United Response

United Response - 15 Osborne Road

Inspection report

15 Osborne Road
Lytham St Annes
Lancashire
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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

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 Annes town centre and a variety of local services and amenities. Each person has their own bedroom and shares communal facilities. The registered provider is the national charitable organisation, United Response.

The service was last inspected on 13th December 2013 and was found to be fully compliant in all the areas assessed.

This inspection took place on the 20th November 2014 and was unannounced. The inspection was carried out by a lead adult social care inspector.

There was a registered manager in place at the home who was on duty at the time of the inspection. A

Summary of findings

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.

During the inspection we spoke with all the people who used the service, their relatives and advocates, community professionals and staff. The feedback we received from people was very positive and people expressed satisfaction with all aspects of the service provided.

People expressed confidence in the service to meet their, or their loved one's needs and spoke highly of staff and the registered manager.

We found people were provided with safe and effective care and that risks to their safety and welfare were well managed.

People were supported to access health care when they required it. There were processes in place for the safe storage and administration of people's medicines. However, we made a recommendation that the provider reviews relevant guidance on the safe storage of medicines.

Staff had a good understanding of people's needs and the support they required. People were enabled to express their personal wishes about their support and how they wanted it to be provided.

Staff were carefully recruited and provided with a good level of training and support. Staffing levels at the service were calculated in line with the needs of people who used the service and constantly reviewed.

People were encouraged to express their views about their care and the service as a whole. People told us they would feel able to raise concerns if they needed to and they were confident any concerns they did raise would be dealt with properly.

There was a well established management structure in place and clear lines of accountability. The registered manager and provider had effective systems to regularly assess and monitor the quality of the service that people received.

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?

Good

The service was safe. Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff in how to support people in a safe manner.

Managers and staff were fully aware of their responsibilities to protect people from abuse and there were clear arrangements in place to recognise and report any concerns.

There were arrangements in place that helped to ensure people received their support from carefully recruited staff.

Is the service effective?

Good

The service was effective. People's health care needs were carefully assessed and managed in partnership with community health care professionals.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements to ensure their rights were protected.

People received consistent care from a competent, well supported staff team.

Is the service caring?

Good

The service was caring. People received care that was based on their personal needs, wishes and the things that were important to them.

People were treated with kindness and respect and their privacy and dignity was maintained at all times.

Is the service responsive?

Good

The service was responsive. People's care needs were carefully assessed so that staff understood their needs and the support they required.

Staff were able to identify changes in people's needs and when they did so, appropriate action was taken to ensure their care continued to be effective.

People were enabled to express their views and make decisions about their own care and the service as a whole.

Is the service well-led?

Good

The service was well led. There was a well-established management structure in place and clear lines of accountability were evident.

There was an open culture within which people who used the service and staff felt able to express their views and raise concerns.

There were systems in place which enable the registered manager to monitor quality across the service and make constant improvements.

United Response - 15 Osborne Road

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 the 20th November 2014 and was unannounced.

The inspection was carried out by a lead adult social care inspector.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us a provider information return (PIR). 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.

During the inspection we spoke with one person who used the service, two sets of relatives and an advocate. We also consulted two visiting professionals and spoke with four staff members, including the registered manager and three care workers. We contacted two community professionals and asked them for their views about the service as well as local authority commissioners.

We closely examined the care records of two people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

Throughout our visit we carried out observations, including how staff responded to people and provided support. We observed daily activities being carried out and viewed all areas of the home.

We reviewed a variety of records including some policies and procedures, safety and quality audits, four staff personal and training files, records of accidents, complaints records and various service certificates.

Good

Is the service safe?

Our findings

People we spoke with expressed confidence in the staff and registered manager and felt that people who used the service received safe, effective care. A relative told us, "I know I can trust them to take good care of (name) and look after him.'' Another relative commented, "We have never had any concerns about (name's) care.''

We observed care workers providing support and interacting with people who used the service. We noted that this interaction was pleasant and relaxed and people appeared very comfortable in the presence of their support staff. One person who used the service described his support staff as 'nice and kind' and said he liked them all.

When viewing people's support plans we saw that any risks to their safety and wellbeing had been identified and addressed. Such risks included those related to their individual health care needs or specific activities people liked to carry out. This meant that guidance was in place for care workers, which helped them work with people in a way that promoted their safety and wellbeing.

Guidance was in place for staff regarding the protection of people who used the service from abuse, known as 'Safeguarding' procedures. This information included advice for staff on different types of abuse that people who used the service could be the victim of. Guidance was also available about how to identify signs that someone was the victim of abuse. The procedures included contact details for the relevant authorities, so that staff could refer any concerns to the appropriate agencies without delay.

Training records showed that all the staff who worked at the service were provided with training in the area of safeguarding, which was regularly updated. We also saw evidence that the registered manager routinely carried out competence assessments with staff to ensure they retained their knowledge.

Staff we spoke with demonstrated a good understanding of the area of safeguarding and were able to confidently describe the steps they would take if they were concerned that someone who used the service was at risk of abuse. Staff were also fully aware of the roles of other agencies such as the local authority, and how to report concerns to them.

We looked at a selection of staff personnel files and found recruitment processes followed by the registered manager helped to promote the safety and wellbeing of people who used the service. In all the files we viewed, we saw a thorough selection and recruitment process had been followed, which ensured that a variety of background checks were carried out prior to an applicant being offered a post. These included a full employment history, three employment or character references and criminal record checks.

We viewed staff rotas and spoke with people about staffing levels at the service. People told us the staffing levels were always adequate to ensure people received the support they required and could carry out their preferred activities on an individual basis. One care worker said, "Staffing levels are excellent, people never lose out on their support." We were also advised that rotas were entirely flexible and adapted to the needs of people who used the service.

There was guidance in place for staff, which covered the safe receipt, storage, administration and disposal of people's medicines. We viewed the guidance and found it provided clear advice and information to help ensure staff knew how to manage people's medicines in a safe manner. All staff at the service had signed the guidance to confirm they had read and understood it. Records confirmed that medication training had been provided to all staff and was regularly updated.

Each person who used the service had a detailed medication profile which outlined the support they required in this area. The profile contained clear instructions for staff on how to support people to take their medicines in a safe manner and also included specific information, such as any allergies people had or possible side effects of their

Good

Is the service safe?

medicines. Some people who used the service were prescribed certain medicines on an 'as and when required' basis. In these cases we saw there was good information about when the medicines should be administered, which helped ensure people received their medicines when they needed them.

Medicines were securely stored and well organised. However, there were no processes in place to monitor the temperature of the area in which they were kept. It is important to ensure that medicines are stored at temperatures recommended by the manufacturers so that they don't spoil during storage.

Regular checks were carried out to help ensure people's medicines were safely managed. These included audits of records and stock, which helped identify if any medicines had not been given as prescribed. The regular audit process also helped to ensure that any issues could be identified and rectified in a timely manner.

There was a designated health and safety representative on the staff team. In discussion, this staff member confirmed they had received additional training to assist them in carrying out this role effectively. The health and safety representative was responsible for overseeing a variety of safety checks within the home. We were shown well organised and well detailed records that confirmed checks on facilities and equipment within the home, such as electrical equipment and emergency lighting, were conducted on a regular basis. This helped to protect the safety and wellbeing of people who used the service.

We recommend the provider explores relevant guidance and manufacturer's instructions on the safe storage of medicines.

Good

Is the service effective?

Our findings

There were three people who used the service and who had all done so for several years. This created a stable environment, which was enhanced by the registered manager's approach to staffing. Our observations were that people using the service were well supported and comfortable with the staff on duty. The registered manager advised us that staff were chosen very carefully for the service and provided with an extremely thorough induction to ensure they were fully aware of the needs of people who used the service.

The registered manager advised us that the people who used the service benefitted from a consistent staff team who knew them well. We were told agency staff were never used and that all shifts were covered by the core team at all times. This information was supported by staff rotas and discussions with other people.

Staff we spoke with told us they had received a very thorough induction at the start of their employment. We saw that induction training included important courses such as health and safety, medication and safeguarding. In addition, care workers were expected to shadow established staff members for at least one month before supporting people. The registered manager advised us that the length of the shadowing period depended on the feelings of people who used the service and would continue until they felt ready to be supported by new staff members. In some cases this was several months. One staff member told us, "My induction was excellent. I was given as long as I needed to get to know the residents."

Ongoing training was provided in a variety of areas to help care workers carry out their roles. These areas included positive behaviour support, person centred care planning and supporting people with Autism. We noted that the registered manager monitored staff members' understanding and knowledge through supervision and group meetings. We saw an example of a staff member being provided with additional training following their induction, when a development need had been identified.

Staff told us they felt well supported and confirmed they had regular access to one to one supervision. Supervision records showed that the process, which was carried out on a regular basis, included discussions around learning development and work related goals and objectives. These measures meant people received the care they needed because staff were appropriately trained and supported.

People we spoke with expressed satisfaction with all aspects of support provided including health care support. One family member commented that they were very confident any health related issues would be quickly identified and addressed by care workers at the service.

We viewed two people's care plans and saw they contained a good level of information about their health care needs. Each plan contained a Health Action Plan, which detailed any specific support people required, as well as the arrangements for routine health care, such as dental and eye health checks. People's Health Action Plans also included preventative health care and lifestyle advice, including that related to diet and exercise, for instance.

People's care records confirmed that staff were able to identify issues and took the correct action when they did so. For example, one person who used the service had experienced some unexplained weight loss. This was promptly identified and arrangements were made for the person to access support from community professionals. We also saw that the person's nutritional risk assessments had been updated to ensure guidance was in place to help maintain their wellbeing.

We saw evidence of successful joint working with a variety of community professionals, which helped to ensure people received safe and effective support. We spoke with two community

Good

Is the service effective?

professionals who were very complimentary about the service provided. Their comments included, “I find them (the staff) all very professional, very caring and respectful towards the residents. People’s care and support is of a very high standard.” And, “The care plans are done to a high standard and they are very good at keeping in touch. The men are very happy. I am very impressed.”

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of the DoLS with systems in place to protect people’s rights under the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

The registered manager and staff demonstrated good understanding of the Mental Capacity Act and DoLS. We were also able to confirm that where concerns were identified about the capacity of a person who used the service to consent to their care, the correct processes had been followed to ensure their legal rights were protected. In addition, an independent advocate was closely involved with their care to further ensure their rights were upheld.

People’s care plans contained a nutritional risk assessment and details of the support they required to maintain good nutrition and hydration. We also saw there was information about people’s individual likes and dislikes to help staff provide them with meals that met their individual tastes and preferences. We noted each person who used the service had an individual meal plan to further ensure their personal preferences were met. One person we spoke with told us, “I always have nice things to eat. I like everything I have. I’ve got lots of favourites.”

In discussion, the registered manager explained that she was in the process of sourcing additional training for all staff in the area of nutrition. This was planned to further enhance care workers’ skills and help to ensure they had the knowledge to support people to enjoy healthy, nutritious diets.

Good

Is the service caring?

Our findings

People who used the service, their relatives and community professionals we spoke with were all highly complimentary about the approach of staff. People described staff as 'kind', 'caring' and 'helpful.' A person who used the service told us, "I like it at this house. I like the staff. I like them all the best." A professional commented, "They are very person centred, each person is an individual and they keep that in mind. It's a lovely setting and a nice warm atmosphere."

We observed staff interacting with people who used the service and providing support throughout the inspection. We noted this interaction was very positive and it was clear that staff and people who used the service shared warm and caring relationships.

Staff approached people with kindness and respect. We saw they took time to provide support at people's own pace and met their requests for assistance or observable needs, in a pleasant and patient manner. We heard staff taking time to talk with people, answer their questions and provide opportunities for people to make choices throughout the day.

We viewed two care plans belonging to people who used the service and found these to be extremely well detailed. There was a good amount of information with regards to people's individual methods of communication. This helped staff to support people to make and express their choices and involve them in decisions about their daily lives. We saw that attention was paid to how staff could communicate meaningfully with people who did not use verbal communication. Communication boards were used to help people plan and prepare for social activities or meetings with friends and family.

Relatives we spoke with told us they felt involved in their loved one's care and were able to express their views and opinions. One person said, "Communication is very good. I know about everything that happens and I feel my opinion matters too."

One person who used the service met regularly with an external advocate who supported him to express his views and wishes about his care. We talked with the advocate who was extremely complimentary about the standard of care provided and spoke highly of the manager and staff.

It was apparent in discussions we had with the registered manager and care workers that they knew the people who used the service very well. They were able to speak confidently about the support people needed, their likes and dislikes and the things that were important to them. Everyone we spoke with demonstrated a caring, person centred approach which was focussed on the needs and wishes of the people they supported.

We carried out a tour of the service and saw that people were provided with comfortable and homely accommodation that was maintained to a very high standard. People' bedrooms were individually decorated and reflected their personalities. One person showed us his room, which he was obviously very proud of. He showed us each of the many pictures on his wall, which he had taken, printed and framed with the help of staff.

Good

Is the service responsive?

Our findings

There was a thorough approach to the assessment of people's care needs. Whilst no new people had been admitted to the home for several years, we were able to confirm through discussion with the registered manager, that a thorough care needs assessment would be carried out as part of the pre-admission process for any person joining the service in the future. This would help to ensure staff had a good understanding of people's needs from the point they started to use the service.

When viewing people's care plans we found there was a very good level of detail to help staff support people in line with their personal needs and wishes. Care plans were extremely person centred and included important information such as what made a good or bad day for the person and what mattered to them on a daily basis. This helped staff to provide care that was centred on the individual and how they wanted to be supported.

We saw a number of examples of how the service had been adapted to respond to people's personal needs and wishes. In one example, we saw one person's care plan detailed that it was very important to them to get to know staff over a long period of time, prior to receiving personal care and support from them. We were able to confirm that arrangements for the induction of new staff took this person's needs into account and ensured they were met.

People's plans included detailed information about the support they required to maintain important relationships with family members and friends. Care records showed that staff regularly supported people to make contact and spend time with their loved ones in a variety of settings. Family members we spoke with expressed satisfaction with this aspect of the service.

The registered manager and staff demonstrated very good understanding of people's individual needs and we saw examples of prompt action taken as a result of changes in people's needs. For instance, one person had developed some anxieties around a particularly sensitive issue and this had been identified quickly by staff. Prompt action had been taken to involve appropriate external professionals to ensure the person got the support they required.

People's care plans included detailed guidance for staff in how to support them during periods of anxiety or distress. The guidance included potential triggers and useful strategies to support people in a positive way. Records showed that all staff at the service had been provided with training in positive behaviour support.

Each person who used the service had an individual activities programme, which reflected their personal needs and wishes. At the time of the inspection each person was receiving individual support to carry out their own choice of activity and we were advised this was the usual daily routine for the service. One person told us, "I've been out this morning and soon I am going out for my walk. I always like to have a walk." Other activities regularly enjoyed included dog walking, swimming and trips away.

Each person who used the service was given an Individual Charter. This was a pictorial guide, which included information about the services and facilities provided at the home and arrangements for daily support in areas such as health care, meal times and activities. The charter also included a section about what people could expect from the provider and various undertakings about the how the service would be provided.

The registered manager explained that regular care plan reviews were carried out during which people were encouraged to express their views about the service and how it was working for them and discuss any changes they wanted to make. Relatives and an advocate of people who used the service confirmed this and told us they felt their views and opinions were welcomed.

We saw examples of how staff ensured that people who used the service were involved in the running of the home, for example through ensuring they were enabled to make decisions about the décor. The registered manager explained that people who used the service were informally involved in other decisions, such as the selection and recruitment of new staff.

The provider carried out satisfaction surveys on an annual basis to ensure the views of people who used the service, their relatives and other stakeholders were captured. We saw there was a process carried out by the provider, during which all the responses were analysed, so that any themes or areas for development could be identified.

A complaints procedure was in place, which provided information for people about how to raise concerns. The procedure was also available in a pictorial, easy read format for the benefit of people who used the service.

Good

Is the service responsive?

People we spoke with told us they knew how to raise concerns and said they would feel confident in doing so. One relative explained, "I would have no hesitation in contacting the manager if I had any worries or concerns and I am 100% confident they would be resolved." This meant people who used the service and their representatives were able to express their views on the service provided for them.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Throughout the inspection the registered manager was co-operative and helpful and was able to provide all the information we requested in a timely fashion. Prior to the inspection the registered manager provided us with information about all aspects of the service, within which she demonstrated a positive approach towards constant development and improvement.

People we spoke with including relatives and external professionals, expressed satisfaction with the management of the service and spoke highly of the registered manager. A relative commented. "She is very enthusiastic and this rubs off on all the staff."

The registered manager told us she often worked alongside staff so she could maintain relationships and be on hand to provide advice and guidance. This information was supported by other people we spoke with. Staff members told us they felt well supported and found the registered manager to be approachable. One care worker said, "We have a passionate and committed team. Everyone's main focus is the men and we have excellent teamwork."

There were well established audit systems in place to assist the registered manager in monitoring quality and safety throughout the service. These included regular quality checks in area such as care planning, recruitment and staff training.

Daily checks were conducted in important areas such as finances and medications. Carrying out such regular checks enabled the manager to identify any errors or discrepancies quickly and take immediate action to rectify them.

External checks were carried out on a monthly basis by managers from other services operated by the provider. This was a reciprocal arrangement which meant the service was subject to additional checks in areas such as health and safety, complaints and care planning. A report was produced of each monthly visit and as well as the registered manager it was sent to the area manager to enable them to monitor standards at the service. We saw records to confirm that the area manager visited the service on a regular basis and had processes in place to oversee any adverse incidents or complaints.