

United Response

United Response - 74

Oaklands

Inspection report

74 Oaklands
Chippenham
Wiltshire
SN15 1RQ

Tel: 01249654293

Website: www.unitedresponse.org.uk

Date of inspection visit:
05 December 2018

Date of publication:
04 March 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5 December 2018 and was unannounced. The last inspection of this service was in March 2016. At that time, the service was rated good and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

United Response - 74 Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate four people with a learning disability. At the time of the inspection, three people were living at the home. United Response - 74 Oaklands, is a semi-detached house within a housing estate, close to local amenities. There were four bedrooms, one of which was used when staff completed a 'sleeping in' shift. There was a lounge, separate dining room and central kitchen. There was a bathroom on the first floor and a downstairs toilet.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post although at the time of this inspection, they were on a period of extended leave. 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 2008 and associated Regulations about how the service is run.

The provider notified the Care Quality Commission of the registered manager's extended leave and the cover arrangements in place. The manager providing oversight of the service and the registered manager when in post, were based at the organisation's office rather than the service. They visited when needed and were contactable at any time. However, their limited presence in the service, increased the risk of things being missed.

The service was homely but did not always promote the prevention and control of infection. This was because for example, there was debris on the chairs in the dining room and clothing had been placed on the floor in the laundry room.

There was a programme of audits to check the quality of the service. These were undertaken at various frequencies and addressed areas such as health and safety, equipment and the management of medicines. The audits had not however, identify the shortfalls such as the prevention and control of infection found during this inspection.

The environment was comfortable and homely. However, whilst the temperature control was set at 22 degrees, people's bedrooms and the dining room felt cold. Once brought to their attention, staff adjusted the thermostat and the heating came on. The visitor's log showed an engineer had looked at the boiler but there was no documentation to evidence what work had been completed.

All staff had worked at the home for many years and knew people well. There were established relationships and a mutual fondness between people and staff. Throughout the inspection, the atmosphere was lively but relaxed and there were many positive interactions. People were fully involved in all conversations and daily activities. This included answering the door to visitors, making drinks and preparing food. People were supported to complete housekeeping tasks and help with the home's shopping.

People enjoyed a range of social activity both at home and within the community. This included local groups such as Zumba, church and various social groups. People were encouraged to develop and maintain relationships with family and friends. Two people undertook voluntary work, which they enjoyed.

People's medicines were safely managed. Information showed clear details of each medicine and their instruction for use. Staff had signed the medicine administration records to show they had administered people's medicines appropriately.

There were enough staff to support people effectively. Staff enjoyed their role and were caring in their approach. They encouraged people to make decisions and gained consent before providing support. Staff ensured people's rights to privacy and dignity were maintained.

There was a small, cohesive staff team. Staff supported each other well and received a range of training to develop their knowledge and skills. Monthly staff meetings were held to discuss people's needs and share information such as policies and procedures.

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.

Staff knew how to identify and report potential abuse.

Risks to people's safety were identified.

There were enough staff to support people safely.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions.

Staff were well supported and had the knowledge and skills to support people effectively.

People had enough to eat and drink.

People were supported by a range of professionals to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and established relationships were evident.

People were involved in decisions about their support.

People's rights to privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that met their needs.

Each person had a person-centred support plan.

People took part in a range of activities within the home and the community.

People knew how to raise a concern.

Is the service well-led?

The service was not always well led.

Whilst management support was available when needed, a limited presence increased the risk of things being missed.

Audits had not identified shortfalls in the prevention and control of infection.

Regular staff meetings kept staff informed and enabled support.

There was a caring ethos which promoted enablement and independence.

Requires Improvement 

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 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 5 December 2019 and was unannounced.

The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Before our inspection visit we reviewed the 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 looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

To gain feedback about the service, we spoke to three people, three staff and one manager. We looked at people's care records and documentation in relation to the management of the service. This included quality auditing processes and staff training.

Is the service safe?

Our findings

The service was homely in line with the values that underpinned the Registering the Right Support and other best practice guidance. However, this did not always promote the prevention and control of infection. For example, a person's clothing was on the floor in the laundry room and there was some debris on the chairs in the dining room. Hand towels were in use in the downstairs toilet and bathroom but there was not a clear schedule for washing them. It was recognised the impact of these shortfalls in terms of people's safety was low.

Staff were aware of their responsibilities to identify and report any suspicion or allegation of abuse. They said they would inform the manager or other managers within the organisation if they had any concerns. Staff were aware they could contact the local authority or the safeguarding team if their concerns were not taken seriously. A manager told us all staff had completed safeguarding training and abuse was discussed during staff meetings. This included less prominent forms of abuse, such as domestic violence and slavery.

People told us they felt safe although one person was concerned about the behaviour of another at times. They told us, "[Person's name] shouts in the mornings, staff say 'chill'. It makes me feel worried." They continued to tell us staff sat down and talked to the person which helped. Another person said, "I feel safe here – yeah. There's always somebody here. I'm not worried to tell someone if I was unhappy. I've never been unhappy about anything here."

Risks to people's safety were identified. Measures were in place to minimise these. This included areas such as mobility, taking a bath, cooking and going out. There were cleaning substances within the downstairs toilet and bathroom. Risks associated with the unsecured substances were considered to be low but assessments demonstrating this, could not be found.

There were enough staff to support people safely. Staff told us the numbers of staff on duty were flexible and dependent on people's activities during the day. One member of staff said, "On a Wednesday for example, we know [person's name] goes to work so we need someone to take them and another member of staff to stay here, so people don't have to go as well. On another day, it may be different, only one member of staff may be needed." Records showed the variation in staffing numbers. At night, one member of staff slept at the home and was available when needed.

There had not been any new staff to the service. A manager told us the recruitment of new staff was undertaken centrally, from the organisation's main office. They said allocated staff sent applicants the required information and undertook the relevant checks. This included disclosure and barring service checks (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People's medicines were safely managed. There was information about each person's prescribed medicines, including the reason for the prescription and any possible side effects. Staff had appropriately completed the medicine administration record to show they had administered people's medicines. Staff

completed training in the safe management of medicines and had their competency assessed each year.

Lessons were learnt when things went wrong. For example, staff received information about any accidents or incidents that occurred in other services within the organisation. The incidents were discussed and steps taken to minimise any occurrences at the home. The senior manager told us reflective practice regularly took place within monthly staff meetings.

Is the service effective?

Our findings

People had lived at the service for many years. Due to this, it was not appropriate to consider the process that was originally used when assessing a person's placement at the home.

Staff had the required knowledge and skills to support people effectively. There was a training programme deemed mandatory by the provider and other bespoke training specifically related to people's needs. Records showed staff were up to date with the completion of their mandatory training. This included topics such as food hygiene, fire safety, mental health awareness and autism.

Staff were complimentary about the training on offer. One member of staff told us, "I've worked in other places where training isn't so good. Training here is boom, boom, boom, it's brilliant." Another member of staff told us they could ask for any training they felt they needed and this was quickly arranged.

Staff told us they felt valued and well supported. One member of staff told us, "I feel supported, I can go to them anytime. They're always happy to help." They continued to tell us, "We're a close team, we support each other very well. We all have each other's phone numbers and can call anytime." Another member of staff said, "I have never worked with such a supportive, friendly bunch. You get a pat on the back if you need one, you get a helping hand if you need one and you get training if you need it. If you ask for any type of training, they get it."

Staff met with their line manager to discuss their work. They said they also had an annual appraisal to discuss their performance and set objectives for the following year.

People had enough to eat and drink. They said they could chose and help themselves to what they wanted. A member of staff told us people usually had their main meal of the day in the evening, with a snack at lunchtime. This however was variable, depending on the activities being undertaken.

Lunch was sausage casserole, mashed potato and peas. The food looked nutritious and healthy and there were appropriate portion sizes. People had squash with their meal. Staff told us each person had a day when they chose what the main meal would consist of. People could help cook the meal if they wanted to. One person told us they helped make a shopping list by checking the cupboards. They said they then helped staff with the food shopping. A member of staff confirmed this. They said the weekly shop consisted of the routine goods and other snacks of people's choosing. One person told us this included, "Crisps, lots of crisps". Another person told us, "We get a Chinese takeaway sometimes on a Saturday."

People were supported to lead healthy lives. One person told us they sometimes chose healthier food options. They said, "We get fruit and yoghurt. I don't always have sandwiches, sometimes I have [a form of crispbread]. Sometimes I cut down on crisps and I choose fruit." There was fresh fruit in the kitchen which people could help themselves to. One person had helped themselves to their breakfast. A member of staff told them, "Oh, that's good [Person's name]. It's good to have juice with your cereal."

People received good support from a range of health care services. One person told us they saw a specialised nurse regularly. Details of these consultations were stated within their care records. Another person told us, they had a flu injection. They told us, "The nurse gives the flu jab. She's a nice lady, she wears a uniform. She says, "it's only a short scratch". She takes blood pressures." Staff told us another person had recently been referred to the falls clinic. They said people received excellent support from the GP and other services such as the dentist and optician.

The environment was comfortable yet people's bedrooms and the dining room felt cold. One person had a heater in their room which was in addition to the radiator. The person told us they were cold. Another person told us, "It is nice and warm in my bed. I wake up and put the fire on. The radiator wasn't working. The boiler broke but [Name] sorted it out." We raised the temperature of the home with staff and saw the temperature control was set at 22 degrees. A member of staff adjusted the control and the home became warm. One member of staff told us there had been problems with the heating and confirmed an engineer had recently visited.

The environment was homely although plainly decorated throughout. People had personalised their bedrooms with a range of pictures, ornaments and musical equipment. One person's room was clean but untidy which gave a "lived in" feel.

People were encouraged to give consent and make decisions. Records showed how each person liked to have information presented so they could make informed choices. This included using pictures to aid understanding. Staff told us they always "talked things through" with people and gave opportunities for them to ask questions. One member of staff gave an example and told us, "It's like health screening. We tell people what's involved and why it's done then people can make decisions whether they want it or not." One person told us they had attended a "big meeting" about independent living. They told us, "I put my hand up to speak. We have a microphone and we share it."

Staff asked people for their consent before undertaking interventions. For example, one member of staff asked a person, "Do you mind if I check your purse [Person's name] to see if you have enough money for [social activity?]" Another staff member asked, "Talking about your glasses, I'm going to go and clean them. Is that okay?" Staff asked people's consent for us to view their bedrooms and suggested they accompanied us whilst doing so. Staff told us decision making was an important aspect of independence, which they promoted.

Is the service caring?

Our findings

People were treated with kindness and compassion. The manager told us the home had an excellent staff team. They said staff were very fond of people and committed to their work. They said good relationships had been developed, as staff had worked with people for many years. The manager told us staff knew people well, which created a relaxed, 'family like' atmosphere. Staff confirmed this. One member of staff told us, "We're like a big family. We look out for one another and care about the people we support. We do lots of things together, like going out and going on holiday. It's not just a job." Another member of staff told us, "We always think it could be our mother, father, brother or sister and we always treat people how we would want to be treated."

All interactions, throughout the inspection were friendly, respectful and supportive. People were spoken to in a polite manner and addressed by their first name. People were involved in conversations and there was humour and laughter. One person talked about their yoga class to a staff member. The staff member demonstrated some moves and said, "Is that right? Do you do it like this?" The person laughed and shook their head. Another person was listening to music with their headphones. A member of staff asked, "Is that Abba you're listening to? I like Abba too." The person placed a headphone next to the staff member's ear and smiled. They asked another member of staff about a party they were due to attend. The staff member told them how many "sleeps" there would be before the party. They pointed to the number of days on the staffing roster to aid understanding.

People told us they were happy at the home and liked the staff. One person told us, "There's friends and happiness in this house." Other comments were, "The staff treat me nicely" and, "I'm happy here. We are all friends together here." Records showed a compliment had recently been received. It stated, "Very pleased with how [person] is looked after and they are always happy to go back when we take them home after visiting us."

Staff told us people were actively involved in making decisions about their support. They said people chose what they wanted to do on a day to day basis. Staff told us people were involved in the development of their support plan and its review. One member of staff told us, "We are always looking at ways to enhance people's quality of life so people's support is changing all the time." A manager confirmed this and said, "Support plans are an evolving picture. It's like [Person's name]. We're now looking at more voluntary work for them to do."

People's rights to privacy and dignity were maintained. For example, one person was getting dressed but started to walk downstairs in response to our arrival. A member of staff quickly responded and encouraged the person back to their room, to promote their dignity. Another person's jumper had rucked up on their back. A member of staff identified this and said, "Hang on a minute [Person's name]. Can I pull this down for you? That's better. It's ok now."

Staff told us they promoted people's personal space and their relationships. One person told us they had a picture of their partner on their wall in their bedroom and were looking forward to seeing them later in the

week. A staff member acknowledged this and commented, "He's nice isn't he [person's name]." The staff member told us they saw United Response - 74 Oaklands as peoples' homes and respected this. One member of staff said, "We're aware we're visitors in their home. It might be our place of work but it's their home."

Records showed staff had received training in areas such as equality and diversity and person-centred thinking. The manager told us these topics were also regularly discussed within monthly staff meetings.

Is the service responsive?

Our findings

People received personalised care, which met their needs. This was in line with the values that underpinned the Registering the Right Support and other best practice guidance. Each person was encouraged to follow their preferred routines. This included getting up and going to bed at a time of their choosing and having a bath or a shower. People could help themselves to breakfast and each had a day of choosing the contents of the evening meal. People told us they helped staff with the home's food shopping. One person said staff made a shopping list, whilst they checked the cupboards to see what food was needed. A member of staff acknowledged this and said, "Yes, [Person's name] you like helping with that don't you. You're good at spotting what we need." Another person told us, "Staff take me to the shops in the car."

People were encouraged to take responsibility for their home. For example, one person opened the door to us on our arrival and offered to make hot drinks. After having answered the door on various occasions, another person laughed and said, "Oh no. Not someone else." On another occasion it was a member of staff. The person laughed and said, "You can't come in today. You'll have to stay in the rain."

People assisted with housekeeping tasks and meal preparation if they wanted to. One person told us they liked emptying the dishwasher and cleaned their room on a certain day. They said staff helped them with their laundry, which included changing their bed linen. During the inspection, the person helped peel the vegetables for lunch. They were encouraged to find bowls and saucepans which were needed. A member of staff told them, "You're doing a grand job". Another person told us, "I like cooking with the staff. I cook macaroni cheese." The person explained the recipe and procedure they followed.

Staff told us two people completed voluntary work. One person did this during the inspection. When they returned, staff and other people greeted them warmly. The person was asked what they had been doing. A manager told us as the person's voluntary work was going well, more opportunities were being researched. Another person told us, "I'm having a lazy day today."

People followed a range of interests both at home and within the community. One person showed us craftwork they had completed, whilst another person showed us their writing which they were doing for a friend. One person told us they played the tambourine in a group run by the local church. Staff told us other community groups enjoyed included Zumba, belly dancing and various social groups. One member of staff told us, "They have much better social lives than we do. They are always out somewhere or other." People told us about a range of parties they had planned for the festive season. They told us they had helped move furniture so they could put the decorations up. One person said, "We put the Christmas tree up. We did teamwork." Another person said, "I'm going to exercises this afternoon, I like it. Tonight, I'm wearing my Christmas jumper."

Each person had a person-centred support plan in place. The information showed details such as, "Gifts, Talents and Interests", "What makes a good day" and "Things to be avoided". There were details about the person's history and family contacts. Staff supported one person to keep in touch with members of their family via a social media site. There were examples of what caused various emotions and clear procedures

for staff to follow regarding the management of health conditions.

There was some information about people's preferences regarding their "End of Life" care. For example, one person wanted flowers and music at their funeral. However, as people were younger, without any compromising health conditions, this aspect of their life had not been fully explored.

People told us they would tell a member of staff if they were unhappy about the service. There was a pictorial format of the complaint procedure within people's support plans. This included information about various individuals and agencies, people could contact if needed. Staff told us they knew people well so would be able to "pick up" on any signs which indicated "all was not well". The manager told us there had not been any recent complaints.

Is the service well-led?

Our findings

There was a registered manager in post but they were on extended leave and not expected to return to the service until later in 2019. The provider had notified the Care Quality Commission of this absence and had provided details of the management cover that had been arranged.

Staff told us before their extended leave, the registered manager was available when needed. They said the registered manager and other managers were based at the organisation's office, rather than the service. One member of staff told us when at work, the registered manager did not have a regular day or time to visit. They said they visited when needed or asked to do so.

A manager told us the home worked "like clockwork". They said staff were very experienced and knew people's routines and those of the home, "inside out". The manager said staff undertook management tasks, such as ensuring there were sufficient staff on duty. They said a senior staff member met with staff on a 'one to one' basis, to discuss their role and performance.

Whilst recognising staff were very experienced, the relaxed management style of the service increased the risk of things being missed. This included shortfalls in the prevention and control of infection, for example. There was an entry within the record of visitors, which showed an engineer had visited regarding the boiler. There was not a certificate of works, to show the reason for the visit or to confirm the safety of the systems. The manager said they would address this.

Quarterly and six-monthly audits took place to assess the quality of the service. These covered areas such as health and safety including fire safety and equipment, first aid boxes and the safe management of medicines. The audits were undertaken by other managers and area managers. However, the formats were not always effective as they had not identified shortfalls, which were found at this inspection. Records showed the audits involved gaining feedback from people and staff. Any action plans were discussed at the monthly staff meetings.

There were monthly staff meetings. Agency staff were used to support people at this time to enable the whole team to attend. The manager said each person's support was discussed to ensure people's needs were being met. They said information such as policies, practice or training was shared. This, enhanced staff's knowledge and enabled them to be kept up to date. Staff told us the meetings were productive and enabled support to be gained.

People were encouraged to give their views about the service. This was informally on a day to day basis or within "Resident" meetings. The manager told us suggestions made, generally related to meal provision or social activities. They said all suggestions were considered and plans put in place to achieve them. The manager told us surveys were sent to people and their relatives from the organisation's head office. To date, no feedback had been received.

There was a caring ethos, which promoted enablement and independence. This was in line with the values

that underpinned the Registering the Right Support and other best practice guidance. The ethos was adopted throughout the staff team. Staff told us the aim of the service was to enable people to have a good quality of life with good outcomes. They said they enjoyed supporting people to achieve their goals. Specific comments included. "The best thing is supporting these guys. It's so rewarding" and, "I find it so rewarding. It's all about empowering them, getting them out, meeting people – empowering them. It's lovely to see them progress and be happy.' Staff told us they would recommend the service and would use it for a family member if needed.

The manager confirmed the ethos and values, were a strong part of the service. They said people experienced good outcomes. This included one person going on holiday to Bulgaria and another enjoying "Turkey and Tinsel" weekends away. Other good outcomes included people's voluntary work and friendships they had developed.