United Response

United Response - 74 Oaklands

Inspection report

74 Oaklands
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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

United Response – 74 Oaklands is a care home which provides accommodation and personal care for up to three people with learning disabilities. At the time of our inspection three people were living at the home.

This inspection took place on 4 March 2016 and was unannounced. Following the inspection we visited the provider's local office on 9 March 2016 to complete the inspection.

There was a registered manager in post at the service, although they were on a period of leave at the time of the 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 and associated Regulations about how the service is run. The provider had appointed a manager to cover for the registered manager and had informed us of the management arrangements.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments from people included, " I am very happy living here – I feel safe" and "I would speak to any of the staff if I had a problem. They would help sort out any problems".

People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Medicines were safely managed and there were systems in place to protect people from abuse and harm that staff knew how to use. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

There was strong management in the service and the manager was clear how they expected staff to support people. The provider assessed and monitored the quality of care and took action to address shortfalls that were identified.

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.

People were supported to take risks and were involved in developing plans to manage the risks they faced.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Is the service caring?

Good

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their support and were involved in planning and reviewing their

support plans.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well-led.

The manager provided strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

United Response - 74 Oaklands

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 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 4 March 2016 and was unannounced. We returned to the offices of the provider to complete the inspection on 9 March 2016.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we met all three people who use the service and three support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for all three people. We also looked at records about the management of the service. We received feedback from a GP who has contact with people who use the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at 74 Oaklands. Comments included ''I feel safe living here" and "I am very happy living here – I feel safe". We observed that people appeared comfortable in the presence of staff. Throughout our visit people interacted socially with staff, who demonstrated a strong and respectful relationship with them.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to manage their finances, travel independently and support required to safely take part in leisure activities such as horse riding. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved throughout this process and their views were recorded on the risk assessments. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for four staff whose records we checked.

Sufficient staff were available to support people. People told us they had a member of staff available to support them with activities throughout the day. Staff were also confident there were enough of them to be able to provide the care and support people needed. Staff told us the rota was flexible, to enable people to take part in activities and social events in the evenings and at weekends. We saw that the staff rota reflected the diary of events that people had planned.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, when they needed it. The registered manager reported in the provider information return that they use a staff matching tool, to match staff to people based on personal attributes, skills and interests.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

People's support plans included a decision making profile, which set out the support people needed to make decisions about their life. Mental capacity assessments specific to the decision being made had been completed. At the time of the inspection everyone who used the service was assessed to have capacity for the decisions they were making and no DoLS applications had been made. Staff had completed training on the MCA and demonstrated a good understanding of its principles.

Staff told us they had regular meetings with their peers and the manager to receive support and guidance about their work and to discuss training and development needs. The service had a system of peer support, but staff said they were also able to have one to one meetings with the manager at any time and they had an annual appraisal meeting with the manager. Staff said they received good support and were able to raise concerns outside of the formal supervision process. The manager kept a record of all staff support sessions, one to one meetings and peer support sessions to ensure staff were receiving regular support. Relief staff, who worked at the service on a casual basis, had one to one support sessions with the manager. This helped to ensure people working at the service on a less frequent basis also received support to do their job effectively.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The manager had systems in place to identify training that was required and ensure it was completed. Records demonstrated staff had completed training that was specific to people's needs. New staff completed a thorough induction and had enrolled on the care certificate. This is a national induction programme and is intended to give all staff working in the care sector a good understanding of the role and their responsibilities.

We observed people being supported to choose and prepare lunch during the visit. Staff supported people to make choices about their food. Staff said they had a range of food available they offered to people, based on their known likes and dislikes. We saw that the kitchen was well stocked. Support plans contained details about people's likes and dislikes and the support people needed to prepare meals.

People were able to see health professionals where necessary, such as their GP or community specialist nurse. People's support plans described the support they needed to manage their health needs. One person who had regular appointments with the diabetes nurse had detailed information about their treatment plan. Staff demonstrated a good understanding of their condition, signs of unstable blood glucose levels and the action they should take. The GP we received feedback from told us, "They know their clients very well and I trust their judgement. They will bring in patients to see me when I ask them and will take on responsibility to chase up referrals and ask for referrals when needed".

Good

Is the service caring?

Our findings

We observed staff interacting with people in ways that were friendly and respectful. Staff respected people's choices and maintained their privacy. Staff responded promptly to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Some of the staff had known people for 30 years and demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family and keep in contact by regular phone calls.

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw that people and those close to them had been involved in developing their support plans, telling staff how and when they wanted support with their personal care. People said they had been involved in developing and reviewing their plans and told us they agreed with what was written in them. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing personal information with people and ensured that support was provided in private. Staff described how they would ensure people had privacy, for example ensuring doors were closed when supporting people with personal care and not discussing personal details in front of other people.

People's bedrooms were personalised and contained photographs, pictures and personal items each person wanted. This emphasised that this was the person's private room. Staff respected people's private space, for example waiting for a response from people before entering their room.

Good

Is the service responsive?

Our findings

People were supported by staff to take part in a range of activities outside the home. People had an individual programme of activities they had developed, including attending a day service, voluntary work, exercise classes and horse riding. One person told us they very much enjoyed attending their local church and were a member of the church band. People said they enjoyed the activities they took part in and one person said they were looking forward to attending a friend's birthday party on the weekend following the visit.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. People and their representatives had been involved in the development and review of their support plans. Records of these meetings to review the support provided included everyone's input and were used to develop an action plan. The action plans were updated regularly with people to ensure they were receiving the support that had been agreed. People told us they regularly met with their keyworker to review their plan and discuss the support they received. We identified two minor errors in the support plans, where people's needs had changed but not all of the information in the plans had been updated. Records showed that despite the out of date information in the plan, staff were providing the right support to meet people's changed needs. Staff took action to change these plans on the day of the visit.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person said, "I would speak to any of the staff if I had a problem. They would help sort out any problems". The manager told us the service had a complaints procedure, which was provided to people in a more accessible easy read format. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. There had been no complaints in the last year.

Good

Is the service well-led?

Our findings

The service had a registered manager who was also the registered manager for other nearby services. The registered manager was on a period of leave at the time of the inspection and the provider had appointed a manager to cover for them. The provider had informed us of the registered manager's absence and the management arrangements.

The manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maximised people's independence. The service operated a system of 'collective team management', which was overseen by the manager. In this system, staff on duty took responsibility to ensure that tasks sometimes seen as management tasks were shared out amongst the team. There were procedures in place to ensure all necessary tasks were completed and the manager had regular contact with the service to ensure it was operating effectively.

Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the manager had worked hard to cover for the registered manager and had been very supportive of them. Staff said the manager had created an open culture in the service that was respectful to people. Staff told us they were able to get hold of the manager promptly when needed.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the manager gave them good support and direction. Comments from staff included, "I feel very well supported by the manager. She is very approachable and nothing is too much trouble" and "The manager has always listened to us and I feel well supported. The collective team management works well, and work is shared out".

The management team completed regular audits of the service, with some audits involving the manager of another United Response service to give a different perspective. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service.

Satisfaction questionnaires were sent out asking people, their relatives, staff and professionals their views of the service. Feedback from people was used to plan improvements. In addition to the surveys, the manager regularly met with people to review the service they were receiving and address any concerns they had.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.