United Response

United Response - 33 Station Road

Inspection report

33 Station Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 22 October 2018 by one inspector. United Response - 33 Station Road is a house in a residential part of Chesterfield. The service offers personal and social care to six people with a learning disability with associated conditions. There were six people receiving a service at the time of our inspection.

The accommodation consisted of a lounge, a kitchen and dining room, six bedrooms and a bathroom. There was a large garden at the rear of the property for the people to use. There were good public transport links to local amenities.

United Response – 33 Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place at the time of our inspection. 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.

At our last inspection in June 2016 we rated the service, good. At this inspection we found improvements were now needed and the service is rated as Requires Improvement.

Quality monitoring systems were not always effective. Improvements had not been identified that people did not always have a care plan that reflected their needs and risks that had been assessed. Improvements were needed to ensure medicines were recorded and stored safely and to staffing needed to be reviewed to ensure support was available for people. We have made a recommendation about how staffing is provided. Staff listened to people's views about their care although information was not always in a format that was meaningful to people. People did not receive information about how their views influenced the service provided.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Where staff were concerned about safety they knew who to speak with. People were supported by staff who had the knowledge and skills to provide safe care and support. The registered manager monitored the staff's learning and developmental needs to ensure staff had developed the skills they needed to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People could develop their independence and were provided with opportunities to develop their interests and join in social activities. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required.

People were treated with kindness, compassion and respect and staff promoted people's independence. People liked the staff who supported them and had developed good relationships with them.

People were involved in the review of their care and staff supported and encouraged people to go out and maintain relationships with their families and friends.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from abuse and avoidable harm as risks had not always been assessed and identified to help keep people free from harm. Medicines were not managed safely to ensure these were recorded and suitably stored. There was not always sufficient staff to support people to ensure they were safe. Infection control standards were maintained and the registered manager reflected on how the service was delivered to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff knew how to support people and worked in partnership with others to ensure best practice guidelines were met in relation to keeping well. People were supported to make decisions and where they needed help decisions were made in their best interests with people who were important to them. The home was being adapted to meet the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect. People were encouraged to be independent and made choices about their care. People's right to privacy was supported and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's did not always have an up to date care plan which they

had agreed to or recorded how they wanted to be supported. People were involved in their assessment, although the care plan had not always been updated. People made comments and complaints about their care and these were responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to assess and monitor the service, although these had not always identified how improvements were needed within the service. People were offered opportunities to contribute to the development of the service and how the service was managed, although people did not receive any feedback or information in an accessible format.

United Response - 33 Station 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 comprehensive inspection took place on 22 October 2018 and was unannounced. The inspection visit was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with four people who used the service and observed how staff interacted with them. We spoke with the registered manager and four care staff. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed one staff file to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from potential harm as risks had not always been assessed and care records did not reflect how some people may need supporting. Where people had lived in the service for a long period of time, we saw that staff knew them well and understood how to help them to keep safe. However, we saw one person had recently moved into the home and risks had not been assessed. We spoke with staff who confirmed they were not always clear how the person needed to be supported and recognised that when out they may be vulnerable and at risk of harm. The person had a care plan that was written in the service they moved from, but this did not match how staff told us the person needed support. For example, the care plan stated that the person was independent and managed their own medicines; however they were supported by staff for some activities and medicines were being managed by the staff. The person had complex health conditions; the hospital passport and health care plan did not include details of how they should be supported to manage their health and information was out of date.

A new fire door had been fitted between the lounge and the dining room. Some people used walking frames to move around the home; we saw they found it difficult to enter the lounge whilst trying to hold open the door, which placed them at an increased risk when walking. This had not been assessed and arrangements had not been made to ensure people remained independent and could move safely around the home.

Medicines were not always stored in accordance with best practice guidelines to keep them safe. Some people had medicines which needed to be stored more securely. Arrangements had not been made since they had moved to the home to fit a suitable medicines cupboard. Medicine administration records were not completed according to best practice guidelines. Where there were hand written entries, these had not been checked and signed by two people to ensure these were accurate. Suitable medicine records to record how and when some medicines were administered had not been obtained. Information to support staff when administering 'as required', (PRN) medicines, was not available to staff to ensure people consistently received their medicines when they needed them. We could not be assured that all medicines were stored within the correct temperature range. There was a thermometer in the drugs cupboard but this did not record the minimum and maximum temperature and this was not monitored. This meant the integrity of the medicines could be compromised.

This evidence demonstrated the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not always sufficient staff available to meet people's needs. When we arrived, we saw there were two members of staff on duty to support people. Some people needed the assistance of two staff which meant other people were left unsupported. Staff confirmed three staff should be on duty although due to sickness, it had not been possible to cover these shifts. We saw other shifts on the duty rota that week needed further cover. The staff confirmed they had tried to cover these shifts but at times, only two staff worked on each shift as it was not always possible to find staff cover. Following our inspection, the registered manager confirmed that the shifts where only two staff were planned to work, had been covered using agency staff to ensure people were safe and received the support they needed.

We recommend that the provider reviews how staffing is provided to ensure people's needs are met and to keep this under review.

People felt safe and the staff helped them to keep well. The staff had received training in protecting people from the risk of abuse. The staff knew how to escalate concerns to the registered manager or the local authority. One member of staff told us, "The number is displayed in the office. We've all had the training to recognise what abuse is like and know how we need to report anything." Staff told us about the whistle blowing policy in place, and one staff member said "If I saw staff doing something in the wrong way or harming someone then I would report it and have in the past. I am happy with how the provider dealt with it and I would be confident to report this again if I needed to." This demonstrated that staff were encouraged to raise concerns.

People were protected from the risk of fire. People practiced how to respond in the event of a fire and knew what to do. There was an easy to read pictorial guide to remind people how to respond in the event of a fire. One person told us, "I know where to go if there was a fire and I have to take care when smoking. The staff help remind me so everyone is safe." There were systems in place to review when things went wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, one person needed a ground floor bedroom due to risk. One member of staff told us, "We reviewed this because we saw they were no longer able to safely evacuate from the home and use the stairs. They wanted to stay here so we have arranged for them to move downstairs and having a new bedroom made instead of the office."

People were supported by staff to take their medicines. People told us they felt they had their medicines on time and we saw people were offered a drink with them. Staff knew why people needed to take any medicines and whether these needed to be taken with food.

Recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people who used the service. We spoke with one member of staff who confirmed they had to wait for their police checks and references to be completed before they could start working at the service.

There was hand washing gel and washing facilities available in the home and we saw these were being used. People and staff had access to personal protective equipment such as gloves and aprons when they were delivery personal care or serving meals. An infection control audit was completed to identify where improvements could be made to ensure standards could be maintained.

Good

Is the service effective?

Our findings

People felt informed about and involved with their healthcare. People were supported to attend hospital appointments and encouraged to have a healthy lifestyle. One person explained how they visited the dentist and their consultant on a regular basis to check on their health. They told us, "They always ask me how I am and I'm happy with what they do for me." Where people's needs had changed, referrals were made to the occupational therapist to carry out assessments for mobility and to ensure that the correct equipment was used to help them to move. The care plans included information and best practice guidelines for people to maintain good health and we saw the staff worked in partnership with health care professionals to monitor and review people's health care needs.

The staff received the training necessary to support people. One member of staff told us, "I've enjoyed the training and it's good to keep up to date. I particularly enjoyed the autism training. I learnt about how important it is for some people to follow a routine and about helping people to become less anxious." Another member off staff told us, "One of the good things about working here is how well we all work together and use each other's knowledge. We aren't afraid to ask questions and that helps in supporting each other and to keep everyone safe and happy."

There was a stable team of staff and the registered manager explained systems were in place to ensure that all new staff completed training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "When you start working here, you have an induction where you go through everything. After that, you shadow staff so you can get to know people and put things in practice. If you are worried or don't feel confident then the shadowing can be extended. I think this is important, as they make sure you know what you are doing before you start working on your own."

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).

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 were being met. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests with people who were important to them. For example, whether people needed equipment to help them move to move and how personal care should be provided. There was a decision making tool which recorded how people must be involved with any decision and how to help people to make choices.

Some people who used the service were unable to understand risks to their safety and they were not safe to go out without support from staff. We saw that applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm.

There was a flexible and relaxed approach to meal times. We saw that people had their main meal at lunch time; this had been discussed at a recent tenant's meeting where people had stated they would like to have their main meal at lunch time rather than later in the day. The registered manager had listened and people told us they were happy with this arrangement. There was a menu in the kitchen which showed the meals that were being prepared that day and the choices available. People told us and we saw that they could have food and drink at any time and could enter the kitchen independently. Where there were concerns that people needed support to have drink and food safely, advice had been sought from the speech and language therapist and the support plan included the advice on how to support them. We saw food and drink was prepared and served as recorded in the guidance to reduce any risks. Staff had received training to support people with diabetes and understood how food should be prepared and how people needed to manage their diet and received medicines to keep well.

Where people required specialist equipment and furniture this had been provided and the home had been adapted to meet people's specific needs. For example, where people used a wheelchair a large push pad had been installed outside their bedroom so the door would open independently and they could continue to move themselves into their room. It had been identified that due to a change in their assessed needs, one person would benefit from a ground floor room. The ground floor office was being converted into a bedroom so they could stay in their home. Where people smoked, they smoked outside of the home. The staff recognised that as the person had capacity they could choose whether to continue smoking and they understood the associated risks. We saw they could choose when to smoke and they told us they were responsible for clearing away outside and ensuring the home was properly secured.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion and were comfortable with staff. Some people had limited verbal communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved. Staff spoke with people kindly and talked about daily events whilst carrying out care. For example, we saw one member of staff supporting a person in their wheelchair and they ensured they knew where they were moving and positioned their arms safely on their lap when moving through doorways.

We saw that attention was paid to people's appearance and comfort. People looked smart and they told us that they could choose their own clothes and dress in a style they were comfortable with. One person showed us their bedroom and their personal belongings; they told us they chose furniture and liked their room. It contained musical equipment and photographs were displayed of important events that were meaningful to them.

People were supported to be independent, we saw staff helped people to move around the home at their own pace and encouraged people to do what they were able. People had access to equipment to enable them to eat independently including adapted cutlery and were offered protected equipment to help to keep their clothes clean.

People were happy and liked living in their home. They told us they felt the staff were kind and caring and were always happy to help. We saw people had good relationships with staff and were at ease in their company, and spoke about family and recent events. People were supported to maintain relationships with family and friends who visited them in the home. They were invited to attend any review and be involved with how people wanted to be supported.

People were encouraged to be involved in making decisions about how they spent their time. We saw people made choices about when they wanted to get up, go to bed, and how to keep occupied and pursue their interests. We saw people being given options and staff gave people the information they needed to ensure they could make an informed choice. The support plans included information about how to support people to make decisions. For example, how choices should be offered and the type of language to be used. People were involved in making decisions about their care. We observed staff offer various options for people throughout the day.

The staff promoted people's independence people were supported to help maintain their home take responsibility for cleaning their own bedroom. The staff told us people were supported to get involved with living skills including helping in the kitchen and learning life skills. We saw staff recognised and valued people as individuals and showed a commitment to enabling people.

People's privacy was respected and they were treated with dignity. People chose whether to spend time with others or spend time alone in their room. When personal care was delivered, people were assisted to their bedroom so this could be completed in private. People were treated as individuals and staff were

respectful of people's preferred needs. Staff did not have discussions about people in front of other people and they spoke with people with respect and as adults. Staff showed they understood the values in relation to respecting privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

Initial assessments had been undertaken prior to people using the service. Most people had lived in the service for a long period of time and plans had been developed from these assessments to record how they wanted to be supported. We saw when people had recently moved into the home a care plan had not been developed to ensure their support needs were met and agreed to how they wanted their care to be delivered. Staff recorded the care that had been delivered in their communication book but this has not been used to develop a care plan.

Where people had a care plan this had been designed to guide staff on how to provide the care people wanted. Consideration had not been given to how this was meaningful to people as care plans had not been written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. People had been consulted about their views at tenant's meetings and through surveys but the results and minutes of these had not been recorded in a way that people could understand. The staff agreed that people would benefit from having these presented in a different way. Following our inspection people were asked whether they wanted this to be developed and where this was a requested, the registered manager informed us that these would be developed. The registered manager also informed us they had redesigned the minutes of the tenant's meetings so these were recorded in an easy read style.

People were involved in reviewing their care plans and told us they could invite family and friends to these meetings as well as health and social care professionals. We saw the review meetings considered how people wanted to be supported and whether they wanted any changes made. One person went through their care plan with us and confirmed this accurately reflected the support they received from the staff team and confirmed they would tell the staff team where they wanted to make any changes. We saw there was detailed information in people's care plans regarding their life history, interests and aspirations, what they liked and disliked and what represented a good or a bad day for them so staff understood what was important to them.

People were supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time. One person told us, "I like to go to the library." We saw they had books in large print and they told us they liked to visit there each month and swap these books for new ones. Other people told us how they like to go out for meals or a cake and drink and visit local places of interest. People were supported to practice their faith and to attend their chosen church or attend a service within the home. People told us their faith was important to them and enjoyed going to Church and meeting other people in the congregation.

People knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. There had been no formal complaints since our last inspection although staff told us how they would recognise changes in people's behaviour which may indicate if they were unhappy with them or the service provided. One member of staff said, "Sometimes people can change or talk a lot about an incident or a member of staff. This may show that they are not happy so it's up to us to

look into this so we can see how we can make improvements."

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate based on sexual orientation and consideration was given to people's preferences in relation to their diverse cultural and human rights. Staff also understood the importance of gaining people's views about their wishes in relation to end of life care. Where people had any specific wishes, this was recorded in the care plan, including information about relatives and friends, people wanted to be involved with their care and how the service should be conducted. Some people had chosen to plan and pay for their funeral in advance and a record of their wishes was also recorded in this plan. The staff understood that some people were reluctant to discuss this sensitive topic, however felt it was important where people had specific views, to record this so they could respect their wishes.

Requires Improvement

Is the service well-led?

Our findings

The provider assessed and monitored the quality of the service in relation to the health and safety of people and their environment, accidents and incidents, medication and their care. However, we identified that care plans had not been developed for all the people and risks were not always clear to ensure people were safe. Medicines were not managed safely including how these were recorded and stored. We saw areas in the home where improvements were needed, for example windows needed to be replaced as they were cloudy and difficult to see out of and a new door had been fitted but this had not been reviewed to ensure it was suitable for people to use.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, staff members and health professionals. Once the completed surveys were received, the provider collated the information and produced a report of the findings which was shared with the registered manager. This information had not been shared with people who had contributed to the survey and had not been made available to people who used the service in an accessible format.

There was a registered manager in post and people we spoke with knew who the registered manager was. We saw people were comfortable around the registered manager and they spoke with them about their family and recent events. The registered manager responded positively and it was evident from the conversations that they knew people well and could speak about what was important to them. The staff told us they felt the service was well run and said that the registered manager worked with them and was approachable.

The staff enjoyed working in the service and had regular support and supervision with the registered manager; they were able to discuss the need for any extra training and their personal development and were supported to do their job. Staff could attend regular staff meetings to enable them to discuss any issues arising in the home. We saw minutes of a staff meeting and noted the agenda included any concerns with the home, support for people and training.

The registered manager attended manager meetings with other managers of services under the same provider. They told us this provided them with opportunities to develop and share their skills and knowledge and gave them support.

The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the home and on their web site.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and Treatment was not provided in a safe way. Risks to the health and safety of people was not always assessed. Medicines were not properly or safely managed.