worked at the service employed by the previous provider continued to work for the service, to assist with continuity of care for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to ensure on-going support for the staff team. There was an on-call service available should staff require guidance and support during the out of hours.
- Staff were encouraged to develop in their role and were given responsibilities to monitor the service delivery. This included a senior support worker being trained to carry out staff's supervisions and appraisals as necessary.
- The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law. We saw previous inspection ratings being displayed at the service as required by our regulation.

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

- Systems were in place to involve people in making decisions about their care delivery. Regular residents' meetings were facilitated to keep people updated about the issues arising and progress made to find a new housemate for them.
- Staff's views of the care provision were sought to drive improvements at the service. Regular staff meetings took place to gain staff's feedback on the service delivery, including safety of the people they supported.
- There were good communication processes followed by the staff team to ensure continuity of the services being provided for people. Staff were required to complete a handover sheet recording their daily activities to inform other staff members about the follow-up actions required.

Working in partnership with others

- The registered manager told us they accessed information about the changes taking place in the social care sector from the CQC and Skills for Care regularly sent updates. Skills for Care is a strategic body for workforce development in adult social care in England.
- They also attended provider's forums, facilitated by their local authority, which was in relation to any preparation considered necessary in the event of the UK leaving the European Union.