

United Response

United Response - 66 & 66a Lemsford Road

Inspection report

66 & 66a Lemsford Road
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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

About the service

United Response - 66 & 66a Lemsford Road is a residential care home providing personal care to 11 people who have a learning disability or autistic spectrum disorder. The home can accommodate up to 11 people.

The home provides accommodation over three floors with communal areas and access to outside space.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People told us they felt safe in the home and they liked living there. Risks to people's health and well-being had been assessed and mitigated. People were involved as far as possible in understanding the risks and how to stay safe when they were out and about in the community. Staff received training and were knowledgeable about safeguarding procedures and also how to report their concerns. There were enough staff employed through robust procedures to ensure people's needs were met safely.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and support plans were developed to ensure their needs could be met effectively by staff. Staff were trained and had support from managers through supervisions and meetings to understand and carry out their roles. People's dietary needs were met.

People and relatives were happy with the support people received. They told us that staff working at the home were long standing and knew people well. People said staff were kind and caring. People were involved in their care and enabled to take decisions affecting their day to day life.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives were given the opportunity to feedback on the service and their views were listened and acted upon. People received personalised care that met their individual needs. People were given appropriate support and encouragement to access and participate in meaningful activities and to pursue hobbies and individual interests. People were supported to share their views by commenting or to complain if they were unhappy with any aspect of the service and were confident, they would be listened to.

Audits done by the registered manager and the provider were effective in identifying areas in need of improvement and actions were taken to improve the quality of the service provided

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

United Response - 66 & 66a Lemsford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider`s regional manager, the registered manager, deputy manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they discussed with staff how to keep safe from abuse. One person said, "I don't talk to strangers. I feel safe here."
- Relatives told us, they were happy with the care and support people received and the service was safe. One relative said, "I have never had any cause to doubt [family member's] safety in their care. [Person] is always supervised both within the home and when they take them out."
- Staff received training to understand how to recognise possible signs of abuse. They were confident in describing the possible forms abuse could take. Staff knew how to report their concerns internally or to external safeguarding authorities.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety. One person told us, "I go on the bus on my own. Staff did safe travel training with me until I learnt how to stay safe."
- Risk assessments were developed for each identified risk to people. For example, there were risk assessments for people being on holiday, being out in the community or being at risk of displaying behaviours that challenged others.
- To support people who communicated through behaviours that challenged others staff had training in positive behaviour support. They worked in partnership with health and social care professionals to develop positive behaviour plans and support people safely.
- In addition, there were environmental safety checks which addressed areas like fire safety. Well-developed procedures were in place to ensure staff were able to safely evacuate people in case of an emergency.
- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staffing numbers were adjusted by the registered manager depending on how many people were using the service and based on people's needs.
- Staff told us there were enough staff and the registered manager and deputy manager was available to step in and cover shifts when it was needed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service

Preventing and controlling infection

- Areas in the home were clean and staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. Staff had also completed infection control training.

Learning lessons when things go wrong

- This was an area the registered manager was further developing to ensure it was imbedded in everyday practice. However, when anything went wrong staff were updated through supervisions and staff meetings to ensure remedial actions needed were known by everyone.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Relatives told us they were involved in regular reviews of people's care as well as other health and social care professionals. One relative said, "We attend annual reviews of our [family member's] care which are also attended by social services and day care representatives."
- Guidance was in place, developed by health and social care professionals, for specific needs people had. This helped ensure that the care and support people received was based on current best practice.

Staff support: induction, training, skills and experience

- Relatives told us they found staff knowledgeable about people's condition. One relative said, "Staff are well trained and go on training courses like autism."
- Staff received training relevant to their roles and regular updates in courses considered mandatory by the provider. One staff member said, "The training is good and is available face to face. I worked for so many years but I am always learning and it's good."
- Staff felt supported through regular supervisions and appraisals they had with their line manager.

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

- People told us staff helped them eat healthy and prepare the meals they liked. One person said, "I like cooking spaghetti."
- Relatives told us staff were knowledgeable about people's dietary needs and offered healthy meals.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

- One relative told us, "[Staff member] who is in charge of our [family member] has known them for years. They coordinate medical visits and keeps us informed of any health problems."
- People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs by their social worker and health professionals involved in their care.

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

- People lived in a clean environment which, on the ground floor as much as possible, it was adapted for the use of wheelchairs, hoists and other special equipment people needed.
- The environment was undergoing regular refurbishment, painting and decorating to ensure it was well maintained and comfortable for people. One relative told us, "[Family member's] room is always redecorated with their favourite colours."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans evidenced if people had the mental capacity to decide about their care or treatment and what was done in case people lacked the mental capacity to make certain decisions. Where people were found to lack the mental capacity a care plan was in place to evidence what restrictions were in place and how they were still encouraged to have choice and control over their life
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, independent advocates, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and respectful. One person said, "I like living here. Staff are all nice and they help me with what I need."
- Relatives praised staff for being kind and respectful. One relative said, "The staff are uniformly caring and kind and we are in touch with many of them when our [family member] visits us or by conversations on the phone." Another relative said, "Staff are very kind and caring."

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

- Staff helped people to make as many decisions and choices about their care as possible. One person told us they had their care reviewed recently. They were helped by staff to design a flip chart where they recorded their wishes for the future and what it meant for them to be happy in life. They were proud to show us their presentation and told us they were happy.
- Where people could not communicate verbally staff observed their likes and dislikes and their behaviour to establish what people wanted.
- Relatives told us people were well supported and happy in the home, which meant they felt involved and listened to. One relative said, "[Person] has a very comfortable life and is very happy and contented. They are happy and it is apparent that they are happy in the home and always happy to return when I take them out. Their needs are well met."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "Staff respect my privacy and I choose what I want to do."
- Relatives told us people's dignity and privacy was promoted and independence encouraged. One relative said, "My [family member's] dignity is maintained at all times and staff promote independence as much as possible, such as assisting with cooking, tidying up and social skills. [Person] is very happy and content."
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's personalities and were decorated with pictures, books and posters on the walls.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they liked the way staff supported them and they were happy living in the home.
- Care staff were able to tell us in detail about the personalised care and support they provided for people.
- People's care plans included personalised information to support the staff team to deliver consistent person-centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed the communication needs they had.
- Staff told us how, in addition to verbal communication, they learnt to read people's facial expressions and body language. Staff also used pictures to aid communication with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were encouraged by staff to pursue their hobbies and interests. One person said, "I would like to attend a cooking class and art class. I like seeing family, bird watching, going on holiday in centre parks. I'm going to the pub and loads of walks."
- Relatives told us that staff supported people with their planned activities. One relative told us, "[Person] is doing something every day, even at weekends, such as the cinema."
- People had planned weekly activities which included outings, day centre, shopping trips, walks and pub nights. In-house activities were provided by staff on a daily basis depending on people's preferences.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and raise any issues. The provider's compliant policy was available for people and relatives to use.
- One relative told us, "There have been two occasions [over the years] when drastic changes have been proposed [by the provider]. In both cases parents and relatives of the residents were able to present their views at an open meeting and the problems were resolved to their satisfaction." Another relative said, "Management is excellent. They are pro-active and take immediate action should the need arise. They always listen to any concerns, worries I may have and are very supportive, both to me and the staff."

End of life care and support

- People's end of life preferences and choices were recorded. No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care if needed.
- Staff received training to understand how to provide effective care to people nearing the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were happy with how the service was managed. One relative told us, "We feel the care staff are well led." Another relative said, "As far as I am concerned, all the residents are exceptionally well cared for and management is excellent."
- The provider had established governance systems used effectively by the registered manager to identify where improvements were needed. For example, the registered manager was further developing care plans, lessons learnt process, activities and the environment people lived in.
- Accidents and incidents and behaviours that challenged others were recorded and analysed for trend and patterns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. The registered manager had an overarching governance system which monitored how staff fulfilled their role.
- Staff told us they had known their responsibilities and how the provider was expecting them to deliver care and support to people. One staff member said, "I test the fire alarm weekly and I know what to check and what to report."
- Meetings and handovers were used as an opportunity to share any learning across the staff team and give staff the opportunity to fully engage in the running of the home.
- Staff were provided with additional training above the ones considered mandatory by the provider to enhance their skills.

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

- There were opportunities for people who used the service and their representatives to share their views

about the quality of the service provided. There were regular meetings organised at the home.

- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people`s needs effectively.