U&I Care Limited

U&I Care Limited

Inspection report

15 Archers Green
Kingswood Westbrook
Warrington
Cheshire
WA5 1XS
Tel: 01925 415073
Website:

Date of inspection visit: 25 & 30 September 2015
Date of publication: 17/11/2015

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

Overall summary

We carried out an announced inspection of U&I Care (Archers Green) on 25 September 2015 and contacted a relative of people living in the home on 30 September 2015. It is with the relative's permission we have included their comments in this report.

At our last inspection in September 2014 the service was meeting the regulations inspected.

The home provided care, support and accommodation for up to three people. At the time of the inspection there were three people living in the home. Two bedrooms had en-suite facilities, and a further bathroom and downstairs cloakroom. There was an open plan kitchen, dining room and lounge area, and a further large lounge on the first floor for the use of people living in the home. People had access to a pleasant garden at the rear of the home and there was car parking at the front of the home for visitors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Staff received suitable induction and training to meet the needs of people living at the home, and their work was overseen by a senior member of the staff team, the operations manager and the registered manager.

We saw that the experiences of people who lived at the home were positive. The staff had good relationships with people living at Archers Green. We saw they were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. We observed the care and support given to those living in the home throughout our visit and found all the activities were led by those living there and staff supported them with their wishes. A relative told us they had no concerns about the way their family members were treated. Comments included: "Staffing is great"; "They listen to us and work with us"; "Their ethos is spot on"; "They support my daughters to lead a normal life in the community"; "I can call in at any time, and I am always made welcome".

People's needs were assessed and care plans were developed to identify what care and support they required. A relative told us they had regular meetings prior to the opening of the home to ensure individual needs had been identified and appropriate support plans had been put in place. We were told staff were "brilliant"; and "we work so closely with staff". and "I do trust them".

Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed. People living in the home were unable to engage with us on this matter but we observed them to be relaxed and comfortable around staff. A relative told us that they would know if there was a problem and their daughters would tell them if they felt upset by any member of staff. She said "I do trust them" meaning she trusted the staff.

Staff had an understanding of the systems in place to protect people who could not make decisions and knew how to follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The people living in the home were involved in planning and cooking their own meals with staff support. Staff supported them to choose healthy options and experience new menus.

The home was clean and well maintained.

There were systems and processes in place to seek the views of people who used the service and their representatives. Regular meetings were held with families and other health care professionals. These meetings and information from these meetings had developed the new service and informed care plans. This demonstrated that it was a learning organisation.

Summary of findings

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.

There were effective systems in place to make sure people were protected from abuse. Staff were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to check staff employed at the home were suitable to work with vulnerable people.

There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

Staff received on-going support from the senior member of staff responsible for the home, the operations manager and the registered manager so they carried out their role effectively.

Training was provided to instruct staff on how to perform their role and staff received formal supervision and appraisal to support them so they worked in line with the organisations expectations.

Arrangements were in place to access health, medical, social and specialist support to help keep people well.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and were aware of the correct processes to be followed in the event of Deprivation of Liberty Safeguards being required.

Is the service caring?

Good

The service was caring.

A relative told us that staff were "brilliant".

Staff were knowledgeable about the care people needed and what things were important to them. The staff knew the care and support needs of people well and took an interest in the people and their families in order to provide person-centred care.

Staff took time in speaking with people; their interactions were patient, positive and often humorous. This had a positive impact on those living in the home.

Is the service responsive?

Good

The service was responsive.

People and their representatives were consulted about the care and support provided. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

Summary of findings

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People and their representatives were listened to and their feedback acted upon. We found that complaints were dealt with effectively, a relative told us, “you only need to ring and it’s sorted immediately”.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager who was also the registered provider. They led by example and worked alongside staff to provide the care.

There were systems in place to support and supervise staff.

The staff were confident they could raise any concerns about poor practice and these would be addressed to support staff in protecting vulnerable people from harm.

People were able to comment on the service in order to influence service delivery.

U&I Care Limited

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 25 September 2015 and was announced. The provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. We also spoke with a relative of two people living in the home by telephone on 30 September 2015.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that askes the provider give some key information about the service. We contacted the local authority contracts quality assurance team to seek their views. We received positive feedback from the local authority quality monitoring team who had visited the home in August 2015.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed the three care records of those living in the home, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with all the people who used the service and telephoned one of their relatives. We also spoke with the registered provider who was also the registered manager, the operations manager and all staff on duty during our inspection.

Good

Is the service safe?

Our findings

We spoke with the people who lived in the home, one person told us it was "good" living at Archers Green and indicated this by putting her thumb up. The relative we spoke with also confirmed that they felt their loved ones were safe and that she felt confident that they were well looked after. She told us that she felt positive about both of her daughter's placements and not at all anxious about the support they received, She said "I do trust staff", "they listen to us, and they work with us". The relative told us that they would feel confident speaking with a member of staff or to the manager should they have any concerns.

During our visit we saw that staff provided the care and support as and when people needed it. We saw enough staff on duty to meet people's support needs and their activities as set out in their care plans. On the day of our visit there were three staff on duty as identified on the rota and three people living in the home. Staff told us that this was usual, one person currently had two staff to support them in accessing the community due to a change in their personal circumstances; these changes were clearly identified in their plan of care. We found extensive risk assessments in place for each person living at Archers Green all of whom clearly had busy lives. Some examples of the assessed risks were as follows; attending sporting events such as going to trampoline and swimming, shopping, cinema, going to the pub, cafes, museums, the zoo and attending a social club and disco. We saw that photos were taken at events to develop diaries and timetable events for the future.

Staff told us that they would challenge any poor practice with their colleagues. As we spoke with staff they demonstrated good knowledge of situations they should report to the management of the home, including concerns and unusual occurrences. We saw that staff had attended safeguarding training to equip them with the knowledge to protect people from harm. Staff told us that they felt confident to raise any concerns they may have with either senior staff in the home or the registered manager. We saw records in the organisations office which confirmed that staff reported regularly to senior staff.

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed us that the provider had told us about any safeguarding incidents of which they were aware and had taken appropriate action to make sure people who used the service were protected.

We looked at the staff recruitment files of the staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to minimise the risk of unsuitable people being employed to work in the care environment with vulnerable people. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS).

The company's fire risk assessment had been completed in June 2015 and any identified risks had been addressed. Personal Emergency Evacuation Plans were available for people living in the home and we saw that they also participated regularly in fire drills and practises. All staff working in the home had received fire awareness training. This helps to ensure that people know what to do in the event of a fire occurring.

People were protected against the risks associated with medicines because the organisation had appropriate arrangements in place to manage medicines. During our inspection we inspected medication administration records. We looked at the medication records for all three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. We found the systems and audits ensured that medicine administration was safe, however the processes to help ensure this were time consuming and unnecessarily complicated.

The home was very clean and staff had received training in infection prevention and control. The home was well maintained and furnished.

Good

Is the service effective?

Our findings

Staff told us that they felt they were appropriately trained to do their job in supporting people with learning disabilities. We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well. New staff attended an induction and introduction to their role with the registered manager prior to starting work. More recently employed staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

Systems were in place to record training completed and to identify when training was needed to be repeated. Policies and processes were in place to ensure staff met their responsibility to maintain their qualifications so that they provided appropriate care in line with good practice. We found that staff had access to training on the computer and staff told us that the training from the organisation supported them in being able to fulfil their role.

Staff supervision and appraisal processes were in place. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have. It also assessed the quality of their performance with supporting people living in the home in achieving their goals.

We observed the staff and people living in the home preparing for lunch which was an inclusive experience where people living in the home participated in preparing and cooking lunch, setting the table and cleaning up. Menus were planned in advance to assist with shopping and to ensure people were achieving a balanced nutritious diet; however there was some flexibility in choices to suit individual likes, dislikes and preferences on the day. Mealtimes were sociable events with allowances and strategies in place should people require personal space. We found that staff worked flexibly to ensure people were supported according to their moods and behaviours.

Care records showed us that people were registered with a GP and accessed other care professionals as needed. A relative told us that they were kept informed of the well-being of their loved ones. Care plans, risk assessments and mood charts were maintained to a high standard to support staff with understanding and interpreting people's needs when they were unable to explain to staff how they were feeling. We saw that family members and other professionals were included in these discussions to jointly facilitate positive outcomes for the young people living in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (MCA) 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure, where someone may be deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the MCA and the associated DoLS with the operations manager who told us that appropriate referrals had been made to the regulating body. We saw that multi-disciplinary meetings and best interest meetings had been held and had included relatives.

The house was well designed and the lay out over three floors afforded those living there to have their own personal space, including their own bathroom, with communal space to come together when they wanted to.

Good

Is the service caring?

Our findings

We observed activities during our inspection and we saw that people living in the home were calm and relaxed around staff, they were happy to make their wishes known and engaged with staff positively. We felt they knew the staff members working in the home well and a relative confirmed this. Comments included: “The staff are brilliant”; “They listen to us and work with us”; “Their ethos is spot on”; and “Staffing is great”; “The managers and staff are very friendly and make it feel like home”; “I can call at any time, and am always made welcome”; “It’s so lovely to see that my daughters are leading a normal life in the community and I can pop in for coffee and a chat”; “I feel very lucky to have this service”.

We saw that people who lived at the home and their family members were involved in planning their care. A relative told us that meetings were as frequent as weekly in the early stages of the placement to make sure that staff had enough information to support people appropriately. People’s life history was recorded in their care records, together with their interests and preferences in relation to daily living.

Care plans were written to engage staff regarding individual needs and behaviours. For example a section called, “You matter - how to respond to me”, identified how to respond positively towards the person and gave staff clear guidance on what did and did not work. This helped to ensure that interactions were meaningful. It also said, “I like to be around positive people who love music”, and we saw that, care plans had been developed from this to incorporate the person’s love of music. We thought that the care planning showed that staff embraced people’s individuality and diversity and that those living in the home were valued.

Some records had been maintained in picture form to highlight stages of achievement in attaining certain goals. This was used not only in quality monitoring by the organisation but to keep families, social workers and other staff up to date with what people could do independently.

People’s bedrooms were personalised and contained pictures and personal items.

We spoke with staff and asked them to tell us about the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. We found that the staff understanding of people’s needs were in line with care plan records and identified risks.

The local authority contract monitoring team told us the care at U & I Care was good.

Good

Is the service responsive?

Our findings

Before people moved permanently to the home we saw that a long transition period was undertaken to enable staff to get to know people well, and for staff and families to understand if the service would meet their needs. We found that Archers Green had been developed with the needs of the three people living there at the centre of its purpose. The home was organised and run in accordance to their individual and collective needs.

We looked at care plans and we discussed people's needs with staff and a relative. We found that plans were accurate and had been written in a person centred way. Plans were also written to help ensure staff provided support in the way the individual preferred. This also meant that care and support was given causing the minimum of distress. Staff worked very flexibly with individuals and worked in accordance with their moods and obsessive behaviours, this meant it caused the least disruption to their routines. Care plans identified what time people liked to get up and go to bed, what foods they liked, what activities they enjoyed, and what routines and behaviours they had adopted.

People living at Archers Green had a full schedule of community based activities which they participated in. A relative told us they just, "Have a normal life in the community". We saw that care plans and associated risks were monitored and evaluated regularly so that people continued to receive the support they needed in a way they preferred. Plans of people's care identified routines and activities that individuals found necessary to support their well-being. People individually and collectively were involved in learning daily living skills, such as doing laundry, household tasks and shopping. Tasks had been divided into achievable segments to enable individuals to progress and develop new skills. Each person living at Archers Green had an activities program and timetable of activities they enjoyed such as swimming, the cinema, attending a local disco and social club and the zoo. Each person living in the home had a keyworker; this is a person who would maintain an overview of that person's care, support them with their wishes, liaise with health professionals and families.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Complaints could be made either to staff, senior staff (if more appropriate) or directly with the registered manager. A relative told us that they felt confident that any concerns they may have would be dealt with. They said if you have any worries "You only need to ring and it's sorted immediately". We spoke with staff and a relative and asked how people living in the home would be able to complain or make their feelings known; staff told us that they would identify problems in respect of people's behaviours and the relative confirmed this would be the case. The relative also told us she felt her daughters would tell her if they had a complaint as they had done so before where they had lived previously.

Good

Is the service well-led?

Our findings

We found that systems were in place to monitor the quality of the service provided in the home with regular audits and spot checks being undertaken by senior staff in the home. These included monthly equipment checks, staff checking that all fire detection equipment was functioning e.g. smoke detectors and emergency lighting. Staff checked that fire extinguishers and fire blankets were accessible and first aid equipment was also accessible and items were within date. We saw that there were weekly audits in respect of the hygiene in the home and medicines and daily records maintained of fridge and freezer temperatures to check that food was being stored correctly. The operations manager audited the regular checks completed by staff to see that any shortfalls or identified maintenance problems had been dealt with. The operations manager also monitored the frequency of service contracts for fire equipment, and the landlords safety certificates for heating and electricity supply.

Supervision and appraisal systems also identified standards of competency within the staff team and allowed for added support when required and as a consequence staff continual improvement and development. Staff supervision and appraisal had been implemented and planned for the year. This afforded staff the opportunity to raise concerns, suggest improvements, request any training needs and participate in the running of the home.

The staff we talked with spoke positively about the leadership of the home. Staff told us that the registered manager who is also the registered provider was approachable and led by example working alongside staff.

The organisation had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

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