United Response

United Response - 15 Osborne Road

Inspection report

15 Osborne Road
Lytham St Annes
Lancashire
FY8 1HS

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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

This inspection visit took place on 16 March 2017 and was unannounced.

United Response - 15 Osborne Rd is a small care home registered to provide care and accommodation for up to three people. The home is a detached house located close to St Anne's town centre and a variety of local services and amenities. Each person has their own bedroom and shares communal facilities. At the time of our inspection three people lived at 15 Osborne Rd. They had lived together for several years.

At the last comprehensive inspection on 20th November 2014 the service was rated overall as good. At this inspection we found the service remained good.
There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were in place which provided guidance for staff. This minimised risks to people.

Although people had limited verbal communication we were able to speak with two people who lived at the home or their relatives. They told us they felt safe with staff, and liked the staff who supported them. One person said, "Yes I am safe here." They said staff were friendly and respectful.

Staff supported people with medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

There were sufficient staff available to provide personal care and individual social and leisure activities. They received training to carry out their role and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People told us they were happy with the variety and choice of meals available to them.

Care plans were personalised detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement were sought before providing care.

People who used the service or their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. Audits of care and support records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys about the quality of

their care.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**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 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 inspection visit took place on 16 March 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 16 March 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

Most people who lived at 15 Osborne Road had limited verbal communication and were unable to converse with us. We spoke with or observed staff interactions with all three people who lived at the home. We also spoke with one relative, a health professional, the registered manager, and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care and support records of two people, the services training and recruitment and supervision records of three staff members, arrangements for meal provision, records relating to the management of the home and the medicines records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also looked around the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People and their relatives who spoke with us told they felt safe and comfortable with the staff who supported them. One person said of the staff, "They are good. We go out, don't we?" A relative said "[Family member is safe and well looked after I can trust the registered manager and staff team."

The service had procedures to minimise the risk of unsafe care or abuse. Staff had received safeguarding training and understood the process to follow to report any concerns about people's safety. They told us they would report any unsafe care or abuse. There was a whistle-blowing policy in place so that staff could report concerns anonymously if they chose to. Staff had supported a person through disclosure of historical abuse and their anxiety and distress at that time.

Risk assessments were in place for each person who received support and their home environment. These provided guidance for staff, assisted them in providing the right care and reduced risks to the person and to staff. We saw risk assessments included ways to reduce risks related to mobility, travelling and behaviour. All of the people supported had a reduction in their historical behaviours that challenged through the support strategies implemented. Where potential risks had been identified the action taken by the service had been recorded. This minimised risks to people and gave staff guidance.

There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

People told us staff supported them with their medicines safely. Their care and support records identified the support they provided. Staff received medicines training to ensure they were competent to administer medicines. They confirmed they had been trained to support people to take their medicines.

We found staff had been recruited safely, appropriately trained and supported. Relatives had been involved in this process. During our inspection visit we saw staffing levels were sufficient to meet people's personal care needs and to provide social and leisure activities in the home and local community. Staff had the skills, knowledge and experience required to support people with their care and social needs. People able to speak with us told us they had enough staff support to go out on activities when they wanted. The registered manager monitored staffing levels to make sure there were enough staff to support people as they needed.

Good

Is the service effective?

Our findings

People indicated they enjoyed their meals. One person said, "The staff are good at cooking I have loads of favourite meals and I like takeaways, but you can't eat them all the time." Meals were planned individually in choice of location and in content. Staff supported people to choose healthy options while still enabling them to make choices. They knew about people's likes and dislikes which helped them to provide meals that people enjoyed.

Care plans seen confirmed that staff were aware of people's cultural and health needs in relation to their diet. People's preferences were recorded in their care and support records so everyone was aware of these. We saw people were involved in shopping for food and were involved in preparations for meal as much as they were able. At lunchtime we observed people choose the meals they wanted. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

We saw people's healthcare needs were met. Staff monitored people's health and supported people to attend healthcare appointments and to remain in the best possible health. They involved people's relatives where appropriate. Each person had an informative health action plan with relevant information regarding their health and support needs recorded in this. A relative told us staff always kept in touch if there were any health concerns about their family member and valued their input and ideas. One person supported had moved to Osborne Rd after several failed community placements. They hadn't visited a dentist or doctor in many years, with services having to make home visits. Through staff and the person's relative working together and consistent support the person was able to attend GP, dentists and hospital appointments

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. Records were in place to indicate that people consented to their care, and care plans included information in relation to the level of the person's capacity. 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. Staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and had followed the correct processes to ensure people's legal rights were protected. People also had access to independent advocates where needed.

We saw staff were trained and knew how to support people. A relative told us they were pleased with the care and support their family member received and the enthusiasm and interest of the staff team. We spoke with five staff and looked at staff training records. Staff said they had useful and interesting training. New staff had a comprehensive organisation wide and in house induction which included an extended period of working along experienced members of staff. All staff had achieved or were working towards national qualifications in care. This assisted them to provide appropriate care. Records seen and staff spoken with confirmed they received regular supervision and appraisal of their performance. They told us they were well supported by senior staff and could ring or call in the office anytime.

Good

Is the service caring?

Our findings

People indicated they liked staff and enjoyed spending time with them. Staff and people shared warm and friendly relationships. One person told us, "I like this house. It is better than the old one. The staff are nicer." We observed staff interacting with people who were clearly relaxed and comfortable with them. A relative said, "It is a very nice place for [family member] to live." And "It's brilliant."

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. People looked cared for, dressed appropriately to their age and personality and well groomed.

Staff were aware of people's individual needs around privacy and dignity. We saw staff were caring and treated people in a respectful way. They supported people with personal care discretely and sensitively. We saw they knocked before entering bedrooms and bathrooms and made sure people's privacy and dignity was maintained. One person told us, "All the staff are good I like everyone here."

The staff at Osborne Road supported young adults who were fit and active. However their end of life wishes were recorded where possible so staff were aware of these. The registered manager told us people if an individual developed a life limiting illness they would be supported to remain in the home where possible, supported by familiar staff.

We looked at two people's care and support records. We saw their personal information was easy read and easily accessible to them. It was personalised and people, and where appropriate their relatives had been involved in developing and reviewing their care plans. We saw staff respected people's family and personal relationships and encouraged them to make choices about their daily life. A relative commented, "It is really great. I couldn't be happier."

Before our inspection visit we contacted external agencies about the service. They included the health and social care professionals. They had no concerns about the service and were complimentary about the care provided. We also contacted healthwatch Lancashire. They did not express any concerns about the service.

Good

Is the service responsive?

Our findings

People said they decided with staff what they were going to do. Each person identified their own routine. During our inspection visit we saw staffing levels were sufficient to meet people's personal care needs and to provide social and leisure activities in the home and local community. One person told us they liked travelling on and watching buses. They said staff supported them to do this. Another person indicated they liked to go swimming. This was recorded in their care and support plans. We saw one person who rarely went out of the house when they arrived at Osborne Road. On this inspection we saw they regularly went to the shops, rode their own bike with help, and went on holidays through consistent and appropriate staff support.

We looked at two people's care and support records. These were comprehensive, personalised and provided guidance to staff on how to support people with their daily routines and personal care.

We saw people's care was focused on them and they were encouraged to make choices and decisions where possible. Their views and preferences were taken into account when arranging any activities. Each person within the home had their own area, not just a bedroom but living area as well and was designated according to their needs and preferences. Though all sharing, they were clearly seen as individuals who shared a house but not always shared their lives. The registered manager felt this was important as each person had their tailored environment in which they could feel ownership.

The care and support records were in easy read semi pictorial information so people were able to follow them and be as involved as they wanted to. Care and support records and risk assessments were regularly reviewed and updated in response to any changes in care or circumstances. A relative told us they were always kept involved and up to date with any proposed changes of care."

The service had a complaints procedure which was in easy read so accessible to people where they were able to comprehend the information. It was also made available to their relatives or people who supported them. One person told us knew how to make a complaint if they were unhappy. The service had not received any formal complaints since our last inspection, but kept in contact with people to check there were no issues or concerns. A relative said, "I talk regularly to [registered manager] and would only have to say and she would get things sorted."

Good

Is the service well-led?

Our findings

People told us the staff were good and kind. A relative told us they were very pleased with the care and support their family member received and credited the registered manager with this high standard of care. They said, "[The registered manager] is a miracle worker. She transformed the service when she became the manager and has kept this standard up. She holds everything together and is just brilliant." They told us the registered manager and staff were approachable and easy to contact and added, "They listen and act on feedback."

The registered provider and registered manager sought the views of people daily. One person said, of the staff, "We talk all the time and they ask me what |I want to do." They also regularly spoke with relatives where appropriate. This included regular telephone contact and face to face chats and formal reviews and meetings.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The management team understood their responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. They had systems in place to assess and monitor the quality of their service and the staff. The outcome of checks had been documented and any issues found on audits were acted upon promptly.

Discussion with staff confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas. We saw staff meetings and supervisions were held to involve and consult staff. Staff spoken with told us these were held frequently. Staff told us they were able to contribute towards the development of the service through team meetings, and supervisions. They found the management team approachable and enthusiastic. One member of staff told us, "I am so happy here. The manager is so good, so easy to talk to." Another member of staff commented, "The manager is great. The computer system for medicines and care plans is brilliant. It means we are putting more information about people in their reports now." Health and social care professionals were very positive about the registered manager and staff. They felt they worked helpfully and cooperatively with them and the home was well run.