

United Response

United Response - 27 Brockleaze

Inspection report

27 Brockleaze, Neston, Corsham, Wiltshire, SN13 9TJ Date of inspection visit: 30 September 2015 and 2 October 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

United Response – 27 Brockleaze is a care home which provides accommodation and personal care for up to three people with learning disabilities. At the time of our inspection three people were living at the home.

This inspection took place on 30 September 2015 and was unannounced. Following the inspection we visited the provider's local office on 2 October 2015 to meet with the registered manager and complete the inspection.

There was a registered manager in post 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 and associated Regulations about how the service is run.

Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed. Despite this lack of information in the risk assessments, staff demonstrated a good understanding of people's needs and how to manage the risks they faced.

Summary of findings

Medicines were safely managed and relatives and visiting professionals were positive about the care people received. Comments included, “I feel assured that (my relative) is safe there. I am confident staff are doing all they are supposed to”, “ They really want to do what they can to help people” and staff “come across as very caring and supportive of people”.

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

There was strong management in the service and the registered manager was clear how they expected staff to support people. The provider assessed and monitored the quality of care and took action to address shortfalls that were identified.

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?

The service was not always safe. Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Good



Is the service caring?

The service was caring. Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Good



Is the service responsive?

The service was responsive.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

United Response - 27 Brockleaze

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 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 30 September 2015 and was unannounced. We visited the provider's local office on 2 October 2015 to meet with the registered manager and complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we met all three people who use the service, the registered manager, one support worker and three senior support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for all three people. We also looked at records about the management of the service. Following the visit we spoke with a community nurse, occupational therapist and the relative of a person who used the service by telephone.

Is the service safe?

Our findings

Risk assessments and management plans were in place and covered most areas where people had identified needs. However, we saw the records of a team meeting included reference to one person having specific needs relating to the prevention of pressure ulcers. The person had pressure relieving equipment in place, including a mattress and pressure cushion and the service had consulted with a community nurse about the care the person needed. The person's support plan did not contain any reference to the risk of pressure ulcers, the equipment they used to prevent pressure damage, or signs that staff should look out for to indicate the person's skin was at risk of breakdown. Despite this lack of information in the support plan, staff demonstrated a good understanding of the person's needs and action they needed to take to keep them safe.

Other risk management plans had been completed with detailed information about the support people needed. Staff supported people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom and take part in activities they enjoyed.

People were not able to tell us whether they felt safe, but we observed that people appeared comfortable in the presence of staff. People smiled at staff and attracted their attention to request support. The relative we spoke with said, "I feel assured that (my relative) is safe there. I am confident staff are doing all they are supposed to".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. All of the staff we spoke with said they did not have any concerns about the safety of people using the service.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We saw that these checks had been completed for one member of staff who had been employed in the last year.

Sufficient staff were available to support people. Staff told us there had been some staffing issues, but they were being resolved by staff returning from periods of leave and the recruitment of a new staff member. Staff said vacancies had been covered by the consistent use of a small number of temporary staff and we confirmed this on the staffing rotas. The registered manager said this had been a difficult period, but they were confident the action they had taken would ensure greater consistency of staffing.

Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately. Changes had been made to some support plans and risk assessments as a result of reviewing incidents.

Is the service effective?

Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service.

Staff told us they had regular meetings with their peers and the registered manager to receive support and guidance about their work and to discuss training and development needs. The service had a system of peer support, but staff said they were also able to have one to one meetings with the registered manager at any time and they had an annual appraisal meeting with the registered manager. Staff said they received good support and were able to raise

concerns outside of the formal supervision process. The registered manager kept a record of all staff support sessions, one to one meetings and peer support sessions to ensure staff were receiving regular support.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Records demonstrated staff had completed training that was specific to people's needs, including the needs of people with dementia, autism and epilepsy. The occupational therapist we spoke with said staff had the skills they needed to provide effective support to people and had a good understanding of people's needs.

We observed people being supported to eat and drink during the visit. Staff supported people to make choices about their food. Staff said they had a range of food available to offer people, based on people's known likes and dislikes. We saw the kitchen was well stocked. Staff provided support to people who needed it, ensuring food and drinks were at the right consistency for their specific needs. Support plans contained detailed information about one person's specific needs in relation to the type of cup and plate they used and support they needed to eat and drink.

People were able to see health professionals where necessary, such as their GP, community nurse or occupational therapist. People's support plans described the support they needed to manage their health needs. A community nurse who had been working with the service told us the staff worked well with them, taking on board ideas and suggestions and commenting, "They really want to do what they can to help people".

Is the service caring?

Our findings

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family and friends, keep in contact by email and regular phone calls. One person's relative commented, "They always keep in contact with us".

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care

and the activities they liked to participate in. We saw that people and those close to them had been involved in developing their support plans, telling staff how and when they wanted support with their personal care. The relative we spoke with said staff were caring and always involved them and their relative in the planning and review of their care. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people's privacy was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care and support needed to be provided in ways that were dignified and ensured people's privacy.

The community nurse we spoke with told us staff "come across as very caring and supportive of people".

Is the service responsive?

Our findings

The relative we spoke with told us staff supported people to keep in contact with friends and relatives and take part in activities they enjoyed. The relative said one activity their family member really enjoyed had been changed due to the person's specific needs, but staff had worked to find alternatives. During the visit we observed people taking part in a range of activities both in and out of the home. These included going out for a walk in the local area, completing jigsaws, listening to music and attending a day service. Records of activities showed that people also had regular swimming, cooking and skittles sessions.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with

people and their relatives and friends. We saw changes had been made following people's feedback in these reviews. The relative we spoke with said "We are always involved in the review of (our relative's) care plan".

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. The relative we spoke with told us they knew how to complain and would speak to staff if there was anything they were not happy about. The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was available in the home. Any concerns and complaints would be collated and reported in regular quality monitoring checks. The registered manager also had cards that could be handed out to members of the public so they can contact the manager if they have any concerns. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw there had been no complaints in the last year.

Is the service well-led?

Our findings

The service had a registered manager who was also the registered manager for other nearby services. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. The occupational therapist told us the manager was, "Great to work with, open and willing to work together to find solutions". Staff told us that although the registered manager was not always on site, they were able to get hold of her promptly when needed and she provided good support.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The values are set by (the registered manager)" and "The manager will help out where needed, I've been very impressed".

The management team completed regular audits of the service, with some audits involving the manager of another

United Response service to give a different perspective. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. The registered manager reported that United Response also had a team of 'Quality Checkers'. These were people who used different services who used their experience to assess the quality of support people were receiving. This check was planned but had not been completed at 27 Brockleaze at the time of the inspection. The registered manager was positive about how this would focus on the quality of the support people received.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the 2014 survey had been received and collated by the provider. Where people had provided feedback about concerns or suggestions for improvements, we saw the registered manager had followed these up individually. There were records of phone calls and letters in response to the feedback and details of actions that had been taken as a result.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions