

United Response

United Response - 8 Blunt Street

Inspection report

8 Blunt Street
Stanley Common
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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 unannounced inspection took place on 19 January 2016. The service was last inspected on 4 November 2013 when all standards were met and no concerns were identified.

This service, based at 8 Blunt Street, is a semi-detached house in a small village development. The service offers personal and social care to a maximum of three adults with a learning disability, often with associated

conditions that include autism, sensory disability, epilepsy and behaviour that challenges others. At the time of the inspection there were two people using the service.

The service had a registered manager. 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.

People’s needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people’s changing support needs.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional staff training specific to the needs of the service. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people’s needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People’s nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

There was a range of stimulating and personalised activities available for people to participate in, that reflected their individual interests and preferences

A complaints procedure was in place and people and their relatives told us they felt able to raise any issues or concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the established and very experienced manager, who they described as approachable and very supportive. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made, where necessary. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good



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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 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 19 January 2016 and was unannounced. The inspection was conducted by one inspector, one expert by experience and their supporter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent

us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we observed care practice, spoke with one person using the service, one relative, two staff and the registered manager. We looked at documentation, including two people's care and support plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

As part of the inspection process, we also visited a day service and observed an impressive 'Equality and Diversity' group session, attended – and clearly enjoyed – by the people living in the Blunt Street house.

Is the service safe?

Our findings

People told us they knew how to keep safe in the home and when going out and described how they were supported to take responsible risks. One person told us the staff at the home looked after them very well and said “I like it here, I’m safe and don’t have to worry about anything. The staff are very kind and they help us.” Relatives told us they were confident their family members were kept safe and said this was because staff understood people’s needs and were aware of any potential risks involved in their care.

Another person said they felt safe in his home and was happy and got on “really well” with the staff team. They told us they particularly liked one member of staff, who was supporting them on the day of our inspection. They told us, “She’s my best friend.” The member of staff was present throughout our conversation, with the person’s agreement, to provide support for them, as necessary. The support worker confirmed to us that if the individual had any problems with their care, she would recognise this through, often subtle changes in their behaviour, such as facial expressions or body language. The person told us they felt safe, happy and very comfortable in their surroundings and they were able to “Come and go when I want and always go to my room when I want some peace and quiet!”

People and their relatives told us there was enough staff at the home. One person said staff were always there when they needed them. A relative told us, “There are enough staff around to support people and keep them safe. If they need to bring other staff in, so someone can be taken out for a doctor’s appointment or something, they do.” This was supported by the duty rota we were shown and confirmed by a member staff who told us there was sufficient staff to provide the care and support people needed.

During our inspection we saw the environment was safe and free from hazards. There were sufficient staff around to support the two people in the home, meet their individual needs and keep them safe. One person was happy to show us their bedroom, which was also clean, uncluttered and safe. The room had clearly been personalised to reflect the individual’s personality and interests. They were also very keen to tell us about their recent visit to the local fire station open day, which they had obviously enjoyed, and said the fire-fighters also helped to keep them safe.

People were protected from avoidable harm as staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us they knew the people well and would be confident in addressing potential abuse or harm. They said, because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We asked one member of staff whether they would report any suspected abuse. They told us. “Of course, without any hesitation.”

To help ensure people’s safety and welfare in the event of an emergency, a health care ‘grab file’ and hospital passport provided essential information regarding people’s health care needs. This included the level and specific nature of support the person required. We also saw recorded details of visits and appointments with health care professionals, which demonstrated people received regular support to maintain their health and well-being as needed. Hospital passports were used to enhance people’s experiences when accessing health care services. They contained details regarding the person’s preferred method of communication and provided all relevant information regarding their individual care and support needs.

Medicines were managed safely and consistently. We found evidence that staff involved in administering medicines had received appropriate training. A list of staff authorised to undertake this was kept with the medicines folder. We spoke with the manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time people had received ‘when required’ medicines. .

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms

Is the service safe?

with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Individual care and support plans incorporated personal and environmental risk assessments which identified potential risks and how these could be managed. The risk assessments were person specific reflecting people's individual assessed needs and were regularly reviewed. Staff we spoke with confirmed they were aware of potential risks and said guidance was in place to help ensure any such risks to people were minimised and managed effectively.

Is the service effective?

Our findings

The service ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Relatives spoke positively about the service and told us they had no concerns about the care and support provided and thought staff were “wonderful” and “very competent and so dedicated.”

A member of staff we spoke with told us the people they cared for were “always at the centre of everything we do” and said they were always striving to make people’s lives better and more interesting. They told us, “I just want them to have the best possible quality of life. And why shouldn’t they?”

Staff told us they had received, “All the relevant training, including challenging behaviour training.” One member of staff said they would like to do their NVQ training in care. They said they had already applied to do this and were just waiting for the application forms to be processed. They also described the process for managing and supporting a person’s behaviour in a positive way, which included completing all relevant paper work, such as ABC (Antecedence, behaviour and consequence) charts, Learning logs and incident forms. The staff we spoke with were also very knowledgeable, confident and competent in their role of supporting people, meeting their identified needs and ensuring their safety in and around the home and when out in the community.

The registered manager told us staff training was based on the needs of people and the requirements of the service. Staff told us they received supervision and support from the registered manager. This was confirmed in personnel files we were shown and helped ensure staff had the appropriate guidance and necessary support to undertake their duties and fulfil their roles.

Staff had access to the relevant training and support they needed to do their jobs. Staff told us they had received a comprehensive induction when they started work, which included shadowing an experienced colleague. Staff had also received all necessary mandatory training, including, fire safety, moving and handling, medicines management, safeguarding, non-abusive intervention, infection control and food hygiene. This helped ensure new staff were confident and competent to provide the care and support

necessary to meet people’s needs. Staff said they had attended refresher training in these areas to keep their knowledge and skills up to date. Staff also had access to training specific to the needs of people living at the service, such as managing behaviour that challenges others. This was supported by training records we were shown.

Detailed information was seen in support plans and risk assessments regarding people’s nutritional and dietary needs and preferences, this information was reviewed on a regular basis to ensure staff supported people appropriately. Information also included specific diets and any foods to be avoided. Records demonstrated that staff worked in conjunction with other professional disciplines to ensure people were supported effectively to maintain their nutritional health. Records were also in place to demonstrate that people’s weights were being monitored appropriately. Records seen demonstrated that people were supported on a one-to-one basis to plan and prepare their meals. Meal planning was based on people’s preferences and dietary needs. During our inspection we observed people had access to fresh fruit, drinks or snacks throughout the day.

One person told us they had their own car, that authorised members of staff were able drive, while they travelled in the front passenger seat. They were keen to explain that they always wore their seat belt “to keep me safe” and demonstrated to us how they fastened the seat belt when using their car.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed, following individual capacity assessments, applications for DoLS authorisations had been submitted to the local authority and they were currently awaiting a response.

Is the service effective?

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had received relevant training in this area and they were able to explain to us the principles of the MCA, their responsibilities regarding this and the implications for the people they supported. They also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. During our inspection we observed staff regularly checking people were happy with a particular request or activity, such as their choice of snack or music to listen to, rather than just assuming understanding and consent.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, opticians and dentists. We saw, where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

Is the service caring?

Our findings

People were supported by dedicated and compassionate staff who understood their individual care needs and how they wished their care to be provided and their needs to be met. They clearly liked and felt comfortable with the staff who supported them. We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the registered manager and staff. Relatives also confirmed they had been given the opportunity to be involved in their family member's individual care planning and reviews.

One person told us, "Staff here are really nice and kind and I really like them and get on with them." They said the staff knew how to care for them and understood what they needed and how they liked to be supported. They told us that staff had recently taken them to the doctor's surgery for their 'flu jab' and showed us, on their arm, where they had had the injection. They also told us they always get their medicines on time.

Staff had clearly developed positive relationships with people. Each person had a key worker who was responsible for overseeing the planning of reviews and monitoring needs were being met. We were told, where practicable, keyworkers communicated with people's families and updated care plans. We saw care plans were written in first person, which identified and detailed specifically how the individual wanted to be supported. Care plans showed people and their relatives attended the review meetings. One member of staff explained to us that guidance contained in individual care plans, helped to ensure each person received care and support to meet their assessed needs in a structured and consistent manner.

We asked people for their views on the meals they received. One person told us they really enjoyed their food and regularly went food shopping with staff, to buy ingredients for the meals they had chosen. They said they were often involved in preparing their meal, with support from staff, and enjoyed doing so. We were shown the menus for each person and the member of staff explained, each person had their own individual three week menu plan, which they had selected and compiled during their regular keyworker meeting. We saw menus were in picture format but had

been typed up in very small print and difficult to understand. The support worker we discussed this with acknowledged the menus could be presented in a more 'user-friendly' way and agreed to review the current format.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected.

During our inspection, we observed communication and general interaction between staff and the people they supported was sensitive and respectful. Staff explained to us how they sometimes communicated with people by using various 'non-verbal' means such as gestures and pictures. We saw people being gently encouraged to express their views, through signing and visual prompts. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support.

The registered manager told us the home used permanent or bank staff to cover any absences through sickness or annual leave, which helped ensure continuity of care. We were informed that all staff knew people's care plans and how to provide support that reflected their needs and preferences. The staff we spoke with were knowledgeable about people's needs including preferences and people's individual routines. They told us they promoted people's independence by "supervising, prompting and giving them help" to do things for themselves.

Staff demonstrated the provider's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people's privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff confirmed they had received training on equality and diversity and we saw the provider had a policy and procedure that advised staff of their responsibilities and

Is the service caring?

expectations. Staff told us they had read the relevant policies and procedures and were aware of their responsibilities to treat each person as an individual and without discrimination.

As part of the inspection we were able to visit a local day service, attended by people from 8 Blunt Street, and observed the 'Equality and Diversity' group session, which met once a week. We spoke with the centre manager, who told us they feature a different theme or topic each week. We observed the very well organised and well supported session and saw people looked very happy and were

clearly enjoying what they were doing. We spoke to a person from Blunt Street, who told us, "I really like coming here." They were very keen to show us what they were making, supported on a 1-1 basis, in a very friendly and effective manner by their key-worker. The theme of the day was 'Italian' and we saw people creating a mosaic picture then afterwards enjoying a typical pasta meal, prepared by people in the group, with staff support. This meant people were able to gain awareness and insight of different countries and cultures.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People's relatives told us they felt "informed, listened to and directly involved" in how people's personalised care and support was provided. They spoke of staff knowing people well and being aware of their preferences and how they liked things to be done. We observed staff provide support in a calm, unhurried manner and they spent time with people on a one-to-one basis. Staff were dedicated and clearly committed to the people living there and genuinely enthusiastic about their work.

One member of staff told us each individual had one-to-one support and that their care and attention was "focused on the individual throughout the day." They explained the importance of routine and consistency to people's lives and was confident that all staff working at the home were aware of this.

They also told us, in accordance with their wishes, people were encouraged and enabled to maintain contact with their family and friends. One person told us, "Some weekends I like going to see my family and have a sleepover there." They also said they did lots of activities during the week but said, at the weekend, "I like to chill out, listen to my music and watch TV."

One person was very enthusiastic as they told us they worked part time in a local café – and got paid. They said "I really enjoy my job at the café. I like meeting people and lots of my friends come in when I'm there." They also told us they were looking forward to going on holiday again this year. They said they were looking at different hotels, with their key-worker, and would choose where they wanted to go. The key-worker confirmed people were always directly involved in selecting holiday destinations as well as deciding where they wanted to go for days out.

Relatives spoke positively about the communication with the service and their involvement in their family member's care. One relative told us "I'm always kept informed of everything." They told us staff responded to people's needs, routinely offered them choices and were aware of their individual likes and dislikes.

As people using the service had variable levels of verbal communication, staff had developed 'learning logs' which were used to record daily activities. The information recorded in these logs provided not only details of the

particular activity, but also lessons learned, what had worked well and any areas of concern. This enabled staff and family members to evaluate the outcome of the activity, establish whether the person had enjoyed the experience, and determine the value of the particular activity, for future reference. By doing so, the staff and relatives were able to determine if any action was needed to improve that experience for the person or look at an alternative activity, this was called the 'what next' stage. This helped ensure individual preferences were respected and positive outcomes for people were promoted.

Support plans were written in the first person, which provided an individualised picture profile of the person. Choices and preferences were reflected throughout support plans, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Information within the plans also included people's future goals and details regarding 'What is important to me' and 'What is important for me'. For example: 'All staff are epilepsy and first-aid trained and know how to respond to my needs.' (Important to me). 'If I have a seizure, staff will make the environment safe. They will get medical support, if I injure myself, and provide reassurance. If I have a prolonged seizure, for more than three minutes, they will dial 999'. (Important for me). This helped ensure people were cared for and supported in accordance with their needs and wishes.

A 'circle of support' was in place in the files seen, which detailed people who were directly involved in each person's life and important to them. This had been developed with the individual to help ensure people, who were significant in their life, had the opportunity to be involved in the planning and reviewing of their person centred care and support. We saw staff demonstrated a sound, professional understanding and awareness of people's needs and were consistent and very responsive to their wishes. Individual support plans incorporated details regarding people's specific health care needs and the professionals involved in supporting them to maintain their health and welfare.

Relatives told us that the registered manager acted on their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response.

Is the service responsive?

The provider had a complaints procedure in place. We reviewed the provider's arrangements for managing complaints. An easy to understand pictorial complaints procedure was in place which set out how people could complain and who they should talk to if they were worried or unhappy about anything. The policy set out clear timescales for when people could expect a response to

their complaint and detailed what they could do if they were unhappy with how their complaint was dealt with. People told us they knew how to make a complaint and felt the manager, team leader and support staff were responsive to their needs and wishes. They were confident they would be listened to and any issues or concerns they raised would be acted upon appropriately

Is the service well-led?

Our findings

People's relatives spoke highly about the service provided and felt the home was "very well managed." They also spoke positively about the dedication and commitment of the registered manager and team leader and the confidence they had in them. One relative told us, "(The manager and team leader) are both excellent and obviously committed and dedicated to the residents. They do a very good job and I have every confidence in them."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the very open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the registered manager, who they described as "approachable" and "very supportive." We saw evidence of staff having received regular formal supervision and annual appraisals.

Effective quality assurance systems were in place to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the service including care planning, infection control, medicines and health and safety to make sure that any shortfalls were identified and improvements were made when needed. The service was also regularly audited, on a quarterly basis, by the manager of an adjacent home and again any areas identified for improvement were included in the service improvement plan. We saw the most recent of these audits had been carried out on 22 September 2015. The plan outlined the actions needed to address any shortfalls and achieve the necessary improvements, within a prescribed timescale. We saw evidence of actions required to achieve compliance with the provider quality audit tool had been completed.

People who used the service and their relatives had been asked for their opinion on the quality of the service each

year. We looked at recent survey results which had been collated and saw any comments were addressed and acted upon. The registered manager showed us where any issues raised – for example holiday destinations – had been discussed at staff meetings, appropriate action taken and any changes or improvements made, as necessary.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. The registered manager described how specialist external contractors were used to monitor the safety of equipment and installations such as gas and electrical systems, to help ensure people were protected from harm. We checked a sample of records relating to the quality and safety of the service, including fire, gas and electrical safety, and found them to be up to date.

The registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents and incidents. This helped identify any emerging trends or patterns and ensured any necessary action was taken to minimise the risk of reoccurrence. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the service had also notified other relevant agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the appropriate care and support they needed.

We reviewed the provider's accident and incident reporting policy. This policy contained information on how accidents and incidents should be reported and investigated. However the registered manager told us there had not been any accidents or incidents, since the previous inspection, which had required reporting to the CQC.