

United Response

United Response - 21 North View

Inspection report

21 North View
Jarrow
Tyne and Wear
NE32 5JQ

Tel: 01914241113
Website: www.unitedresponse.org.uk

Date of inspection visit:
05 July 2019

Date of publication:
12 August 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?

Good ●

Summary of findings

Overall summary

About the service

21, North View is a residential care home providing personal care and support to six younger adults, some of who may be living with learning disabilities and autism. The service can support up to six people.

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 service was provided from one house and was registered to support six people. It therefore conformed with current best practice guidance.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enable individuals to develop skills and behaviours to live independent lives.

Some of the people who used the service had complex needs and they did not express their views verbally about the service. During the time we spent with people we saw they appeared comfortable with staff.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Arrangements for managing people's medicines were safe. People received a varied diet.

There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community and to go on holiday. People enjoyed their meals and their dietary needs had been catered for.

Information was accessible to involve people in decision making about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible. The policies and systems in the service supported this practice.

Systems were in place to protect people from abuse. There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with respect and dignity.

Staff receive training and support to help them carry out their role. We have made a recommendation about staff training.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The atmosphere was bright and welcoming and the building was well-maintained with a good standard of hygiene.

Relatives were kept informed and involved in decision making about people's care.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

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 (published 12 January 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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

United Response - 21 North View

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

The inspection was carried out by an inspector.

Service and service type

21, North View 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 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this

information to plan our inspection.

During the inspection

Not all people communicated with us verbally about their experience of the care provided. We spoke with one relative, four members of staff including the registered manager, the assistant manager and two support workers.

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.

We reviewed a range of records. This included three people's care records and two medicines records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 one relative.

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 cared for safely.
- Due to some people's complex communication needs they did not communicate verbally with us. Staff were aware of their needs and they appeared happy and comfortable as staff supported them. Relatives told us they thought people were safe living at the home. One relative commented, "[Name] is safe here and well-looked after."
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns. They told us they would report any concerns to the person-in-charge

Assessing risk, safety monitoring and management

- Risks were managed and detailed risk assessments were in place.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. Some people had a three-page risk management plan. We discussed that some information about the management of risks to people such as for choking or seizures should feature more prominently within their risk management plan to ensure staff were aware of how to manage the risk.
- A system for evaluating risk six monthly was in place but we advised more regular evaluation should take place to ensure records accurately reflected current risk to people. The registered manager told us this would be addressed.
- Where people required equipment to keep them safe, these were in place and appropriately maintained.

Staffing and recruitment

- There were enough staff deployed to support people safely.
- Staffing levels were determined by the number of people using the service and their needs.
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff require advice or support.
- Systems were in place to ensure only suitable people were employed.

Using medicines safely

- Systems were in place for people to receive their medicines safely.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection

- The building was clean. A relative commented, "The place is always clean and tidy."
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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

- The registered manager had submitted DoLS applications appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests. We discussed that records should be signed by a person's guardian or responsible person on behalf of people where they were unable to sign their consent to their care and support. The registered manager confirmed that this would be addressed at care reviews.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved to the home a detailed assessment was carried out to check if people's needs could be fully met.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.
- Care and support plans were reviewed six monthly. We discussed that they should be evaluated more regularly to help ensure if people's needs changed, this was appropriately reflected in care records as well as in the care they received. The registered manager told us this would be addressed.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff completed a comprehensive induction, including the Care Certificate and worked with

experienced staff members to learn about their role.

- People were supported by staff who received ongoing training that included training in safe working practices. A staff member said, "There are training opportunities and opportunities for career development."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Not all staff who carried out supervision and appraisal had received formalised training about this although they had observed the registered manager carry it out. We discussed this with the registered manager.

We recommend that staff who carry out staff supervisions and appraisals should receive formalised training to help them carry out these managerial tasks effectively.

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

- People had a variety of food and drink to meet their needs.
- People enjoyed their food and they were encouraged to choose what they wanted. We noted a menu planning system was not available so meal preparation and planning for the next meal could take place in a systematic way. We discussed this with the registered manager that, a formal record was not available so staff at a glance knew what people had to eat which would help with meal shopping and meal planning.
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss, their weight was monitored more frequently as well as their food and fluid intake.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Information was shared with other agencies if people needed to access other services such as hospitals.

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

- The home was adapted to meet the needs of people.
- The building was bright, airy and well-maintained with a garden for people to enjoy.
- People's bedrooms were well-personalised. They had belongings that reflected their interests.

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 had 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

- The registered manager promoted a strong person-centred culture where people were at the heart of the service and was committed to ensuring they received the best possible support in a caring and nurturing environment.
- During the inspection there was a busy, happy and pleasant atmosphere in the service. There was a camaraderie amongst staff and people.
- We saw positive interactions between people and staff members. Staff spent time chatting with them and supporting people to engage.
- Records were detailed and person-centred and gave guidance of how people liked to be supported when they were unable to inform staff. Information was available which gave them some insight into people's interests and likes and dislikes.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent. People were encouraged to do as much as they could for themselves, whatever the level of need. For example, some people were involved in the kitchen to help with meal preparation and baking.
- For one person with a visual impairment special equipment, that boiled water for one cup of tea, was available so they could make themselves a drink. The milk canister in the fridge had a ribbon tied to it so the person could identify the specialist milk they needed to use.

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

- The service ensured people were supported to express their views so that staff understood their preferences, wishes and choices. People were directed to sources of advice and support or advocacy.
- People who may need support with decision making were encouraged to make choices about their day-to-day lives and staff used pictures and signs for some people to help them make choices and express their views.
- Information was accessible and was available in a way to promote the involvement of the person. For example, pictorial, braille and use of symbols. We also discussed the use of some electronic recording equipment, for people with a visual impairment, to keep them informed.
- Detailed guidance was available in people's support plans which documented how people communicated and about their level of understanding to help them be involved.

- People's families said they felt involved in their family member's care. They also said they felt welcome. One relative commented, "I visit [Name] most days and I am involved in their care reviews."

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 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

- Care was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.

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 registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. We discussed that information such as menus could be made into a pictorial format for people who may not read.

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 were encouraged and supported to maintain and build relationships with their friends and family.
- Staff had gone the extra mile and done a lot of work to encourage people to come out of their rooms and spend time in communal areas and the garden and now people enjoyed going out regularly.
- People went shopping, swimming, for meals out and cinema trips, to discos, socialised with people in other homes and went on holidays and day trips.
- In the house, people were supported to follow their interests and sensory equipment and tactile boards were also available to engage people.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Information was not available for all people about how they wished to be care for or if they had any cultural or spiritual wishes at this time. Nor who was responsible for the arrangements after death of the person. We discussed this with the registered manager who told us it would be addressed.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints procedure which was written in a way to help them understand if

they did not read.

- A record of complaints was maintained. A relative said, "I have no complaints but the staff and manager are very approachable if I needed to complain."

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 service was well-led.
- The organisation was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- The registered manager worked well to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the home, when the registered manager was not present at the home.
- Staff and relatives said they were supported. They were positive about the registered manager. They all told us the registered manager was approachable and they were listened to.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly and quarterly checks.
- The registered manager told us of the support received from the provider's representative and that they carried out regular audits.

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

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Feedback was also sought from staff and relatives through meetings and surveys.

Continuous learning and improving care; working in partnership with others

- There was a focus on continuous learning and improvements and keeping up-to-date with best practice.
- Staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.