United Response

United Response - 198 Powder Mill Lane

Inspection report

198 Powder Mill Lane
Whitton
Middlesex
TW2 6EJ
Tel: 020 8898 7445
Website: www.unitedresponse.org.uk

Date of inspection visit: 3 March 2015
Date of publication: 19/05/2015

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 was an unannounced inspection that took place on 3 March 2015.

The home provides personal care and support for up to five adults who have a physical and/or learning disability. The service is managed by United Response. The home is in Whitton, Middlesex.

The home had a registered manager. 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.

In May 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People said the home provided a good service and they enjoyed living there. People chose the activities they wished to do. These were group and individual based. The staff team provided the care and support they needed to do them.

We saw that the home had an inclusive, warm and enabling atmosphere. People were enjoying themselves during our visit. The home was well maintained, furnished, clean and provided a safe environment for people to live and work in.

The records were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well.

The staff we spoke with was very knowledgeable about the people they worked with and field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and skilled in challenging behaviour and de-escalation techniques that they were required to use during our visit. They were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. Staff knew when people were experiencing discomfort and made them comfortable.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

Good

People said that they felt safe and lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?
The service was effective.

Good

People's needs were assessed and agreed with them.

Specialist input from community based health services was maintained.

Care plans monitored food and fluid intake and balanced diets.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Is the service caring?
The service was caring.

Good

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Is the service responsive?
The service was responsive.

Good

People chose and joined in with a range of recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?
The service was well-led.

Good

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

Summary of findings

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

United Response - 198 Powder Mill Lane

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 was an unannounced inspection and took place on 03 March 2015.

This inspection was carried out by an inspector.

There were five people living at the home. We spoke with four people, two care workers and one senior. The registered manager was not present during our visit.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted two health care professionals to get their views.

Good

Is the service safe?

Our findings

People said they generally felt safe at the service, but one person displayed challenging behaviour, that said sometimes impacted on them. One person said, "I like it here." Another person told us, "I've been here for years and enjoy it."

Staff had received mandatory induction and refresher training in how to identify abuse. We asked staff what abuse was and the action they would take if they thought abuse was happening. Their answers matched the provider's policies and procedures. During our visit people were treated equally by staff, and given the time they needed and attention to have their needs met.

Staff had received safeguarding training and understood how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

There were risk assessments contained in people's care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated if people's needs and interests changed.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use.

There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

The home had a de-escalation rather than restraint policy and staff received challenging behaviour training. They were also aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans as required and any behavioural issues were discussed during shift handovers and staff meetings.

During the visit, staff were required to put their training into practice as someone displayed challenging behaviour. Staff re-acted appropriately, in line with a contingency action plan that was specific to one person, contained in their care plan and that staff understood and followed. The specific plan was based on being non-confrontational and de-escalating the situation. They made sure everyone was safe, including the person displaying the behaviour and kept informed of what was happening. The circumstances that may trigger this behaviour were fully documented with an action plan and required action should this occur. They also monitored the affect the behaviour had on other people using the service.

The home had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota showed that support was flexible to meet people's needs at all times. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people did the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The home had access to bank staff and a specialist care agency if required. If agency staff were required the home requested staff who had visited before for continuity.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date.

Good

Is the service effective?

Our findings

People made their own decisions about their care and support. They said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. One person told us, "I do anything I like." Another person said "I go out and meet my friends." Someone else said "I choose the meals I eat".

Staff were fully trained and received induction and annual mandatory training. The induction followed the Skills for Care 'Common induction standards' and included completing a workbook satisfactorily. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there.

The training matrix identified when mandatory training was due. Training included infection control, challenging behaviour, medication, food hygiene, equality and diversity and dementia awareness. There was also access to specialist service specific training such as epilepsy; person centred thinking skills and Percutaneous endoscopic gastrostomy (peg) feeding.

Bi-monthly staff meetings included scenarios that identified further training needs and inviting health professionals to discuss specific aspects of care. Experiences were also shared with other homes within the organisation. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff communicated with people in a clear way that enabled people to understand what they were saying. They were also given the opportunity to respond. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. The home arranged a 'best interests meeting' if required. A 'best interests meeting' determined the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. One person had a DoLS authorisation in place, that was updated as required and applications had been made for three other people.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Health care professionals we contacted after the visit said they had no concerns with the service provided.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. One person told us, “I like the staff.” Another person said, “I go to the shop to buy a drink. I chose my lunch and this is a nice lunch”. A person said, “People (Staff) are nice.”

People said that staff treated them compassionately and with dignity and respect. The staff met people’s needs and they enjoyed a good quality of life and were supported to do what they wanted to. Staff listened and went beyond just meeting people’s needs. People’s opinions were valued and staff were friendly and helpful.

This was also demonstrated in the care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made the effort to ensure people enjoyed their lives.

People’s care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled care workers to respect people, their wishes and meet their needs. This was demonstrated by the range of activity options offered to people, by staff during our visit that were based on recorded likes and dislikes. Staff received training about respecting people’s rights, dignity and treating them with respect.

The patient approach by staff to providing people with care and support during the inspection, meant that they were consulted by about what they wanted to do, where they wanted to go and who with. Everyone was encouraged to join in activities and staff made sure no one was left out.

There was access to an advocacy service through the local authority.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor’s policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. The home held a welcome party for someone who had recently moved in and there was another one planed for them that their relatives would be attending.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the home's manager and staff. This also happened during our visit. One person said, "I'm having a family welcome party." Another said, "I'm looking at holiday brochures for September."

People were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly.

People were referred by the local authority who provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home would then carry out its own pre-admission needs assessments with the person and their relatives.

Some people had lived at the home for a number of years. One person had recently moved in. The pre-assessment information received by the home, from the local authority placement team for this person was scant, making it more difficult for the home to assess the person's needs.

There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. The manager was fully aware of this policy and procedure. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff would add to the assessment information.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans updated to reflect their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

The care plans were separated into three folders for health, social and financial. They were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, dementia, personal care, recreation and activities, last wishes and behavioural management strategy.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. They contained individual communication plans and guidance.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan. During our visit one person went shopping and out for lunch with a member of staff. One person said, "I go to the pub, rugby and Chinese restaurants." The activities that took place included music, massage, sensory sessions, swimming, bowling and the cinema. There were also weekly 'Coffee and cake' friends meetings that rotated between local homes within the organisation. People also improved their life skills by taking responsibility for tasks such as putting out the rubbish, clearing the table after meals and keeping their rooms tidy.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

Good

Is the service responsive?

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were attended to during our visit.

If people had to visit hospital, a 'Hospital passport' was provided and they were accompanied by staff. A hospital passport provides information about a person for the hospital.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “Everyone listens.” During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk down to them.

There were clear lines of communication within the organisation and specific areas of staff responsibility and culpability.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “If I didn’t enjoy working here, I wouldn’t have stayed”. Another member of staff told us there was, “Useful training provided.”

The records we saw demonstrated that regular monthly staff supervision and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

The home’s records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person.