United Response

United Response - 198 Powder Mill Lane

Inspection report

198 Powder Mill Lane
Whitton
Middlesex
TW2 6EJ

Tel: 02088987445
Website: www.unitedresponse.org.uk

Date of inspection visit:
21 June 2017

Date of publication:
26 July 2017

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

This was an unannounced inspection and took place on 21 June 2017.

The home provides permanent personal care and support for up to two adults with learning disabilities and respite care for up to three adults with learning disabilities. The service is managed by United Response and the building is owned by Thames Valley Housing Association. The home is in Whitton, Middlesex.

At the time of our inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 3 March 2015 the home met all the key questions and was rated good in each with an overall good rating.

As people using the service had limited verbal communication one relative spoke on their behalf, although we have included some of one person's comments. We also based our findings on observation of care provided and people's response to it. The relative we spoke with said that staff treated people with respect, responded to their needs well and that people enjoyed living at Powder Mill Lane. People were supported by staff to choose their activities and in the case of people receiving respite care to continue to attend activities in the community that they would normally attend. There was a variety of activities provided at home, within other homes in the organisation, at an activity hub run by the organisation in Teddington and in the community. People had risk assessments so that they were safe living at the home and doing activities within the community. The home had a warm, friendly and welcoming atmosphere and there was a lot of positive interaction between people using the service and staff during our visit.

The home's records were up to date, accessible and covered all aspects of the care and support people received, including their choices, activities and safety. The person living at the home permanently had a fully completed care plan that was regularly reviewed and there was appropriate information regarding the two people receiving respite care. This enabled staff to perform their duties in an efficient and professional manner. People's health needs were addressed and people using the service had access to GP's and other community based health professionals, as required. The staff team helped people to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. Our observations showed that people liked the choice and quality of their meals.

People using the service were well supported and enjoyed the way staff delivered their care. Skilled staff provided care and support in a friendly and professional way that was person centred. The staff were well trained and readily available to people using the service. Staff said they liked working at the home and had received good training, but would like a little more support from the management team after they had

encountered episodes of difficult behaviour by people using the service.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided. A relative said the management team was approachable, responsive and listened to them.

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.

A relative said and we saw that the service was safe. There were effective safeguarding procedures that staff used, understood and risks to people were assessed.

The staff recruitment procedure was thorough.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; with all records completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them, where possible.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

People were valued, respected and they were involved in planning and decision making about the care and support

provided. People's preferences for the way in which they wished to be supported were clearly documented.

Staff provided good support, care and encouragement. They recognised, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational activities at home and within the local community. Their care plans and supporting information identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture at all staff levels. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were supported by the manager, but they would like more support after episodes of difficult behaviour displayed by people who use the service.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

United Response - 198 Powder Mill Lane

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 checked 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 was an unannounced inspection and took place on 21 June 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with two people using the service, however due to limited communication skills we were unable to include some of their comments in the report. We spoke with two staff, the registered manager and management team and made contact with two relatives. There were two people living at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plan for one person using the service.

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.

Good

Is the service safe?

Our findings

A relative told us that they thought people were safe living at the home. They said, "She [Person using the service] loved it and I've booked her in again for a weekend."

Staff had received appropriate abuse and safeguarding induction and refresher training and this meant they were able to protect people from abuse and harm in a safe way. They were familiar with what constituted abuse and the course of action to follow should they encounter it. This was in line with the provider's policies and procedures. Appropriate staff also knew how to raise a safeguarding alert and when this should take place. There was no current safeguarding activity regarding the home. The home had previously raised safeguarding alerts and they had been suitably reported, investigated and recorded. There was information available to people about keeping safe and this was relayed to them by staff, who advised and supported them accordingly. Staff told us they received induction and mandatory refresher training to assess acceptable risks to people.

The staff recruitment process was thorough and records showed that it was followed. The process included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a six month probationary period with a review. If prospective staff had gaps in their knowledge, the organisation decided if the induction training could provide this knowledge and if the person should be employed. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures.

The staff rota demonstrated and staff confirmed that there were sufficient numbers to provide care flexibly to meet people's needs. The staffing levels during our visit enabled people's needs to be met and for them to pursue their activities safely.

People had up to date risk assessments that enabled them to take acceptable risks and enjoy their lives safely. The relevant aspects of people's lives were covered by the risk assessments and included activities undertaken in the community and at home. The information made available to staff enabled them to accurately risk assess people's chosen activities. They were able to discuss, evaluate and compare risks for people against the benefits they would gain. This was demonstrated by the way people were enabled to access activities, in the community such as local shops and parks. The risk assessments were regularly reviewed and adjusted when people's needs and activities changed. There were also general risk assessments for the service and home's equipment that was reviewed and updated. Equipment was regularly serviced and maintained.

Staff shared information regarding risks to people using the service, when they occurred, during shift handovers and staff meetings. There were also accident and incident records kept.

During the inspection we checked that medicine was safely administered, stored, disposed of if not required and the medicine administration records (MAR) for both people using the service were suitably maintained

and up to date. There were regular internal audits. Staff were trained to administer medicine and this training was regularly updated.

Good

Is the service effective?

Our findings

A relative told us that people were encouraged to decide how staff provided care and support, when this happened and that it was delivered in the way they wanted. The care and support we observed had a soothing, beneficial impact on people who displayed positive body language. A relative told us, "She [Person using the service] would tell me if she didn't like it. She had nothing but praise." One person told us, "I speak to my mum tomorrow." Staff explained that this happened each week, at the same time as part of the person's regular routine.

Monthly key worker reviews took place for the person who was living at the home permanently that generated achievable outcomes for them and kept their support plan current and relevant. The care and support for people using the respite service was appropriately reviewed.

People's support information included sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments, depending on the type of support they needed. Weight, nutrition and hydration charts were kept if required and staff monitored people's meals and how much they ate to encourage them to have a healthy diet. In the case of one person this enabled them to achieve a weight loss that made them healthier. This person told us, "I've lost a lot of weight." There was also information regarding any specific support people might require at meal times. Staff said any concerns were raised and discussed with the person and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People living permanently at the service also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Staff said that the induction and annual mandatory training they received was of good quality and the practices we saw reflected good quality training. The registered manager explained that the induction was on line and group based depending on the nature of the training being provided. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There were monthly staff meetings that gave an opportunity to identify further training needs. Two monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. Staff had training and development plans in place. Experiences were also shared with other homes within the organisation. When new staff were recruited they would shadow more experiences staff during shifts to enhance their knowledge of people using the service and the home's operational procedures.

Staff used a variety of communication techniques that were appropriate to the individual and effective. These could range from communication tools to objects, symbols and pictures so that staff could be better understood by people. People used pictures to choose the meals they required, decide on a menu and they participated in food shopping if they wished. Meals were timed to coincide with people's preferences and the activities they attended.

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. The application procedures for this in care homes and hospitals are 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 were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home was very clean and well decorated. The bedroom of the person residing permanently was personalised in the way they liked and people on respite were able to bring in small items to make them feel at home. People had access to a large, secure garden at the back of the property.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings. There was individual de-escalation guidance contained in the care plans. Staff also monitored the affect behaviour had on other people using the service. They said the challenging behaviour training on all three levels had been particularly beneficial when matched to an individual's identified triggers prior to challenging behaviour occurring.

Good

Is the service caring?

Our findings

During our visit staff treated people with dignity and respect and provided support in a way that was helpful and friendly. There were a number of good care practices that showed staff treating people in a caring, patient and kind way. People were given as much time as they required to have their needs met and staff listened to them, paid attention to what they were saying, valued their opinions and acted on them. This was managed whilst maintaining appropriate boundaries. The support people received was empowering and enabling and as a result their body language towards staff was very positive. This indicated that they were happy with the way staff supported them and delivered their care. A relative told us, "The staff are great, very kind." Another relative said, "I love Powder Mill Lane, you can't fault the staff."

Staff communicated with people at a pace that made it easy for people to understand and also enabled them to make themselves properly understood. If people had difficulty expressing themselves staff listened carefully and made sure that they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and service meetings.

The home's care was focussed on the individual and staff put into practice training that provided a person centred approach. People were consistently enabled to discuss their choices, and whenever possible contribute to their care. Staff was warm, encouraging and approachable.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the support they provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Good

Is the service responsive?

Our findings

During our visit staff met people's needs in a way that made them comfortable, relaxed and they enjoyed. Staff were aware of people's needs, made an effort to meet them and made themselves available to people to discuss any wishes or concerns they might have. People were encouraged to contribute to decisions about their care and the activities they wanted to do. Needs were met and support provided promptly and appropriately and this was reflected in the positive responses of people using the service. Any concerns displayed by people using the service were attended to as the priority during our visit. A relative told us, "There was a mix up with the booking and they were on the case and got back to me straight away with the solution I wanted."

People, their families and other representatives were fully consulted and involved in the decision-making process prior to moving in, either permanently or for respite care. They were invited to visit as many times as they wished before deciding if they wanted to use the service. Staff understood the importance of capturing the views of people and their relatives quickly, particularly those receiving respite care so that the care could be focussed on the individual. To achieve this, the registered manager and staff would add to the assessment information during the course of these visits. Service commissioners would forward assessment information to the home, whom also carried out pre-admission assessments. Information from any previous placements was requested if available.

There was written information available about the home and organisation for people who may wish to use the service and their families. Regular reviews took place to check that permanent and respite placements were working for people. If a placement was not working alternatives would be discussed and information provided to prospective services where needs may be better met.

People's care plans were part pictorial to make them easier for people to participate in. They recorded people's interests, hobbies and life skill needs, as appropriate and the support required for them to participate in them. They contained individual communication plans and guidance. In the case of people receiving respite care this was added to during each visit. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

People's needs were regularly reviewed, re-assessed with them and care plans updated to meet their changing needs. The plans were individualised, person focused and developed by an identified key worker. Where possible people were encouraged to take ownership of their plans and contribute to them as much or as little as they wished. The care plans were underpinned by risk assessments and daily diaries confirmed that identified activities had taken place.

Activities were a combination of individual or group and took place at home and in the community. The person living permanently at the home had their own weekly activity planner and staff were aware of the activities people receiving respite care attended. The home made use of local community based activities

including a hub that was set up at the organisational headquarters to provide communal activities for people using their services and also activities that were hosted at other homes within the organisation such as gardening and tea and cake. Two friends from other homes visited during the inspection. People had a number of regular activities as well as others that were focussed on specific interests. People were encouraged to develop their life skills by helping out with tasks around their home such as laundry, emptying bins, paper shredding and helping with meal preparation and household chores. The person permanently living at the home had a particular interest in domestic tasks around the home. They told us, "I help around the home. I do a lot of washing." Regular activities included music and sensory therapy, massage, shopping, park visits and boat trips on the Thames. The person also said, "I like shopping and looking after the pennies."

Relatives and people's representatives were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Good

Is the service well-led?

Our findings

The home's culture was positive, person-centred, open, inclusive and empowering. Staff listened to people and acted upon their wishes. A relative said that they were happy to speak with the registered manager and staff and discuss any concerns they may have. One relative told us, "The manager is great, very helpful."

The organisation's vision and values were clearly set out, staff understood them and said that they were explained and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as staff went about their duties.

There were clear lines of communication and specific areas of responsibility. Staff told us the support they received from the registered manager was good and suggestions they made to improve the service were listened to, although they could perhaps receive more support after they had experienced episodes of difficult behaviour by people using the service. One staff member said, "The staff team work well and are commendable." Another staff member told us, "When I first started this kind of work was new to me and I didn't think I could do it. The girls [staff] got me through and now I love it."

There was a whistle-blowing procedure that staff had access to. There was a career development programme in place to enable staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular minuted meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals took place when due. There was a career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their needs.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Regular audits formed the base of the quality assurance system that contained performance indicators which identified how the home was performing, areas that required improvement and those where the home was performing well. This enabled required improvements to be made. Audits included monthly and quarterly spot check visits by other managers within the organisation that covered all aspects of the running of the home over the course of the year. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.