United Response

United Response Community Support

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place between 5th and 20th November 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to support us.

Community Support provides care and support to people with learning disabilities across the Bradford district. The main objectives are to support people to make meaningful relationships and networks in their local communities and have fulfilling daytime opportunities. Support is delivered in a flexible way to meet the needs of each individual. Most support is offered out and about although some support may be in the person's own home or at a community base. Some people lived in a supported living house with other tenants.

There was a registered manager in post. 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.

People who used the service were positive about the service they experienced. They told us they felt safe with the staff that supported them. One relative shared a concern in relation to an incident but told us this was quickly resolved.

Staff had received training in protecting people from harm and knew what action to take if they had any concerns about potential abuse. Risk assessments were carried out so that risks to people were minimised while still supporting people to remain independent. We found some identified risk had not been assessed.

People told us there were sufficient numbers of staff available to provide them or their relatives with the support they needed at a time that suited them. We were told support staff usually arrived on time and stayed the agreed time.

People were supported with the management of their medicines and their health and dietary needs to support their well-being. People had individualised dietary plans to suit them.

Staff told us they received training that gave them the skills and knowledge they needed to support people effectively. They said they were well supported in their work and had regular meetings with their line manager and team meetings.

Staff knew how to support people's rights and shared examples of how they respected people's choices, dignity and independence. People and their relatives told us people were encouraged to do things for themselves.

People's needs were assessed and plans were in place to meet their needs. Not all of the plans we viewed were complete.

People told us they were involved in their person centred reviews and discussions about their care requirements. They said they felt listened to by the staff and managers and knew who to speak with if they had any concerns.

People described staff as kind and friendly and said they were treated with respect. People had developed positive relationships with their support workers and the management team.

People who used the service and staff told us they found managers open and approachable and considered the service was well-led. Relatives shared mixed views about how well led the service was.

Staff had a clear understanding of people's needs and built up professional relationships with people. The rota was created to try match people with their preferred staff members.

We saw there were systems in place to gain people's views and monitor the quality of the service people received.

People told us and we saw documented evidence people were support to go out on a regular basis. People had meetings to identify what they wanted to do and then action plans were put into place to meet people's goals.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe with the staff that supported them.

Staff knew how to identify and report potential abuse and had received training in order to keep people safe.

Risk assessments were carried out so that risks to people were minimised. People received their medicines as required. Not all identified risk had been assessed.

Is the service effective?

Good

The service was effective.

People were involved in discussions about their care and support needs.

Staff received induction, training and supervision to support them in carrying out their roles effectively.

People were supported with maintaining good health to support their well-being.

Is the service caring?

Good

The service was caring.

People told us staff were friendly and caring.

They said they were listened to and were treated with kindness and respect.

Staff supported people's dignity, privacy and independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were involved in planning their care and support and were provided with a service that was flexible to their needs.

Care records were not always completed and sometimes lacked detail.

They knew how to raise concerns and share their experiences and felt listened to.

Is the service well-led?

Good

The service was well-led.

Managers promoted a positive culture within the service that was open and transparent.

People were provided with opportunities to have their say about the support they received and the running of the service.

Systems were in place to manage and review the quality of the service.

United Response Community Support

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.

The inspection took place on 5 and 20 November 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available.

The inspection team consisted of one inspector and one 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. On this occasion the expert-by-experience had previous experience with people that lived in supported living accommodation.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service and four relatives over the telephone to ask them for their views on the service. In addition we spoke with two care workers and one service manager and a covering manager as the registered manager was not present during the inspection. The covering manager supported us with our enquiries on the day of inspection. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

The registered manager completed a Provider Information Return (PIR) prior to inspection. 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. However we reviewed all information we held about the provider and contacted the Local Authority to ask for their views on the service.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with who used the service told us they felt safe with the staff that supported them and raised no issues regarding their safety. One person told us, "They most definitely keep me safe." Another person said, "They all treat me so kindly." A relative told us, "Staff absolutely keep [name of family member] safe." One relative shared concerns in relation to an incident that had potentially placed their family member who used the service at the risk. However they told us they spoke with the registered manager and the issue was quickly resolved.

Staff were knowledgeable about how to recognise potential abuse. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident managers would act quickly to protect people. They said they had received training in protecting people from harm which helped to keep their knowledge and skills up-to-date. We looked at the training records and saw 18 out of 21 staff had completed safeguarding training.

Where allegations of abuse had been made we saw these had been reported appropriately to the local authority. Managers demonstrated a clear understanding of safeguarding procedures and their duty to protect people and report issues. Staff showed an understanding of what to do in relation to reporting poor practice and told us they were confident to 'speak out'. One member of staff told us, "In our one-to-one meetings we are always asked about the whistleblowing policy." We saw staff had access to a copy of the policy that was held in the office.

We saw risks to people were identified and assessed. Assessments provided staff with information about how to support people in a way that minimised risk for each person while still supporting people to remain independent. A member of staff told us, "We look at risks to people and look for ways to minimise the risk." However we saw some identified areas of risk had not been assessed. For example one person could present behaviour that challenged but there was no risk assessment in place despite previous incidents where harm and damage had been caused. Another person presented behaviour that challenged with previous incidents but no assessment of risk was in place. A further person lived with epilepsy but with no plan directing staff how to support them during or after a seizure.

This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they knew who their support workers were and were advised in advance who would be supporting them. One person said, "I keep to the same staff, I know who is coming to support me." A relative told us that her relative was safe, they had enough staff to support them and they felt that staff were well matched to their relative. They had no concerns about their relative's care. The covering manager told us people were able to choose and change their staff team to ensure that they had the best people to support them. For example, people told us they requested a certain gender of staff.

We saw rotas were developed with each person based on the hours agreed following an assessment

undertaken by the funding authority. Support provided was flexible to meet people's individual requirements and lifestyles. People said staff arrived on time and if staff were delayed they were advised of this. One person told us that they were very happy with the service and that they had enough staff to support them. They felt safe and the staff treated them well and they had no concerns. A relative told us, "Staff are reliable and work well with my relative to keep them safe." Managers told us people received consistent support. This ensured people received support from staff they were familiar with and knew their needs. There was a 24 hour on-call service in place for people who used the service, staff and relatives in the event of an emergency.

A relative told us their family member had been involved in staff recruitment. We looked at the files of three staff that were employed by the service. We found the appropriate checks had been undertaken before new staff commenced work. For example staff had at least two employment references in place and a Disclosure and Barring Service check. This check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. This helped ensure that staff were suitable to work with people who used the service. We saw observations of interactions were made as part of the interview process. These interviews assessed the applicant's ability to work with the people who used the service.

As part of people's care records they had medicines documentation. This documentation included the service policy on administration of medicines, information and processes for administration, Medication profile and a Medication Administration Record (MAR). We saw MAR were completed appropriately and if someone was not supported with their medicines, the reason was recorded. As and when required medicines (PRN) were recorded and had a protocol sheet in place. The protocol sheet directed staff on when it was safe to administer these medicines. Due to the infrequent nature of PRN administration, the service had a daily stock check to monitor the medicines.

People told us staff made sure they took their medicines on time which they kept in their home. The staff we spoke with told us they had received medicine training and their competency was assessed. The manager told us that staff were only allowed to support people with their medicines once they had completed their training and their competency level had been signed off. People who used the service had a medicines support plan in place. The support plan indicated to staff how people liked to receive their medicines. This plan included information important to the person in order for them to take their medicines safely. For example one person liked their medicines to be given one tablet at a time and with a glass of water.

Good

Is the service effective?

Our findings

People told us their support workers knew them well. One person said, "My support workers are very good and help me." A relative told us they felt staff were trained and competent in the work they completed. The covering manager told us they allocated staff who knew the people and had worked with them previously. They also said they looked for staff that built up positive relationships with people to support them when possible.

We looked at how the service trained and supported their staff. Everyone that we spoke with said the staff were competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation's policies and procedures and working with experienced staff to learn from them and gain an understanding of their role. A member of staff told us about their induction to their work and considered it was thorough. They felt this and the training they had received to date had equipped them with the skills and knowledge required of their role, to keep people safe and meet their individual needs. They said they were introduced to the people they supported and had been provided with lots of opportunities to shadow established members of the staff team until they were confident to work alone. New starters were given up to three months of support and training before being allowed to work alone. We asked the manager for a training matrix. The training system the provider used was a computerised system which indicated when staff were due to update their training. . This was an effective system to ensure staff had been trained. We found high proportions of staff had completed the mandatory training courses. We asked about the staff that had not completed the course and were told they were either sick, on leave or new starters. This showed us that the provider was keen for staff to have had relevant training.

Staff were aware of their role and responsibilities and told us they were supported in their work and received regular meetings with their line manager and attended team meetings. They said they had received training in areas relevant to their work. We saw spot checks were carried out by managers to observe staff directly working with the people they supported and how they put their training into practice.

People told us staff respected them and explained things to them. A relative told us their family member was involved in making decisions about their care and support. Staff knew how to support people's rights and shared examples of how they respected people's choices, dignity and independence. One member of staff told us, "We always gain permission before doing something." The staff we spoke with told us they had received training that provided them with guidance about their responsibilities to safeguard people who may lack capacity and ensure people's rights were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had made applications to the Court of Protection for those people who had their liberty restricted in order to support them safely. We found the service was working within the principles of the MCA. The manager covering the service had a good understanding of how to ensure the correct process was followed where they suspected people lacked capacity.

People's care records contained information about how individuals made decisions and gave their consent. These documents, called decision making profiles, enabled staff to support people in the most effective way to enable someone to make choices for themselves. For example, one person's record stated they were able to make simple decisions about their life and could give consent but their family, social worker and support staff would support them to make other decisions. Managers advised that a best interest meeting would be held if required. The covering manager was able to tell us about the Mental Capacity Act 2005. We over-heard a service manager on the day of inspection discuss with staff issues about capacity assessments, that capacity was assumed and people were able to make unwise choices.

People told us they had enough to eat and drink. People who lived in their own homes said they decided what they wanted to eat and drink and were supported to the shop to purchase their food if needed. One person said, "I eat regularly and I choose what I eat." Another person said, "The food is okay but I don't like microwave meals." We asked a relative for their thoughts on food and they said, there was no menu, but their relative was given choices and had a good diet. Another relative told us their relative's diet was well planned to address their weight gain, and the service has increased their relative's activity. Staff supported their family member to make healthy choices and helped with food preparation. People's food preferences and support needs were detailed in their care records, so that staff had the guidance they required to support people with eating and drinking in the way they required. Managers told us about how people were supported to choose healthy eating options; for example, by encouraging them to choose food with a lower fat content and by using different methods of cooking food. Staff were provided with information about what foods a person should avoid due to a specific condition where certain foods could worsen the symptoms. People were supported to purchase food when out in the community or pre prepared food was brought by the person.

We asked people and saw evidence of the use of health care services. One person we spoke with had been to see the doctor on the morning of inspection. Another person told us they had access to doctors, dentists and hospital services. They also told us they visited the chiropodist the week prior to our visit. One person told us, "I have a hospital appointment next week." Other people told us they were supported to attend their health appointments where needed. People's care records contained the details of their healthcare professionals and other significant people involved in their care and support. Staff told us people would be referred to healthcare services if something happened when they were supporting people, otherwise general healthcare referrals were completed by the persons family.

Good

Is the service caring?

Our findings

People spoke very positively about their support workers. One person said, "The staff do very well." Another person said, "They are very nice to me." People said they were happy with the care and support they received. One person said they were spoken to nicely and staff were kind, they were able to talk to staff if they were worried about something. A member of staff told us they worked hard to develop meaningful positive relationships with people. A relative said they felt their relative was treated with dignity and respect and in a caring manner stating, "They are pretty good; yes it's brilliant." They told us that the standards of personal care were good. Staff spoken with had a positive attitude to their work and told us they enjoyed their work and supporting people. One staff member told us, "Staff are really caring and very passionate."

People told us they were treated with respect and were at the centre of decisions about their care and support. People who used the service told us they were supported to make their own choices and decisions. For example, when they wanted to get up, how they wanted to spend their time, the activities they wanted to do and what food they wanted to eat. One person said, "The staff help me do what I want to do." People told us they were encouraged to do things for themselves, such as preparing their food and completing household tasks. One person said staff had helped them to maintain and develop their independence. The service supported people to develop and achieve personal goals and independence milestones.

People told us their privacy was respected when staff were in their home. One person told us, "The staff always knock and ask if they can come in." A relative told us, they felt their relative was treated with dignity and respect and said, "The staff are pretty consistent." Staff demonstrated that they knew how to support people's dignity and privacy. One member of staff told us, "We've had training in privacy and dignity." We looked at the training matrix which confirmed staff had received appropriate training. Staff said they respected the individual and made sure they were not intrusive when providing support.

We saw people who used the service were invited with staff assistance to arrange regular person centred planning meetings. Person centred planning is a set of approaches designed to assist someone to plan their life. Staff told us the plans were created around people that used the service. People decided when they wanted their planning meeting, where they wanted the meeting, who to invite to the meeting and what was to be discussed at the meeting. We asked a relative if their family member was involved in care planning and they told us, "They were involved in [person's name] care plans and reviews." Another relative confirmed they had been involved in their family members care record. This showed us people were involved in making decisions about their life.

Requires Improvement

Is the service responsive?

Our findings

People's needs were understood and respected by staff and managers who knew them well. Discussions held showed staff and managers were familiar with the individual needs of the people whose care we looked at in detail. We looked at three people's care records. We saw each person had a support plan in place that was personalised to the person and contained information about the person. This included their needs and support requirements, things that were important to them, their life history, how they communicated, their health history and their preferred routines and lifestyle choices. Staff we spoke with said support plans contained sufficient information to enable them to provide consistent care and support. Personal goals were set and reviewed regularly with the involvement of the person and the staff supporting them. Other documentation included 'How I like my support' and 'Things your need to know about me'.

However we found support plans differed in quality. Some plans we saw had all sections completed with sufficient details to be able to support people in an effective and person centred way. These plans listed specific information about individuals and what was important to them about how they received their support. Other support plans had gaps in sections and were written in a generic way. For example, one person's plan negated to mention they had epilepsy with no support plan in place indicating to staff how they should be supported during and after a seizure. Another person's plan covered personal care and said 'full support needed' but did not explain what support they required or how they liked their support to be delivered. Another section of a person's care record did not mention for staff to avoid small items that a person could put in their mouth even though this had been recognised as a risk. We shared these concerns with the covering manager who acknowledged information was missing and said they would be looking into these errors as soon as possible.

This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were pleased with what they have achieved. One person told us they liked to go into town to the shops and they had been to the theatre and cinema where they saw Snow White. This person confirmed to us they were supported to go out enough and do their 'own thing'. One person said, "When I am at home I like to watch Emmerdale and Corrie and all sorts." Another person told us, "I go to the pictures and bowling." We asked if they could go out when they wanted and they told us 'yes'.

People were supported by staff to maintain relationships and their personal interests which were important to them. Staff said they supported people to lead busy lives and follow their interests. One relative told us their relative liked to go Bowling, Shopping and to Discos and they were supported to access these activities. One family member felt their relative was as independent as they are able to be. They said, "Their quality of life is better. The family would not be able to support [person's name] as effectively; [person's name] has enough staff to support them to access the community when they want to go out. They are very happy."

People felt staff and managers listened to them. People who used the service said they had not had to complain. They knew who to speak with if they had any concerns and felt they would be listened to. One

person said, "I'd tell staff." A relative told us previously there had been an incident with their family member and although it was not dealt with quickly, the issue was resolved. Another relative told us, "There was an issue because [person's name] had difficulty sharing a home with other people. The problem was quickly resolved and [person's name] now lives alone." We saw the service had a complaints procedure in place. We looked at the complaints log and found six complaints had been recorded. However, we found evidence of one complaint had been made by a relative around staff not arriving on time. We asked the covering manager about this and they told us it should have been recorded but must have been missed by mistake. The covering manager also told us further contact had been made with the family member with no further issues. We saw that the service had acted on the documented complaints and dealt with them quickly and in line with their complaints procedure.

Good

Is the service well-led?

Our findings

People who used the service and relatives had mixed views about the service being well led. One family member told us they knew the manager and communication was good and they felt the service was well led. Another relative told us that they never saw the registered manager and they felt the service was not as good as it used to be. People knew who managed the service. Most people considered the communication between them and managers was generally good. One relative told us, "If I have any concerns I can e-mail the manager and the issues are dealt with quickly. Communication is always good." This showed us that the manager's presence and role was not always visible to all and not consistent. We spoke with staff who told us they enjoyed what they did and the support from the provider was consistent. One member of staff told us, "I always enjoy coming to work."

Managers promoted a positive and open culture. A member of staff commented, "Managers are always at the end of the phone if we need them and I find them easy to speak to." Staff were aware of procedures for 'whistle blowing' and who they could take concerns to outside of the agency. Managers demonstrated they were aware of the organisation's values and how they applied them in practice. We saw these were displayed on the office wall and discussed with staff during meetings held with them. Expectations, goals and future growth were also shared with the staff so they were involved in the developments of the organisation.

The service had a manager who was registered manager with the Care Quality Commission (CQC) and was responsible for managing the registered location. In their absence the registered manager from a similar service run by the provider was able to support the teams and was present on the day of inspection. Most of the people we spoke with told us that the registered manager was approachable and supportive. Managers told us that open communication was encouraged and the service promoted a positive culture by empowering people to make their own decisions.

Staff were motivated, committed to their work and knew their role and responsibilities. They spoke positively about the support they received and the quality of the service people received. They said their views were sought on how the service was run. We saw they were supported in carrying out their roles and received regular meetings with their line manager to discuss their practice and performance and attended regular team meetings.

The provider had systems in place to monitor the service and improve the quality of care being provided. Quarterly audits were completed by the registered manager to assess the information being gathered in the weekly and monthly checks. Monthly checks looked at fire systems and hazards and further six monthly and annual checks looked at areas such as lighting, hoists servicing, first aid stocks, gas boiler service and appliances. The covering manager told us as part of the quarterly audits, two support plans were reviewed for improvements. These audits were in place to identify shortfalls and inconsistency's in support plans throughout the service. We looked at the last support plan to be reviewed and saw comments had been made and changes implemented. However the service had not identified the concerns we raised around the inconsistent approach to support plans and completion of support plans. Systems were in place for

monitoring any accidents and incidents and checking they were recorded; outcomes were clearly defined to prevent or minimise any re-occurrence.

There were systems in place to seek people's views and opinions about the running of the service. Relatives and people who used the service had a direct influence on how the service was run from day to day discussions and from involvement in reviews. People we spoke with told us they had chance to speak with staff or service managers about the service. House meetings were held in supported living houses to discuss any changes that affected people. We were told decoration in the service centre and the recruitment of new staff were subjects where people that used the service had a voice.

There were clear lines of accountability and responsibility within the organisational structure and staff were made aware of the provider's vision, values and philosophy. Staff told us they enjoyed working for the service. They had been provided with job descriptions, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff told us they received sufficient opportunity to voice their opinions and at staff meetings they were encouraged to air their views and opinions of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not maintain support records that reflected people's current needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not always assessed or planned against identified areas of risk.