Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

United Response - 26 Tennyson Road

26 Tennyson Road, Bognor Regis, PO21 2SB

Tel: 01243869882

Date of Inspection: 08 February 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	United Response
Registered Manager	Mrs. Anne Davey
Overview of the service	United Response - 26 Tennyson Road provides accommodation, care and support for up to five people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of the people using the service. This was because not all people using the service could tell us about their experiences in detail. We spoke with one person and they told us that they "liked living at the home, going shopping, going to work, hot meals, the other people living there and the staff". We observed that people were confident and comfortable in their communication with staff.

We found that people were supported by staff to make decisions and choices relating to their care and treatment. We saw that people were treated with dignity and respect and their communication needs were understood and acted on by staff.

We saw that the provider used person centred planning to ensure that people's care and treatment was centred on them as an individual and their diversity and preferences were considered. We found that care was planned and delivered so that people were safe and enabled and supported to take positive risks.

We spoke to staff and reviewed records which showed us that suitable arrangements were in place to protect people from abuse.

Staff we spoke to and records we reviewed, demonstrated that staff were supported, trained and competent to meet people's needs. A staff member told us "there is a good rapport between staff and residents - people are happy here".

The Provider had systems in place to monitor and assess the quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who lived in the home had learning disabilities which meant they were not able to tell us about their experiences in detail. We spoke to two staff members about how they supported people to express their views about their care and treatment. A staff member told us "if I cannot understand what a person is saying then I will ask them to show me". Another staff member told us "I give the care I think is right for the person's needs, I talk to people about it and whatever works and makes them happy".

A staff member told us that "mostly people can tell me about what they like and dislike". We saw that care plans included a personal profile which gave information about what people liked and disliked. This included for example, how people liked to be communicated with. We saw a profile which read "don't command me. I will ignore you if I don't like what is happening". This meant that people were encouraged to express their views about what was important to them.

Staff we spoke to told us that they knew people well and had a good understanding of what people wanted and how they felt. For example, a staff member told us that when a person repeated a dislike several times, they knew that the person meant it and they acted on it. Another person told us that a person indicated distress by "waving their hands about". We observed staff communicating with people and saw that people were very comfortable and confident when communicating with staff.

We reviewed two care plans and we saw that they each contained an easy read service user guide with pictures. The guide included included information about what to do if you were not happy, and other people to speak to about this. We saw that people received an individual charter about what they could expect from the provider and this included; privacy, choice and control. The manager told us that this information was also read to the person and their representative.

We saw that people's files contained information about their rights, including the right to confidentiality, privacy and dignity. We spoke to staff about how they ensured people's

privacy and dignity. A staff member told us "we give people their own space and privacy, we always knock on people's doors if they are shut". A staff member told us that training was given to staff about how to give care in a way that protected a person's privacy and dignity . The manager told us this training is called 'the way we work' and included information on; respect, choices, wishes and listening to people. This training was repeated every three years.

We saw that people's abilities in relation to their personal care were clearly described in their care plans. The plans were detailed in respect of 'what is important to the person' and 'what is important for the person'. We saw that these plans contained strategies which supported people to manage their own care where possible. This meant that people were supported in promoting their autonomy.

We spoke to the manager and staff about how people were enabled to participate in making decisions in relation to their care and treatment. The manager told us about a person who they said "can be very clear about what they want to happen". We were told about a recent medical issue which was discussed with the person their relative and staff. A staff member told us "me and the person's relative spoke to them about what the treatment was and what it was for, and they decided to have it". We looked at records which confirmed this. We saw that this person's care plan identified that the person 'can make meaningful choices and needs support to do so'. This meant that people were supported to express their views and were involved in making decisions about their care and treatment.

We saw that care plans gave detailed descriptions of how to meet people's individual needs. For example, where same sex staff were required to deliver aspects of personal care, and people's needs in relation to their specific disability. This meant that people's diversity was respected in the provision of their care and treatment.

We spoke with a person who told us that "going shopping, going to work and going out with staff" were important to them. We saw that people were engaged in work, leisure and personal interest activities. This meant that people were supported in relation to their independence and community involvement.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We reviewed two care plans that were based on an individual needs assessment and reflected personal preferences. We saw that each individuals care needs were described in relation to 'what is important to the person' and 'what is important for the person'. For example, a person needed support with cooking, it was noted that praise and encouragement were important to the person and that staff needed to be aware of what they were doing and health and safety because this was important for the person.

We saw that care plans included clear, detailed information about people's needs and how best to support them. For example, we saw that a person experienced stress and frustration if they did not have an advance weekly structured plan of activities in place, or if the plan failed. The care plan included information about the behaviour the person exhibited when this happened and how staff should meet this need. We saw that the persons care plan had been reviewed with the person, their representative and staff and that their structure was to be described weekly on the orientation board. We looked at the orientation board and saw that it showed a detailed plan for the week in words, pictures and photographs. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that people participated in a variety of activities to meet their individual needs, including work, interests and leisure. We observed staff with people and saw that they were encouraging, friendly and humorous whilst supporting people. We saw that staff were engaged with people throughout our inspection in activities such as; supporting people with domestic tasks, taking people shopping and out to lunch and taking people to work.

We looked at the reviews of people's needs and saw that these were carried out regularly with people and their representatives (where possible). We saw that people's changed needs were recorded on their care plan following a review. We saw that local authority reviews were also carried out with people, their social worker and staff. This meant that plans of care and support were kept up to date in recognition of people's changed needs.

Staff reviewed people's needs and any concerns in the weekly staff meeting. We saw records of these meeting and that this information was recorded.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each person had risk assessments in relation to their individual needs. Risk assessments included positive actions to support people's choices and support their independence. For example, we saw that a person had a risk assessment in place for their participation in a fitness regime at the gym. A staff member told us that this person enjoyed going to the gym and that they worked out alongside the person to encourage and support them safely. This meant that risk assessments balance safety with the rights of people to make choices.

We saw that each person had an up to date hospital passport, which included information such as, 'things you must know'; for example, how a persons communicates. This meant that continuity of care was supported by effective communication between those who provided it.

Each person had health profile plans, these included information about allergies, conditions and treatment. Visits to health professionals including; doctor, dentist, optician, chiropodist and community teams were recorded alongside the reason, and outcome. We saw that regular health checks were being carried out. Care plans included detailed information about people's health needs and instructions for how staff should respond. This meant that people's health needs were promoted and maintained.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our Inspection we observed that people appeared happy, engaged and comfortable in the presence of staff and other service users. We spoke to a person who told us that he liked the other people he lived with and staff members.

We saw that people who were at risk of behaving in a way that presented a risk to others had care plans and risk assessments which detailed how staff should respond in these circumstances. We looked at a care plan which detailed the circumstances in which a person was likely to display behaviour that challenged others, such as; a lack of meaningful activity, or a noisy environment. We saw that strategies were in place to reduce the likelihood of this and how to respond in a timely and appropriate way.

We saw that the home had an up to date copy of the Pan-Sussex Multi Agency Policy and procedures for Safeguarding Adults at Risk. The manager told us that their policy was to act in accordance with these procedures. This meant that the provider had procedures in place to respond appropriately to any allegation of abuse.

We spoke to staff about their knowledge of the types of abuse, and training they had completed about how to keep people safe from abuse. Both the staff members we spoke to described the main types of abuse and the actions they would take if abuse were suspected. A staff member told us "I would try to find out what was making a person unhappy and I would report any concerns to the manager". Both staff members had completed training in safeguarding adults at risk from abuse. We saw the training records that confirmed this, and that this training was refreshed every two years. This meant that staff were aware of what abuse was and how to respond appropriately.

We looked at the financial records of two people. We saw that the provider operated a system of individualised records which showed details of all income received and money spent. The manager showed us that the records agreed with the money held by the provider and the persons banking records. The manager told us that they carried out a formal audit of people's financial records on a three monthly basis and we saw the records of this. However, the manager said that "in reality I am checking on a much more regular basis, when I am in the service". We saw that people could access their money on request to meet their needs and all withdrawals and receipts were signed by staff.

In the care plans we reviewed we saw that where people had family representatives, they were involved in regular reviews of the persons care and treatment. We saw that other people had reviews held with local authority social workers. This meant that people had their care and treatment reviewed with independent people and their representatives.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two staff members who both demonstrated a good understanding of people's needs and how to deliver care with respect and dignity, in line with people's preferences. One staff member told us " I do my best to meet their needs and help them". Another person told us "my priority is to look after the guys and make sure things runs smoothly and they are happy".

Two staff members told us that they met regularly with their manager to discuss the needs of people using the service and their own needs in relation to their role. One staff member told us "supervision is brilliant, I talk about the guys and myself". We looked at the supervision records for these staff and we saw that supervision was regular and included discussion on the delivery of care and the staff members professional development needs. This meant that staff were properly supported to provide care and treatment to people.

We saw that staff had annual appraisals which reviewed their previous objectives and evaluated their performance. We saw that staff competency was evaluated against standards and values, for example; treating people with dignity and respect. This meant that staff were properly appraised as competent to provide care and treatment to people.

Staff members we spoke to had worked at the home for over four years. We looked at their training records and saw that they had completed mandatory training and refresher training in key areas such as; safeguarding, equality and diversity, fire safety, food hygiene, first aid and medicine administration. A staff member told us they had completed a National Vocational Qualification (NVQ) level three in health and social care, this meant that staff had undertaken a relevant qualification to their job role. A staff member told us "we do on-line and face to face training, I always learn something that I didn't know".

The manager told us that the provider operated an induction programme called 'the way we work'. This training was mandatory for all new staff and included elements provided by people who used the provider's services. Both staff members we spoke to confirmed they had completed an induction. We saw records which confirmed this and that the induction was based on the Common Induction Standards. This meant that staff received a comprehensive induction that takes account of recognised standards in health and social care.

The manager told us that the provider produced regular information bulletins for staff and people who use services. This included "today's stories" which summarised all the latest news affecting people with disabilities, and links for further information. This meant that people and staff were kept informed of relevant issues and the potential impact on people.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that people and their representatives gave their views on the service on an ongoing basis and at reviews. A staff member told us that "the manager is here most mornings and they check with people how they are and what they are doing". We saw that that the provider carried out regular two monthly visits to the home and as part of this observed people with staff and discussed with people their experiences and this was recorded and a copy was given to the manager. This meant that people's views about their experience of their care and treatment were regularly sought.

The manager told us that people were asked their views on their experience of care activities, for example, about their annual holiday. Following the holiday last year, people had expressed satisfaction with the activities but not the accommodation. This feedback was taken into account for this years holiday and the accommodation had been upgraded. This meant that people's views were considered and acted on.

We saw that the provider monitored and assessed the service provision against the essential standards of quality and safety as part of their two monthly visit. We looked at the record of the last visit and saw that the provider had required the manager to ensure the most up to date local authority safeguarding procedure was available to staff and to ensure full completion of peoples medical profiles. We saw that the manager had completed these requests. This meant that the provider had in place a system to identify non-compliance with the regulations and take action to ensure compliance.

We saw that the provider had in place a system that identified, monitored and managed risks to people who use, work in or visit the service. This included regular checks of; food hygiene standards, temperatures, vehicle safety, fire safety, hazard checks and the control of substances hazardous to health (COSHH). We looked at the records of these checks and saw that they were completed and up to date. We saw that this system included competency checks with staff including; fire safety knowledge , competency in first aid and the prevention and control of infections.

We looked at some examples of completed risk assessments which included risk management plans for; staff lone working, fire, food hygiene, and smoking. We saw that an action from a fire risk assessment had been completed and signed off by the manager.

This meant that risks were analysed and plans put in place to reduce risks to people and those working in the home.

We saw that the manager carried out three monthly audits of finances, risk assessments, health and safety records, supervision sessions and complaints. We saw that there was an action arising from an audit for staff to do updated training on fire evacuation knowledge. We looked at the record to show this was completed.

We saw that the people were given an easy read complaints procedure with pictures. The procedure covered who to talk to, what happens next and details of who else to talk to, such as an advocacy service. There was a complaints log in the home but no recent complaints had been received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk