United Response

# United Response - 45a Hampton Road

## Inspection report

45a Hampton Road
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01 September 2017

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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 was an unannounced inspection and took place on 1 September 2017.

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

At the time of our inspection 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.

At the last inspection on 9 March 2015 the home met all the key questions and was rated good in each with an overall good rating.

Some people had limited speech and therefore relatives spoke on their behalf. We also based our findings on the observation of staff care practices and peoples' responses to them. Relatives said that people enjoyed living at Hampton Road and staff treated them with respect and supported them well. People were supported to choose their activities and when they wanted to do them. There was a variety of activities provided at home, within other homes in the organisation and in the community. People were kept safe at home and when out in the local community. We found the home to be warm, welcoming and friendly for the people living there with positive interaction between people and staff.

The home's records were up to date, accessible and covered all aspects of the care and support people received. This included the choices they made, the activities they attended and their safety. Peoples' care plans were fully completed, up to date and the information they contained was regularly reviewed. This supported staff to perform their duties efficiently and in a professional way. People had their health needs addressed and access to GP's and other community based health professionals, through the staff. The staff team supported people to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. People's body language and their smiles showed that they liked the choice and quality of their meals.

People knew the staff that supported them well and the staff were aware of people's preferences and routines. People were well supported and enjoyed the way staff delivered their care. Staff provided care in a friendly and professional, person centred way. Trained staff were available to people when they required support. Staff told us they enjoyed working at the home and had received good training and support from the registered manager.

Relatives said the registered manager listened to them and was approachable and responsive to them and people's needs. The quality of the service provided was consistently monitored and assessed.

People are supported to have maximum choice and control of their lives and staff supports them in the least restrictive way possible with the policies and systems in the service supporting this practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>'The service remains Good' | **Good** |
| **Is the service effective?**<br>'The service remains Good' | **Good** |
| **Is the service caring?**<br>'The service remains Good' | **Good** |
| **Is the service responsive?**<br>'The service remains Good' | **Good** |
| **Is the service well-led?**<br>'The service remains Good' | **Good** |

# United Response - 45a Hampton 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 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 1 September 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with three people, three staff, the team manager and made contact with two relatives. The registered manager was not present as they were on annual leave. There were five people living at the service.

Before the inspection, the provider completed 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. We also checked notifications sent 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, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for two people and two staff files.

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.

Good

# Is the service safe?

## Our findings

People and their relatives said that they thought the home was a safe place to live. One person told us, "I feel safe living here, much safer than [previous placement]." A relative told us, "We have close contact and it's a safe service."

Staff were aware of the different types of abuse and the procedure to follow if they encountered them. This followed the provider's policies and procedures. They knew how to raise a safeguarding alert and when this was required. The staff induction and refresher training encompassed abuse and safeguarding and this meant they were able to protect people from abuse and harm in a safe way. There was no current safeguarding activity. Previous safeguarding alerts were appropriately reported, investigated and recorded. There was information available to people about keeping safe and staff advised and supported them to do so.

The organisation had a de-escalation procedure in the event of people displaying behaviours others may find challenging and staff had received training in de-escalation techniques. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people were discussed during shift handovers and staff meetings. There was individual de-escalation guidance contained in people's care plans. Staff also monitored the affect challenging behaviour had on other people.

Peoples' risk assessments were up to date and this meant they could take reasonable risks and enjoy their lives in a safe way. The risk assessments covered all aspects of people's lives including activities they undertook at home and in the community. The information contained in peoples' care plans enabled staff to accurately risk assess people's chosen activities and they were able to discuss and evaluate risks to people against the benefits they would gain. This was demonstrated by the way people were enabled to access activities, in the community such as shopping and the hydro pool. The risk assessments were regularly reviewed and updated when people's needs and activities changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Staff shared information regarding risks when they occurred, during handovers and at staff meetings. Staff told us they had received training in how to assess risks to people and what was acceptable. They were very familiar with people living at the home. They were able to identify situations where people may be at risk or feel uncomfortable and took action to minimise the risk and make people feel relaxed. The home also kept accident and incident records.

There was a thorough staff recruitment process that records showed were followed. The process included scenario based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. A DBS is a criminal record check employers undertake to make safer recruitment decisions. There was also a six month probationary period with a review. If there were gaps in the knowledge of

prospective staff, the organisation decided if they could provide this knowledge within the induction training and the person was employed. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures.

The staff rota and number of staff on duty during our visit demonstrated that there were enough staff to meet people's needs and the activities they had chosen to be pursued safely. There were no staff vacancies.

During the inspection we checked that medicine was safely administered, stored and disposed of if not required. The medicine administration records (MAR) for all people were up to date. There were regular internal medicine and pharmacy audits. Staff were trained to administer medicine and this training was regularly updated.

Good

# Is the service effective?

## Our findings

People and their relatives were encouraged to be involved in deciding how staff would provide care and support, when this happened and that it was delivered in the way they were comfortable with. One person said, "I love living here." Another person told us "The food is great; I choose what I want to eat." A relative said, "They do everything for [relative]." During our visit staff provided care and support that had a beneficial impact on people with everyone smiling and displaying positive body language.

People had monthly meetings with their keyworkers and these were partly used to celebrate and praise people for their achievements in an individual way and as a source of encouragement to continue developing their skills.

There were specific areas in people's care plans for health, nutrition, hydration and diet that included completed and regularly updated assessments. There were also weight, nutrition and hydration charts kept if people required them. Staff monitored people's meals and how much they ate to encourage them to maintain a healthy diet. There was also information regarding specific support that people required at meal times. Staff said if they had concerns they would speak to the person and raise them with their GP, if required. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Staff said they received good quality induction and mandatory refresher training. Induction training was on line and live group based depending on its nature. The training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There were monthly staff meetings that gave an opportunity to identify further training needs. Six to eight weekly supervision sessions and annual appraisals were also partly used to identify any gaps in training and development. There were staff training and development plans in place. The home's staff also shared experiences with staff from other homes within the organisation. When new staff were recruited they would shadow more experienced staff during shifts to enhance their knowledge of people and the home's operational procedures.

Staff demonstrated a number of effective communication techniques depending on the individual requirements of each person. These ranged from communication tools to objects, symbols and pictures so that they could make themselves better understood by people. Staff also altered the speed at which they spoke to accommodate people's needs. Some people used pictures to choose the meals they wanted, decide on a menu and they participated in food shopping if they wished. Meals were timed to coincide with people's preferences and the activities they attended.

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. 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 had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine 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 received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home was very clean and well decorated. One person showed us around the home and took particular pride in showing us their bedroom. People's bedrooms were personalised in the way they liked. One person said, "I love Elvis." Their room was decorated with Elvis wallpaper and had lots of Elvis memorabilia. People had access to a secure garden at the back of the property.

Good

# Is the service caring?

## Our findings

People and their relatives said that staff treated people with dignity and respect and provided support in a thoughtful and friendly way. During our visit staff met people's needs in a skilful and patient manner that showed us they knew people, their needs and preferences well. People were given as much time as they required to have their needs met. Staff spoke to people at a pace that made it easy for them to understand and also enabled them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person had said. They asked what people wanted to do, where they wanted to go and who with.

The home's care was focussed on people as individuals and staff put their person centred training into practice. The person centred approach was consistent and this made it easier for people to discuss their choices, and whenever possible contribute to their care and care plans. Staff were warm, encouraging and approachable.

There were a number of good care practices with staff treating people in a caring, patient and kind way. One person had to spend a lot of time in bed and when we went to their room, staff asked if they wished to speak to us. They were made comfortable and the bed was adjusted to make it easier for the person to talk to us. Staff provided support that was empowering and enabling. One person said, "Staff are great." Another person told us, "The staff are my friends." A relative said, "The best gauge is that [relative] is very happy there." People's body language towards staff was very positive throughout our visit and that told us they were happy with the way staff supported them and delivered care.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the support they provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of 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 people living at the home and relatives told us they were always welcome when they visited.

Good

# Is the service responsive?

## Our findings

Staff met people's needs in a way that made them comfortable; they enjoyed and made them feel relaxed. Wherever possible, people contributed to decisions about their care and which activities they wanted to pursue. Staff were aware of people's needs, made an effort to meet them and made themselves available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately and this was reflected in the positive responses of people and their body language. Any concerns raised or discomfort displayed by people was attended to as the priority. One person said, "It's great here." Another person told us, "I can't think of anything that would make living here better." A relative told us, "[relative] comes home to visit every Saturday is happy and content and we have good access to the home and what is happening."

Service commissioners forwarded pre-admission needs assessment information to the home as part of the admission procedure. Information from any previous placements was also requested and the home carried out its own assessment.

Before moving in, people and their relatives and other representatives were fully consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to live at Hampton Road. Staff where aware of the importance of understanding peoples' views as well as those of relatives so that the care provided would be focussed on the person. It was also important to get the views of people already living at the home regarding if the new person would fit in. During these visits the registered manager and staff would add to the assessment information.

There was written information available about the home and organisation for prospective people moving into the home, their relatives and placing authorities. Regular reviews took place to check that the placements were working for people. If a placement was not working alternatives would be discussed and information provided to prospective services where people's needs might be better met.

People's care plans were part pictorial to make them easier for people to use. They recorded people's interests, hobbies, life skill development needs and the support required for people to participate in them. They contained individual communication plans and guidance. They were focussed on the people as individuals and contained their 'Social and life histories'. These were live documents that were added to by people and staff when new information became available. The information gave the home, staff and people, the opportunity to identify new activities they may wish to do.

People's needs were regularly reviewed, re-assessed with them and care plans updated to meet their changing needs. The care plans were individualised, person focused and developed by an identified key worker. Where possible people were encouraged to take ownership of their care plans and contribute to them as much or as little as they wished. The care plans were underpinned by risk assessments and daily diaries confirmed that identified activities had taken place.

Activities were individualised or took place as a group and both at home and in the community. Each person

had their own weekly activity planner. One person said, "I've been to Elleray Hall to meet my friends for lunch." Elleray Hall was an adult community centre. Another person told us, "My boyfriend comes to visit." A further person said, "It's good to get out sometimes I go shopping." The home made use of a hub that was set up at the organisational headquarters to provide community activities for people. Activities were also hosted at other homes within the organisation. These included gardening and tea and cake. People had a number of regular activities as well as others that were focussed on specific interests. Regular activities included aromatherapy, family visit, sensory sessions, cinema, shopping and park visits. People were encouraged to develop their life skills by helping out with tasks around their home such as laundry, helping with meal preparation and household chores.

People and their relatives were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and provided in part pictorial format to make it more understandable. 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. 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.

Good

# Is the service well-led?

## Our findings

The home's culture was a positive one that was person-centred, open, inclusive and empowering. Staff listened to people and acted upon their wishes. People and their relatives were happy to speak with the registered manager and staff to discuss any concerns they may have. One relative said, "No complaints whatsoever."

The organisation had a clearly set out vision and values that staff understood and followed. Staff said that they were explained to them and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as they went about their duties.

The home had clear lines of communication and specific areas of responsibility. Staff told us the support they received from the registered manager and team manager were very good and they felt that suggestions they made to improve the service were listened to and given serious consideration. One staff member said, "If I have a problem I always go to the manager for help." Another staff member told us, "I am completing the induction and have found it very good."

Staff had regular minuted meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals took place when due. There was a career development programme that enabled staff to progress towards promotion in a way that was tailored to meet their needs.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Regular audits formed the base of the quality assurance system that contained performance indicators which identified how the home was performing, areas that required improvement and those where the home was performing well. This enabled required improvements to be made. Audits included monthly and quarterly spot check visits by other team and area managers within the organisation that covered all aspects of the running of the home over the course of the year. There were also daily checks and home self-audits that staff members took individual responsibility for. Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know.