

United Response

United Response - 45a Hampton Road

Inspection report

45a Hampton Road

Teddington

Middlesex

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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 

Overall summary

This was an unannounced inspection that took place on 9 March 2015.

The home provides personal care and support for up to five adults who have a physical and/or learning disability. The service is managed by United Response and the building is owned by Thames Valley Housing Association. The home is in Teddington, Middlesex.

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

Summary of findings

In August 2013, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

Relatives said the home was well manager, provided a good service and people enjoyed living there. People were enabled to choose their activities by staff and they were given the care and support they needed to carry them out.

The home was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

The staff we spoke with knew their jobs and people using the service and their needs well. They had appropriate skills, training and were focussed on providing personalised care and support in a professional, friendly and supportive manner. The staff were accessible to people using the service throughout our visit. Staff said they had access to good training, support and career advancement.

The records kept were those required, comprehensive and up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well.

People and their relatives, as appropriate were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. Staff knew when people were experiencing discomfort and made them comfortable.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes, preferences and cultural and religious needs. Relatives were positive about the choice and quality of food available. They also said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 safe.

Relatives said that they felt people were safe and were not mistreated.

There safeguarding procedures were effective.

The staff were well-trained and experienced.

People lived in a risk assessed environment.

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

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them.

Specialist input from community based health services was available as required.

Staff monitored people's food and fluid intake and recorded them in care plans. Balanced diets were provided for people.

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

Good



Is the service caring?

The service was caring.

People were valued, respected and involved in decision making about their care. People's preferences were clearly recorded.

Care was centred on people's individual needs.

Support was provided in a kind, patient, caring and attentive way.

Good



Is the service responsive?

The service was responsive.

People chose and joined in with a range of recreational and activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities.

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home had a positive culture, focussed on people as individuals.

People were enabled to make decisions in an inclusive atmosphere.

Staff were well supported by the manager and management team. There was an approachable management style at the home. Staff advancement opportunities were available.

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

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 9 March 2015.

This inspection was carried out by an inspector.

There were four people living at the home, who had limited communication skills. One person was in hospital. We spoke with two relatives, three care workers and a senior on duty. The manager was not present during our visit. People had limited communications skills and we have not included their comments.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for two people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted three health care professionals to get their views.

Is the service safe?

Our findings

Relatives said they thought the service was safe. One relative told us, "We feel the service is very safe." They told us they had not witnessed any bullying or harassment when they visited.

Staff had mandatory induction and refresher training in how to identify abuse and they explained what to do if encountered. What they told us matched the provider's policies and procedures. During our visit people were treated equally, being given as much time and attention as they needed to have their needs met.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There were risk assessments that enabled people to take acceptable risks and enjoy their lives safely. These included assessments of their health and for daily living including social activities. The risks were reviewed regularly and updated if people's needs and interests changed.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. The home kept accident and incident records and there was a whistle-blowing procedure that staff knew how to use.

There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained including hoists.

Care plans contained action plans and guidance to help prevent accidents from re-occurring.

The staff recruitment procedure was comprehensive with all stages of the process recorded. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota was flexible to meet people's needs. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people were enabled to do the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood. All staff had completed security checks.

During our visit staff encourage people to give their opinions wherever possible. This was governed by people's capacity to do so and therefore some plans and risk assessments were reliant on staff observation and relatives input.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date.

Is the service effective?

Our findings

Relatives said that people received the care and support they needed and as relatives they were also able to be involved in making decisions it. They said staff delivered it in a friendly and appropriate way that people liked. One relative told us, "I'm very happy with the service."

Staff received induction and annual mandatory training. The induction followed the Skills for Care 'Common induction standards' and included completing a workbook satisfactorily. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there.

The training matrix identified when mandatory training was due. Training included infection control, challenging behaviour, medication, food hygiene, equality and diversity and dementia awareness. Local authority training courses provided some of the training. There was also access to specialist service specific training such as epilepsy and person centred thinking skills. Regular staff meetings identified further team training needs. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in individual training. There were staff training and development plans in place.

Staff demonstrated a variety of communication techniques that was successful. These ranged from communication tools to objects, symbols and pictures so they could make themselves understood better. Staff were also able to interpret responses to identify people's needs and what they were telling them. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a

'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interest meetings were arranged as required and DoLS applications renewed annually or as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

The home had de-escalation policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans and any behavioural issues were discussed during shift handovers and during staff meetings.

The home did not have volunteers, although some relatives visited frequently.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance. This included health and nutrition. Commissioning health care professionals said they had no concerns about the service provided.

Is the service caring?

Our findings

Relatives told us that the service treated people with dignity, respect and compassion. The staff made sure people's needs were met; they enjoyed a good quality of life and were supported to do what they wanted to. Staff listened to what people said and acted on their views to meet their needs. People's opinions were valued and staff were always friendly and helpful. One relative we spoke to told us, "Staff really do care."

The comments matched the care practices during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made an effort to enable people to have happy and fulfilling lives.

There was clear information about people's race, religion, disability and beliefs in their care plans with people able to access places of worship as required. This information enabled staff to respect them, their wishes and meet their

needs. Staff received training to acknowledge people's rights, dignity and to treat them with respect. This was reflected in the approach of the staff to people using the service.

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

Staff training records showed that they had received training about respecting people's rights, dignity and treating them with respect. People were treated with dignity and respect during our visit. They were very courteous, discreet and respectful even when unaware that we were present. There was access to an advocacy service through the local authority, although currently no one was using it.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives said they visited whenever they wished, were always made welcome and treated with courtesy.

Is the service responsive?

Our findings

During our visit people chose the activities they wanted to do and how they would be supported. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed.

Relatives said that they were asked for their views formally by the home. During our visit staff asked people for their views, opinions and choices. Much was based on staff knowledge of people, their body language and re-actions as people did not have well developed communication skills. Despite this staff enabled them to decide things for themselves, listened to them and where took required action. Needs were met and support provided promptly and appropriately. One relative said, "The staff listens to what we have to say."

People were given time to decide the support they wanted and when by staff. The appropriateness of the support was reflected in the positive body language of people using the service. If there was a problem, or someone needed something, staff understood and provided it. An example of this was one person wanting a drink from the kitchen, that was promptly provided.

There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home would then carry out its own pre-admission needs assessments with the person and their relatives.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. A relative said, "(Person using the service) likes the place."

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans updated to meet any changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

The care plans were separated into three folders for health, social and financial. They were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, dementia, personal care, recreation and activities, last wishes and behavioural management strategy.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

The care plans contained individual communication plans and guidance. These were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do.

People were asked by staff about what they wanted to do, where they wanted to go and who with. They were asked about the type of activities they wanted to do. People were encouraged to join in activities and staff made sure no one was left out. Activities were a combination of individual and group with a balance between home and community based activities. People had individual weekly activity plans. During our visit one person was going for a walk in Bushey Park. A relative said, "There are enough activities to keep people busy." The activities included visits to a sensory centre, pubs, restaurants, music therapy, massage, swimming and the cinema. There were also weekly 'Coffee and cake' friends meetings that rotated between local homes within the organisation. People also had tickets to watch the England international at Twickenham.

Relatives told us they were aware of the complaints procedure and how to use it. The procedure was included

Is the service responsive?

in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their

duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to during our visit.

Is the service well-led?

Our findings

Relatives said the manager and organisation were approachable and they were made to feel comfortable. One relative told us, “We are contacted if there is a problem.” During our visit there was an open, listening culture with staff taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There were clear lines of communication within the organisation and specific areas of responsibility and culpability.

Staff told us the support they received from the manager was positive. They felt suggestions they made to improve the service provided were listened to and given serious consideration by the home. A staff member felt communication within the organisation could be improved. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “A good organisation with chances to progress”. Another member of staff told us, “Good training provided and flexible working.”

Relatives said they were encouraged to make suggestions about the service and any improvements that could be made.

The records we saw demonstrated that regular monthly staff supervision and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person.