United Response

# United Response - 14 Manor Road

**Inspection report**

14 Manor Road
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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We undertook this announced inspection on the 21 October 2015. At the previous inspection, which took place on 15 April 2014 the service met all of the regulations that we assessed.

14 Manor Road provides care for four adults with complex physical and learning disabilities. It is situated close to the town centre of Knaresborough. The building is a single story purpose built property which is fully adapted and accessible. The home has a garden to the rear of the property and parking to the front. At the time of this inspection there were four people living at the service.

At the time of the inspection there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

None of the people who used the service were able to verbally tell us about their experiences but we were able to meet them, observe them in their surroundings and their interactions with support from staff. These observations were very positive. We also had the opportunity to speak with relatives of people who used the service to gain their views and opinions.

Staff were recruited safely and there were sufficient staff to meet people's needs. There had been some concerns raised from two relatives and a health care professional about staffing levels at the service. The registered manager confirmed that there had been difficulties in recruiting and the retainment of staff in the past year. However, several new members of staff had now been recently recruited. This meant that this would improve staffing levels at the service.

Medicines were managed safely. Staff had received the appropriate training and we saw staff offered people explanation and reassurance when their medication was being administered.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

We saw people had access to regular drinks, snacks and a varied and nutritious diet. If people were at risk of losing weight we saw plans were in place to manage this. People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

The principles of the Mental Capacity Act (2005) were consistently followed by staff. Consent to care and treatment was sought. When people were unable to make informed decisions we saw a record of best interest decisions. The registered manager had a clear understanding of the Deprivation of Liberty Safeguards.

The service was well-led. Everyone we spoke with was full of praise for the registered manager. Staff morale was high and there was a strong sense of staff being committed to providing person centred care.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

People were protected from the risk of harm because the provider had systems in place to manage risks. Medicines were managed safely.

People were safeguarded from abuse. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

There were enough staff to keep people safe, although some concerns had been raised about levels of staff at the service. New staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

**Is the service effective?**

Good

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People were supported to stay healthy, active and well. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

In circumstances where people did not have the capacity to consent to any aspects of their care, the provider acted in accordance with legal requirements to ensure their rights were protected.

**Is the service caring?**

Good

The service was caring.

People were treated with kindness and compassion and cared for in a way that promoted their dignity.

Staff knew people well because they understood their different needs and the way individuals communicated.

Relatives and health care professionals told us that staff were caring at the service and that 'staff knew their clients well.'

**Is the service responsive?**

Good

The service was responsive.

People using the service had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

The service was flexible and responded quickly to people's changing needs or wishes. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

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

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

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

# United Response - 14 Manor Road

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 October 2015 and was announced. The provider was given 24 hours' notice because this was a small service and we needed to be sure that people would be available to meet with us. This inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the service we spent time observing people whilst they were at home including their lunchtime experience. We had the opportunity to observe how care was being provided. We telephoned and spoke with four relatives. We also telephoned and spoke with two health care professionals. We spoke with the registered manager and one member of care staff during our visit to the service. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at three people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for three people and observed how medicines were given to people. We also looked at the recruitment, training and supervision records for three members of staff.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Good

# Is the service safe?

## Our findings

People were not able to talk with us about their experiences as they did not communicate verbally therefore we contacted relatives. Relatives we spoke with told us they felt their relatives were safe and were well looked after although two relatives told us they had concerns about the shortage of staff at the service. One relative said, "Yes I do feel that (name) is definitely safe. He is well looked after as staff go out of their way." Another relative told us that they did not have any concerns about the care but said they did have concerns because there had been a shortage of staff due to them leaving. One relative said, "There has been too many staff leaving and agency staff have covered. The organisation is unable to retain staff.This has been unsettling for my daughter and others living at the home." The two relatives who had raised concerns about staffing levels and both went on to say that they did not feel this issue had placed their relatives at any risk.

One community health care professional told us that they felt that permanent staff team at the service had found it difficult because of the shortage of staff. They told us, "The care is good and I have a lot of confidence in them. However, there have been staffing issues and it has been purely about the levels of staff."

The registered manager told us that in the last year several members of staff had left and that she had experienced difficulties when trying to recruit new staff to work at the service. Because of this and long term sickness there had been a shortage of staff working at the home. The registered manager said that extra shifts had been covered by other members of staff in the team or agency staff. However, the registered manager went on to tell us that they were interviewing for one member of staff the following day and that two new staff had now been successfully recruited and were in the process of starting work at the service the following week which would improve staffing levels at the service.

During our visit we saw there were enough staff available to meet people's needs. The registered manager explained they amended staffing levels based on the needs of the people who used the service and what people were doing. For example if people were going out to various activities in the community or going shopping then staffing levels would be increased to accommodate this. We were given copies of rotas for September 2015. We saw that there were usually three or four staff on duty each day dependent on what people living at the service were doing that day. For example on the day of the inspection one person was supported to go out to a community based activity and if people were at home or not as some went to stay with their relatives for the weekend. We saw from the rotas that staffing levels decreased but there was never less than a minimum of two staff on duty. Rotas showed that there was one waking night staff and one sleeping staff on duty on the premises each night. Staffing was consistent and at the levels the registered manager had explained to us.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Staff who had recently commenced working at the service told us that they had received comprehensive induction training and that they shadowed more experienced staff before they supported people.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager.

The service had an up to date safeguarding policy, which offered guidance to staff. Staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

We noted there was a clear whistleblowing policy in place for staff which made clear their responsibility to report concerns and provided advice about how to go about it. In addition to standard reporting systems, the provider had a 'whistleblowing email address' in place, which staff across the organisation could contact anonymously, if they felt unable to speak to a direct line manager.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example,

Good

# Is the service safe?

risk assessments were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

Accidents and incidents were recorded. These were regularly reviewed by the registered manager and the area manager, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place weekly in line with the fire authority's national guidance. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. The service used a monitored dosage system (MDS). We looked at medication administration records (MARs) and found these were up-to-date and completed correctly. Each person had a medicines profile in place, which had a photograph of the person and held comprehensive information of their medical conditions and details of their of GP. The service monitored stock levels regularly. This meant if any errors were identified they could be rectified in a timely manner. There was an up to date medication policy and procedure in place at the service. We observed medication being administered; this was done in a patient manner and people were offered a drink with their medicines. We saw from the records we looked at that a pharmacy inspection had been carried out in December 2014, which meant that people's medicines were checked that they were being correctly managed by the service.

We spoke to a doctor who told us, "They (staff) are on the ball. When any changes are made to people's medicines they (staff) get me to record this in people's medicine records, as part of their protocol."

We toured the premises during this visit. The registered manager told us that there had been some new equipment purchased for the service. We saw that two new baths had been installed and a new washer had been purchased. The service had a homely feel and was clean and hygienic. There was appropriate protective equipment which we observed staff used to prevent the risk of infection. This meant people lived in a clean well maintained home.

Good

# Is the service effective?

## Our findings

All the relatives we spoke with felt their relatives received highly effective support to maintain good health and wellbeing. They told us care staff monitored their relative's health very carefully and took prompt action when any concerns were identified.

Relatives we spoke with confirmed that if people living at the service needed access to health care services their relatives received this. Their comments included, "(Name) had a dentist appointment yesterday and I know if he has any problems with his health they are seen too immediately." Another relative described what action staff had taken at the service when their daughter had began to develop a pressure sore. They told us they involved the appropriate health professionals and went on to say, "It is now sorted out."

People were supported to maintain their health and had access to health services as needed. Each person who used the service had a Health Action Plan (HAP) in place. This included a detailed medical history as well as any current medical conditions. The support people required to maintain good health was well detailed as was the input of external professionals such as district nurses, physiotherapists or occupational therapists. In addition to the HAPs a hospital passport was in place for each person, which included important information for hospital staff in the event the person was admitted in an emergency. This information included a medical history, prescribed medication and a profile about how they liked to be supported.

We sat with people in the dining kitchen at lunchtime. We saw people were being supported by staff with their lunch. We observed that staff knew how to support people well and saw that they involved people and communicated with them effectively. We saw that people were given plenty of choices of food and drink and members of staff created a relaxed atmosphere. We observed staff listening to people living at the service, chatting to them and making sure that people were happy with everything.

Any support required by people to maintain good nutrition and hydration was fully detailed in their care plans. Where people were at risk of becoming malnourished or dehydrated, there was clear guidance for staff about how to support them effectively in this area.

We spoke with a community health care professional who told us that staff at the service worked positively and in a proactive manner. They commented, "We have a positive relationship with the service. There is a core set of staff who have worked there a long time who are very knowledgeable and dedicated."

We also spoke with a doctor who said, "(Name) is very good. My experience with this service has always been good. They (staff) know their clients very well."

Both health care professionals we spoke with told us that they had confidence in the staff and that management responses to people's health care needs was good. One health care professional said, "(Name) knew the specific elements of care for a client and knew the finer details, which is so important for people living at the service."

The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. One member of staff told us, "We receive sufficient training to do the job well. This service is much more client centred. I enjoy it because we have the time to spend with the people we support."

The service had policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and we saw evidence that staff had been trained in this area. The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how the decision had been reached. Best interest decisions were recorded and we could see people, their families and appropriate health and social care professionals had been involved in these.

During our inspection a DoLS officer from a local authority visited a person living at the service to complete their assessment. They told us "I have found the care records I have looked at to be very thorough and well detailed." A relative we spoke with confirmed that their relative had a DoLs assessment in place which they said, "This is the best thing in place for her. It ensures she is protected."

Good

# Is the service caring?

## Our findings

People were not able to talk with us about their experiences as they did not communicate verbally. However throughout our inspection all of the care we observed was kind. Staff were seen to approach people in a kind and gentle manner and responded quickly to people's needs. Interaction between staff and people who used the service was consistently warm and friendly.

All of the relatives we spoke with told us they thought that their relatives were 'well cared for.' Relatives told us that all the staff at the service were caring. Relatives made comments such as, "Very caring staff. They put themselves out – not only for the people living there but also for visiting relatives. You can tell that (Name) is happy there by his expressions." Another relative said, "(Name) is excellent. The staff that have been there for a long time are very competent" and "The staff are very caring. It is a lovely place."

All the relatives we spoke with told us that they were always made to feel welcome when visiting the service. One relative said "They (staff) always make us feel welcome."

Staff had a good understanding of people's needs, preferences and personal histories. Staff told us they accessed people's care plans and that they wrote in the daily records. Staff said they had time to read what had happened previously and to catch up if they had been away from the service. We saw people's consent had been sought about decisions involving their care and the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives and other professionals had been involved in discussions about care and support. This was reflected in the care plans we saw.

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and how to support people living at the service.

Both health care professionals we spoke with told us that they had confidence in the staff and that management responses to people's health care needs were good. One health care professional said, "(Name) knew the specific elements of care for a client and knew the finer details, which is so important for people living at the service."

During the inspection we spent time observing people as they received support and interacted with staff. Our observations were very positive. We noted people seemed very relaxed and comfortable in their surroundings.

There was a very relaxed and pleasant atmosphere in the home. People were seen to engage positively with care staff, making lots of eye contact, smiling and initiating contact. Staff understood when people communicated with them non verbally and responded in a warm manner. People's individual communication plans included extensive guidance on the ways they expressed themselves and what this meant about how they were feeling. In addition, information about any communication aids used was included in people's care plans.

Staff described their role with passion. One member of staff described what it was like working at the service. They told us, "It allows me to do what I came into the job to do which is 'care for people.' I am happy working here and I get job satisfaction."

Good

# Is the service responsive?

## Our findings

Relatives told us they felt the service was responsive. All of the relatives we spoke with had no concerns with the provision of care at the service. Relatives made comments such as, “My relative does not like change he is settled living at the home and I know that he is happy.”

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the individual person. During our visit we looked at the care plans and assessment records for three people. The care plans and assessments we looked at contained details about people’s individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people’s needs.

People's needs were planned and delivered in line with their individual care plan. The care plans we viewed included good information about people’s individual needs and preferences, including their likes and dislikes, and any support or equipment they needed with eating and drinking. We saw they had all been written in the first person 'My health needs’ 'How I like and need my support' and 'My decision making profile.’ We saw picture formats were used in areas such as food and how people communicated.

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage participation in the local community and prevent social isolation. We saw in people’s care plans there were weekly timetables in place with a ‘My Activities’ support plan. This detailed what activities people were attending with the level of support people needed from staff. One person went out to a local arts and crafts centre during our visit.

The service had an up to date complaints policy. We saw the complaints record and there had been no complaints since the last inspection. The registered manager said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible. Relatives told us they knew how to make a complaint. We saw that the complaints form ‘You know you can complain. Are you happy’ was in picture format. This meant that information on how to make a complaint was available to people in different and suitable formats and protects their rights.

When we spoke with relatives about them having a complaint and who would they speak with. Everyone said they would either speak to the staff on duty or the registered manager. Relatives said that if they did have a complaint staff would act upon it immediately. One relative told us, “I have no complaints what so ever, but if I did I would speak to any staff at the home.” Another relative said, “I would speak directly with the manager.”

Good

# Is the service well-led?

## Our findings

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. Relatives were consistently positive about the service their family members received. One relative said, "I am quite happy with everything at the moment."

Health care professionals we spoke with all spoke highly about the service and told us that the care people received was provided by 'dedicated and knowledgeable staff.'

Notwithstanding the issues raised by two relatives and a health care professional regarding staffing levels at the home. We saw that there was no impact on day to day care and appropriate arrangements had been made to provide safe care.

The registered manager was supported by a senior support worker and support workers. We found the registered manager to be open and honest during the inspection. They were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held monthly, which gave opportunities for staff to contribute to the running of the service.

When we spoke with people they told us they were frequently asked if they were satisfied with everything and that they regularly received surveys to complete. We saw that surveys had last been sent out by the provider in July 2015. The registered manager told us that surveys had been sent out to people who use the service, relatives, staff and to stakeholders. The registered manager told us they did not have the results back from the survey but would inform us of this once they had.

There were systems and processes in place to monitor the service and drive forward improvements. A quality assurance tool was used to record the findings. We looked at records of audits and saw these had been undertaken by the registered manager and area manager. These covered areas such as medicines, finance, care plans, environment and staffing. Where there had been issues such as staffing levels records showed what action had been taken to address this. There was a strong emphasis on continually striving to improve the service for people. Quality assurance audits were carried out monthly by a manager from another service. A person who lived at another of the provider's services was supported to conduct an audit so that the provider received feedback from people's point of view about how well the service was doing. We saw that this had last been carried out in August 2014, which meant that the service was regularly monitored to ensure good quality care was delivered.