

United Response

United Response - 21 North View

Inspection report

21 North View
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

United Response – 21 North View is a residential care home providing personal care and support to people, some of who may be living with learning disabilities and autism. The service can support up to 6 people.

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

Right Support

- Staff supported people to follow their interests, such as swimming, music events, film nights and accessing the local community.
- People were supported to access specialist health and social care support by staff who knew them well and identified changes in their needs.
- Staff worked with a Positive Behaviour Support (PBS) specialist to help ensure there were positive strategies in place. PBS is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.
- Staff ensured people took their medicines safely.

Right Care

- Staff were well trained and received good ongoing support from the provider. There were sufficient staff to meet people's needs safely. The registered manager did not have well established senior support in place. We have made a recommendation about this.
- Staff communicated with people well, using body language and demonstrating a knowledge of people's non-verbal cues. The registered manager acknowledged they needed to improve the way people and families could engage with care planning and review. We have made a recommendation about this.
- Staff upheld people's dignity by caring for them in a patient and skilled way.
- Staff had training on safeguarding and knew how to keep people safe. They worked well with other agencies to identify and reduce risks.

Right culture

- The ethos, values, attitudes and behaviours of the management and staff were in line with the key principles of guidance such as Right Support, Right Care, Right Culture. Staff felt well supported and there was a newly permanent core to the team. They understood their roles and responsibilities.
- Staff regularly reviewed and audited key information and documents. Lessons had been learned from

previous incidents.

- People and those close to them had been involved in care planning but the provider needed to do more to ensure ongoing care reviews and engagement with people and relatives was accessible and inclusive.

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 12 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

United Response - 21 North View

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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

United Response – 21 North View 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because

the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. 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 3 relatives over the telephone in advance of the inspection. We spoke with 1 person, 1 relative and 3 staff, on site, including the registered manager and 2 support staff. We contacted 5 more staff and 4 external professionals via email. We spoke with the regional manager on the telephone.

We observed interactions between staff and people in communal areas. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records, meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff knew people well and understood how to keep them safe. There were specific risk assessments in place to enable people to pursue their interests safely. Risk assessments were reviewed regularly and considered medical, emotional, environmental and other relevant factors. Risk assessments had regard to external advice when people's needs changed.
- People felt safe. They interacted calmly and personably with staff. One person joked with a range of staff and was clearly enjoying their presence. One relative told us, "The team is a bit more settled now and know [person] well. I have no concerns and I have peace of mind."
- The premises were safe, clean and well maintained. Utilities, lifting and fire equipment were checked and serviced regularly. There were contingency plans in place and personalised evacuation plans for people, in the event of emergencies.

Using medicines safely

- Medicines were managed safely. Records were accurate, up to date and without errors. Where people required medicines 'when required' there were protocols and guidance in place for this.
- The provider had weekly and monthly audits in place to help identify errors or poor practice. When mistakes happened the registered manager worked openly with staff and external professionals to ensure safeguards were in place.
- The registered manager regularly assessed staff competence and there was regular refresher training regarding medicines.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. The registered manager had worked hard to increase permanent staffing. Rotas were well planned. All staff recognised it was a challenge providing person-centred care alongside ensuring people's complex needs were met. The provider assured us they would ensure they continually reviewed dependency assessments to ensure they could provide more person-centred care.
- Staff were recruited safely. There were a range of pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. They had safeguarding and whistleblowing policies and procedures in place.
- Safeguarding incidents and accidents were recorded, analysed and reflected on. The registered manager worked promptly and openly to put things right when mistakes were made.

- Staff received safeguarding training. Relatives and staff felt comfortable raising any concerns.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
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- The registered manager ensured relatives were able to visit loved ones, in line with current guidance.

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.

- Capacity assessments were made in line with the principles of the MCA. The registered manager had applied for DoLS where required. Relatives confirmed they were involved in decisions where people were unable to make them. The registered manager acknowledged these decisions needed to be better documented and agreed to review and improve them.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems had not always helped to identify areas for potential improvement of person-centred care. For instance, there were at times limited ways for people and relatives to fully engage in their care planning, review and celebration of goals achieved.

We recommend the provider review how people and families are involved in care reviews to ensure care is fully person-centred.

- The auditing and governance systems in place kept people safe and reduced the likelihood of patterns occurring or risks repeating. Most records were up to date, with some non-urgent records (team meeting minutes, for example) falling behind.
- Staff worked well together. They felt supported by the registered manager. There was a consensus of opinion from staff and the registered manager that the service would be improved with more senior support in place. At the time of inspection, the registered manager was supported by only one part time senior support worker. This meant the registered manager was not always able to spend sufficient time focussing on how to continually improve the service. They planned to introduce champions in some areas in order to delegate some work.

We recommend the provider review the senior support in place for the registered manager.

- The provider had a range of policies, procedures and links to training and other resources that ensured the service provided good standards of care. They supported staff to pursue career ambitions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had lived at the service for a number of years and their core needs were well met. There were however further opportunities to engage people and their relatives in care planning. Photos in one communal area were old and the registered manager acknowledged there was an opportunity to use visual media to help celebrate people's achievements and plan for the future.
- Some people's needs had changed significantly and staff worked well with health and social care professionals to ensure people received the right care in a timely way. Feedback was strong from these partners. One said, "They understand people and anticipate their needs well."

- The registered manager knew the service and people well. They had prioritised keeping people safe and meeting their core health and care needs. They acknowledged more work was needed to improve other community links to ensure the service remained outward looking, and so people could have access to more opportunities to lead a full life.

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

- Staff worked hard to ensure people were safe and felt at home. Relatives could visit when they liked and praised the homely feel of the service. One external professional told us, "People are always in good spirits and well presented when I visit." Rooms were highly personalised and people were involved in choosing décor.
- The registered manager had ensured people experienced positive health and wellbeing outcomes. People enjoyed regular individual and group activities, keeping active through swimming, attending music evenings for example. Recruitment information had recently been reviewed to attempt to get a better match of applicants to people's needs.
- The atmosphere was welcoming and people were relaxed. Relatives and visiting professionals told us the registered manager was helpful and approachable. One said, "Nothing is a bother and they are always on hand if I have any questions. They make sure that this is [person's] home."

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 provider understood the duty of candour. The registered manager was open with people and relatives when things went wrong.
- The registered manager had made relevant notifications to CQC in a timely manner. They were open about where they felt the service needed to improve and responsive to feedback. They had worked well with external agencies where improvements had been suggested, and worked hard to implement these.