

United Response

United Response - 1 St Alphege Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 3 and 7 October 2016 and was unannounced.

The service provides accommodation and personal care for up to five people with mental health support needs. There are currently five people receiving support, four people live in the main house, one person has their own separate accommodation on site. Downstairs there is a lounge, dining room, laundry room, kitchen and conservatory with access to the garden. Upstairs there are bedrooms and bathrooms, one person had their own toilet.

There is a registered manager employed at the service. 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 2008 and associated Regulations about how the service is run.

People said they felt safe, there were audits completed to identify environmental risks. Not everyone had a personal emergency evacuation plan in case of a fire. Following the inspection the registered manager gave us further information about how risks were reduced and managed which was not seen during the inspection visit.

Medicines were managed safely and people were encouraged to be involved. Staff worked closely with health professionals and advice about people's health needs was sought when needed.

Staff had safeguarding training and understood how to report abuse. People were supported to speak out if they felt unsafe. There were enough staff, with the necessary skills to meet people's needs. Recruitment systems were in place to check staff were of good character and suitable for their role. Staff had an induction and training to meet people's needs, staff told us they were well supported by the management team.

There were good relationships between people and staff. Staff treated people with dignity and respect. People were encouraged and supported to express their views and be involved in planning their own care. People's hobbies and interests were supported. Staff showed good knowledge of people's needs and preferences. These were reflected in their care plans that people were involved in writing. People had enough to eat and drink; they could make choices about what they ate and took part in preparing the meals.

When complaints were received they were investigated and responded to. People's confidentiality was respected and records were stored securely. Staff had a good understanding of Mental Capacity Act (MCA) and how this worked alongside the Mental Health Act (MHA). The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS). No one at the service needed a DoLS authorisation.□

There was an open and person centred culture. Staff were aware of the vision and values of the service. These were to support people to live as independently as possible and to deliver person centred care. The registered manager was accessible to people and staff and had support from an area manager who knew the service well.

Views were sought from people, relatives and professionals and were acted on. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

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.

Medicines were managed safely.

Risks to people were recognised and action was taken to minimise risks.

Staff understood how to keep people safe from abuse. There was enough staff to meet people's needs and they were recruited safely.

Not everyone had a personal emergency evacuation plan in case of a fire.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew them well. Staff had the training and skills to meet people's needs.

Staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of liberty standards (DoLS), along with the Mental Health Act (MHA). They supported people to understand any restrictions placed on them.

People had enough to eat and drink, they could choose where, when and what they ate.

People were supported to maintain good health both physically and mentally. Staff supported people to contact health professionals when needed.

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Is the service caring?

Good ●

The service was caring.

Staff communicated with people in a kind, caring way. People said staff cared about them. New staff were supported to build relationships with people.

People were encouraged to make decisions about their care and how they liked to be supported. Staff knew people's preferences well.

People were treated with dignity and respect by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported in the way they wanted. They were supported to take part in hobbies and activities they liked.

People were involved in writing their care plans. Care plans were updated to reflect any changes in people's needs.

If people had a complaint they knew who to talk to, complaints were dealt with and responded to.

Is the service well-led?

Good ●

The service was well led.

Audits and checks of the quality of the service had been carried out.

There was an open and person centred culture. Staff understood the values of the service and told us they felt valued and listened to.

The manager was accessible; he regularly talked to people and sought their views.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 7 October 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at notifications we had received from the service. A notification is information about important events which the provider is required to send us by law, such as a serious injury. We looked at previous inspection reports.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met four of the people who lived at the service and spoke to two of them. We spoke to the registered manager and four members of staff. After the inspection we contacted health and social care professionals who regularly visit the service but did not receive any response.

We observed staff interacting with people. We looked at documents including three care plans, medicines records, three staff files, risk assessments, audits and staff rotas.

We last inspected the service in July 2014 when it was rated good in all areas, with no recommendations for improvement.

Is the service safe?

Our findings

People told us that they felt safe, one person said "I feel safe living here." People were relaxed with staff and approached them if they wanted help. Staff knew people well and responded quickly if people were becoming distressed or anxious.

Environmental risks had been assessed including the risk of scalding from hot water. There were control measures, to reduce the risk of being scalded. These included reminding people to run cold water, checking the temperature of the bath and staff checking the water temperature weekly. Staff had taken the water temperature of the bath that people used and it was consistently above the safe limit. No action had been taken to reduce the water temperature. Some people using the bath were living with diabetes, which could affect the feeling in their hands and feet, making it more difficult to assess the water temperature. There was a risk that people would get into a bath that was too hot. After the second day of the inspection staff told us that the bath tap valves had been adjusted to reduce the temperature.

Following the inspection the registered manager gave us further information about how risks were managed which had not been seen during the inspection visit.

People said that they were happy with the way their medicines were managed. People were supported to take as much control as they wanted to of their medicines. Medicines were stored safely and were ordered and checked when they were delivered.

Records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicine had been administered and signed for. Staff carried out regular checks of the medicines stocks and records. Any unwanted medicines were disposed of safely.

Staff were trained how to manage medicines safely and had a good understanding of people's medicines and what they were for. Staff had keys to the medicines cupboard and some staff said they took their keys home. The registered manager agreed to review the security of the medicines keys as there was a risk of losing them.

There was information available about people's medicines, including what they were for and what side effects staff should look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day.

Staff carried out fire safety checks and everyone practised leaving the building in an emergency. There was a fire risk assessment that needed to be updated to include any new people who had moved in. One person did not have a personal emergency evacuation plan and the registered manager said he would address this.

Staff had a good understanding of keeping people safe from abuse or harm and what to do if they had any concerns. People who lived in the service knew who they could speak to if they felt unsafe. Where issues had

occurred the staff had spoken to the Local Authority safeguarding team and sought advice. Risk assessments had been updated in response to incidents and staff were given guidance of how to minimise the risk of incidents happening again.

Sometimes people did not get on, when this happened staff supported them to talk about their feelings and resolve any arguments. Some people were at risk of their mental health deteriorating, there were risk assessments in place which showed the signs and how staff should respond. Staff knew how people behaved when they were well so were able to quickly identify if this changed. Some people were very private, preferring to do things without staff support, and had a risk of self-neglect or injuries due to health conditions. Staff respected people's choices and found other ways to monitor people's health and wellbeing.

People managed their own money, staff would chat to them to ensure they were doing so safely. If people wanted to buy a big item or plan a trip staff used this as an opportunity to look at people's budgets with them.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept the staff levels under review. One to one staff support was provided when people needed it. One person told us "The staff here are great, they really do care."

The registered manager and senior staff shared an on call system so were available out of hours to give advice and support. Staff said they worked as a team and stepped in at short notice to cover staff sickness or to provide extra support when needed. Each shift was planned so staff knew what they were responsible for on their shift.

It was clear people had an obvious affection and mutual respect for staff. There were very natural and respectful exchanges and conversations between people and staff and staff anticipated people's needs and wishes well. For example, staff noticed that one person was becoming quite anxious, they dealt with the situation calmly and the person appeared less anxious.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff so they could have a say about who might support them.

Is the service effective?

Our findings

One person said, "The staff give us a good quality of life." Staff told us that people were supported to live the life they wanted and have choices about how they lived and what they did.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People told us they thought the staff had the right skills to support them. One person said "The staff are very good, I like them all."

There was an ongoing programme of training which included face to face training, on line training and completing workbooks. New staff completed induction training during a probation period. The induction training included completing certain courses and shadowing permanent staff in order to get to know people. The provider had introduced the new Care Certificate for new staff which is a set of standards care staff can achieve. Some staff were working towards or had achieved higher level qualifications.

Training was provided about people's specific needs, including mental health and diabetes awareness, and staff had a good understanding of people's varying needs and conditions. Staff had one to one meetings with a line manager to talk about any training needs and to gain mentoring and coaching. There were plans for staff to have an annual appraisal to look at their performance and to talk about career development for the next year. Staff told us that staff meetings were held regularly and they all had a say about the running of the service. Staff told us they felt supported by the registered manager.

People were given choices and staff communicated these in a way people understood. Staff had a good knowledge of how people's mental health could impact their decision making. Staff told us where possible they would delay the decision until the person was feeling well enough to make it. When people had restrictions under the Mental Health Act (MHA) 1983, staff supported them to understand what this meant. People had information about how they could challenge any restrictions and were given contact details of services to help them do this.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. Staff had completed MCA training and they put this into practice effectively, and ensured that people's human and legal rights were protected. The 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 so that they can 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. The registered manager had not made any DoLS applications as they were not needed. The registered manager told us they knew how to make an application if they needed

to in the future.

People had enough to eat and drink and everyone was involved in writing the menu. 'House meetings' were used to decide the menu and people could eat where and when they wanted. People used the kitchen whenever they wanted. Staff encouraged people to take part in preparing meals for themselves and others. Some people had set days when they chose to prepare meals. On a Sunday it had been decided to have a roast dinner and everyone took part in preparing the meal and everyone ate together.

If someone chose not to have what was on the menu they were supported to purchase food and prepare their own meal. Staff told us, "They decide what they fancy; we help them make a list then nip down to the local shop and buy the bits they need. When they get back we help them make the meal, it gives you a good chance to work with people on their cooking skills."

People were supported to manage their own health care needs as much as possible. Staff had a good knowledge of the conditions people had and how to help manage them. People's care plans contained information on each person's health care needs and the support they required. One person was living with diabetes and there were guidelines telling staff what to do in case of high or low blood sugar levels. There was guidance for staff to follow if people's mental health deteriorated. There were contact details of people's Community Psychiatric Nurse (CPN) and the local mental health crisis team in people's care plans.

People regularly saw health professionals, such as CPNs and diabetic nurses and the staff supported people to understand any information they were given. Staff contacted health professionals quickly if there was deterioration in people's health. When one person's blood sugar levels became unstable the diabetic nurse was contacted and gave advice. People were supported to access dentist and chiropodists and were offered annual health checks.

When people's health was at risk staff worked with health professionals to find the best way to manage the risk. Some people had a history of behaviours which could impact on their health. Staff and professionals had worked with the person to plan a way to get the treatment they needed in a safe way. People were supported to understand the risks to their health such as smoking. One person told us, "Staff have helped me to cut down how much I smoke. It's hard but I know it is good for me."

Is the service caring?

Our findings

People told us, "The staff really care about us and how we are." People were relaxed and comfortable in the presence of staff. People sought out staff if they needed support and staff listened to them. Staff told us, "People are settled here because we fit the support around them and make them feel they belong somewhere."

There had been recent bereavement and some people had been affected by this. Staff told us "We checked on them and gave people chances to reminisce about good times with that person. We watched for signs of it affecting people's mental health."

Some people struggled to build relationships with new staff, so experienced staff supported this. Staff told us "One person can struggle with facial expressions and found a new staff member hard to understand. The manager and I spent time with them both talking about things we knew they both liked and encouraging them to talk about themselves. They now get on well and the person is happy to be supported by that staff member."

Staff knew people well, including their personal histories and staff understood how people's backgrounds could impact on them. Staff knew how to support people if they were distressed and how they preferred to be supported with this. One person told us "The staff help me, they speak to me to help me calm down or talk with me about what I am worried about."

Staff took the time to listen to people and checked they had understood what they wanted. They explained to people what was happening and offered reassurance when needed. Staff showed an interest in what people were doing and offered support if needed. Staff were patient and understanding if people changed their plans. For example, one person asked to go out, when staff were ready to go the person said they had changed their mind; the staff member accepted this and went out with another person. The person then decided they wanted to go out, staff explained they would have to wait until the staff member returned. As soon as staff returned the person was able to go on the planned trip.

People were supported to talk about how they wanted to be supported and about the things they wanted to do. This was then recorded in their care plan. People had keyworkers who they had chosen as they had something in common with them. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. The registered manager had recently introduced keyworker days for staff to update people's care plans and spend time with people if they wanted this.

People were able to choose how and when they had support, people often chose to spend time in their rooms and staff offered support but did not pressure people to leave their rooms. There were house meetings where people could talk about things like the menu or activities. The menu was changed to reflect what people wanted and everyone agreed to take part in chores around the house. People had requested a party and this was planned and organised with staff support.

People had access to advocates. An advocate is someone who supports a person to make sure their views

are heard and rights upheld. People could have visitors when they wanted and could invite friends and family to social events such as BBQs. When people's families lived further away people were supported to maintain contact and visit if they wished. Staff told us "We have helped people to rebuild family relationships. It is so nice to see people being so excited to see family they have not seen for years."

People were treated with dignity and respect. Staff respected people's choices about how much support they needed and when they wanted it. Staff knocked on bedroom doors and waited to be invited in before entering. People had keys to their rooms if they wished.

Staff worked with people to develop new skills and try new things. People and staff were heard laughing and chatting. There was a sense of equality between people and staff. Staff varied the way they offered support with people taking into account people's personalities. Some people enjoyed joking with staff; others needed staff to speak more literally. One person found it difficult to talk to staff when other people were there, so staff offered to go to another area to chat.

People had lived at the service for a long time and had built strong relationships with staff and in the community. The registered manager told us that there was a plan to convert the house into flats. This would allow people to stay in the same place and be supported by the same staff, whilst developing new skills. People were being spoken to about how they would like their flat to be and were kept up to date with the progress of the plan.

People's confidentiality was maintained, staff understood the need for this and records were stored securely. Information was given to people in a way they understood.

Is the service responsive?

Our findings

People told us the staff responded well to their needs and helped them get extra support if they needed it. One person told us "You can always go to staff with your problems and they will help."

People's needs were assessed by the registered manager before they come to the service. One person had recently moved into the service from one of the providers other houses, following a period of ill health. The registered manager had spoken to the person and their care manager and staff to find out if the move would meet the person's needs. The person had initially moved in for a short period of respite, this was now being extended. Staff continued to talk to staff from the person's previous service and supported the person to visit them if they wished.

The majority of people had lived at the service for a long time, their needs were regularly reviewed and care plans updated. People's care plans showed the support they needed and how they preferred to be supported. We saw staff support people as described in their care plan. People's care plans had been updated but there was no record of what changes were made, when or by whom, this was an area for improvement.

People had the support they wanted, one person preferred to spend the day in their room and to interact in the evening. Staff knew this and made sure that a staff member that the person liked was free to spend time with them later in the day.

The registered manager was implementing a new care planning system to streamline information and make it more accessible. Keyworkers were working with people to give them the chance to write their own care plan. If people did not want to do this, staff asked them to read it and give feedback.

People's likes and dislikes were recorded and staff had a good knowledge of these. Throughout the inspection, people were going out to activities they liked and were encouraged to try new things. One person told us, "Staff are helping me to learn to knit, I want to knit a jumper." Staff told us "One person likes to go on days out so we look at the internet with them and encourage them to find new places to go. The person then plans the trip with a staff member they prefer. The person has been to lots of places in the last year and often picks up leaflets when out for their next trip."

During the inspection people went out to local shops and to visit another service. Some people chose to spend time in their rooms. Staff regularly checked on them and offered the chance to chat.

People were encouraged to develop new skills and take care of their own home. People had discussed at house meetings how they could do this and what jobs they could do. People helped to plan parties to invite friends and family, and each person had a particular job to do during the planning. People went into the local town and took part in clubs regularly.

People were encouraged to express their views about the service and were given clear information about

how to make a complaint. There was a complaints policy with an easy read version displayed in the entrance hall. One person told us that the registered manager and staff were all approachable and easy to talk to. Records showed that complaints were taken seriously, investigated and responded to quickly and professionally. When people made complaints their views about how they wanted their complaint to be dealt with was taken into account. They were offered reassurance and were kept informed at all times. The registered manager kept a log so that all complaints could be tracked and used for learning and improving.

Is the service well-led?

Our findings

People told us, "I can always speak to the manager, they know me well." Staff said, "The company have been good to me, they support me and as a team we support each other. It makes it easy to be happy at work, which is good for the people we support."

Checks and audits were carried out regularly of the environment, records, medicines, staff training and the support provided. The registered manager, a senior manager and staff carried out weekly, quarterly and yearly audits and produced reports and most had time bound actions allocated to staff to complete to improve the service. Audits of the bath water temperatures found that they were consistently too high but no action was recorded to address this. Following the inspection the registered manager gave us further information about how this risk was reduced and managed, which had not been available during the inspection visit.

The visions and values of the provider are to improve the lives of people they support, by being person centred and to respect and promote people's rights. Staff had a good understanding of the values and visions and showed these in the way they supported people.

Staff said they felt valued and that they had good relationships with both the registered manager and area manager, who came to the service often. The majority of the staff team had been at the service for a number of years and they supported any new staff in getting to know and with building strong relationships with people.

The registered manager had been at the service for almost 20 years and had been in their current role for 5 years. They were supported by an area manager and by managers of other local services of the same provider. Managers met to share information and best practice. Staff told us they could always talk to the registered manager and that they supported them. The registered manager told us that he worked closely with his team especially the senior staff and tried to support them to develop by giving them new tasks to learn and opportunities to develop the skills they would need to progress to a management role.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way, and had done so.

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of inclusion with everyone given an opportunity to have a role in the running of the service. The registered manager made sure people had a say about potential staff throughout the recruitment process and people were asked for their views and opinions about the service.

People were asked for their feedback about the service on a regular basis at meetings. Feedback had been read and considered and the registered manager acted to address any issues that were raised. Staff told us

they had regular team meetings and that their views and opinions were listened to.

The registered manager had sought and recorded the views of staff, relatives and stakeholders, including health professionals, so they could analyse this to improve the service. Comments from the last survey included "Staff are always supportive and make contact with any concerns," and "(My relative) is supported to have a full life," and "...with staffs help, (my relative) has achieved a great degree of independence and has a varied life." All the results we saw were positive about the staff support and the management of the service.

The area manager met with people from the service. One person told us, "I am going out for coffee with (area manager) in a couple of weeks; we talk about how I am doing and if I'm happy."

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the local shops and cafes and were supported to keep in touch with their friends and family and to make new friends.