

United Response

United Response - 9 Beverley Road North

Inspection report

9 Beverley Road North
Lytham St Annes
Lancashire
FY8 3EU

Tel: 01253723910
Website: www.unitedresponse.org.uk

Date of inspection visit:
13 July 2022
14 July 2022

Date of publication:
02 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Beverley Road a residential care home providing personal care to five people at the time of the inspection. The service can support up to five people. The home is an extended Dorma bungalow, all bedrooms are on the ground floor as well as a kitchen and dining area and a lounge leading on to a paved patio and outside seating area. The upper floor holds a dedicated sleeping area for staff and office and storage space.

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

Right Support

Medicines management was not consistent with best practice and some staff's knowledge in this area was a concern. Management took action to address immediate areas of risk.

Areas identified as concerning in fire safety practice and monitoring were not addressed in a timely way.

Management were aware more action was required to address this area and we were told steps would be taken. Staff supported people to have the maximum possible choice, control and independence and control over their own lives. People were supported by staff to pursue their interests. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support.

Right Care

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity and they understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe and there was an ongoing recruitment and training programme to ensure staff were appropriately skilled. Staff, people supported, and their advocates cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staffing was becoming more stable led by an appointed manager who was registering with the commission. Management were working to ensure everyone in the home received consistent care from staff who knew them well. People and those important to them, including advocates,

were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (18 March 2018)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support Right care Right culture.

We received concerns in relation to risk management including safe care and the administration of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. During the inspection the provider took action to address concerns where required and plans were in place to address other issues already identified by the provider.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response - 9 Beverley Road North on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to safe management of medicines and have made two recommendations to ensure oversight of risks to both the environment and the people supported is maintained at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

Requires Improvement ●

United Response - 9 Beverley Road North

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, carried out the inspection

Service and service type

Beverley road north 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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed all the information we held on the service and sought feedback from other professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke one person who lived in the home and two relatives about their experience of the care provided. We observed how staff communicated with people in the home which was primarily through observations of people's mood and simple questions and responses. Staff at the home knew people well so were able to use simple cues from people's body language to ascertain responses to the information they needed from them around their preferences, consent and choices.

We spoke with three staff on the day of the inspection and received responses to questionnaires sent out from one staff member. We spoke with support staff, lead support workers, the manager and regional manager.

We reviewed a range of records. This included three people's care records in detail and the daily records for five people. We reviewed three people's medication records and three staff recruitment files. We looked at a variety of records relating to the management of the service, including policies and procedures, risk assessments and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always supported by staff who followed safe systems and processes for the management of medicines.
- We found medicines in one person's medicines cabinet which were out of date, did not have a prescription or medicines administration record (MAR).
- We found handwritten MARs which had not been double checked to ensure they were accurate and printed prescriptions had additional handwritten notes, which questioned the original prescription. There were also missing start dates on some MARs. This could lead to inconsistencies
- Protocols were not always completed for medicines prescribed to be taken when required and there was inconsistent recording of allergies.
- Some families told us of concerns with the management of medicines including stock of certain medicines running short. One family member told us, "The main issue is the medication."
- We shared concerns with the manager who took immediate action to address some of the identified concerns and ongoing action would be taken to address more embedded issues.

We found good practice guidance and associated regulations in the safe handling of medicines was not followed, this is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Act 2014

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). There had been a delay in some reviews of people's medicines, but these were arranged following inspection.
- People were supported with their medicines in the privacy of their rooms.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff considered less restrictive options before limiting people's freedom and restrictive practice including restraint was not used or required to support people.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use including easy read, and they knew how and when to raise a safeguarding concern.

Staffing and recruitment

- The service had enough staff, but there were some gaps filled by agency. An ongoing recruitment process was in place.
- People had one-to-one support to take part in activities and visits. These had recently increased in frequency following lifting of some COVID restrictions and the recruitment of more permanent staff would increase the availability of trips for everyone in the home.
- Staff recruitment and induction training processes promoted safety, including those for agency staff and staff knew how to consider people's individual needs and wishes.
- Families told us staffing could be an issue, one family told us, "There are too many staff changes." Another told us, "Problems with staffing have improved."
- Every person's records contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. A permanent domestic was required and started during the inspection, this would allow for better arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections by good checks on their covid status.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

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 now deteriorated to Requires Improvement. This meant the service management and leadership had been inconsistent.

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

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This had been difficult to achieve recently due to a number of managers recruited not having the required skills to lead the service and drive improvement.
- The pandemic had affected the routine governance arrangements at the service and an inconsistency in management had a detrimental effect on the day to day management of the service. The recruitment of a permanent manager had seen improvement but there was more work to be done to ensure the provider kept up to date with national policy to inform improvements to the service.
- The manager had the skills to perform their role and a clear understanding of people's needs.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- The provider invested in staff and following the pandemic was again beginning to provide them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider/ manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The provider/ manager and senior staff were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values.
- The managers worked directly with people and led by example.
- The manager promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did.

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

- The pandemic had led to a halt to a number of meetings with families and professionals. These were to begin again, and the provider was to ask the perspective of families and people on the service provided.
- Families we spoke with were positive about recent changes at the home and keen for the improvements to continue, one told us, "No problems with the management now, it seems better and they keep me informed."
- Staff gave honest information and suitable support; we saw integrity in the managers approach acknowledging when things went wrong and accepting of changes required to drive improvement in engagement events.
- The provider sought feedback from people and those important to them and was to gather more formal feedback to help improve the service.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed consistently in line with best practice. Regulation 12 (1) (2) g