

United Response

United Response - Fylde Coast Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

United Response - Fylde Coast Supported Living provides personal care assistance for people who live in their own homes. The service supports people living with a learning disability or mental health condition. The office is based in Blackpool.

At our last inspection in October 2015, we rated the service as good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

During this inspection, people and relatives we spoke with told us they felt safe at the supported living houses. A relative commented, "It's really good for me to know [my relative's] settled there, I don't want him to ever be moved." Staff had safeguarding training and demonstrated a good understanding of related principles and reporting procedures.

Information contained in people's care records guided staff to protect people from the risks of unsafe care. Furthermore, the registered manager had a system to analyse accidents and incidents to check for themes and reduce their occurrence.

Records we reviewed showed staff checked people's decision-making skills related to medicines and administered these for them if they felt unsafe. The management team developed risk assessments with them and their representatives to ensure the safe delivery of their medication.

United Response - Fylde Coast Supported Living had robust recruitment procedures, which included in-depth induction. A relative said, "Staff are always made to shadow existing staff, and are encouraged to learn about individuals." We saw there were sufficient staffing numbers to meet people's needs and to safeguard them from harm. One staff member told us, "We've got enough staff." People and their representatives stated staff had good levels of training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Records we looked at evidenced people's general and decision-specific consent to care.

Individuals we spoke with told us about how effective support from staff assisted them with healthy eating

and to reduce weight.

People and relatives told us staff worked collaboratively with them to ensure a holistic approach to care and support. They said staff were kind and patient. One person told us, "I like my staff member, she's a lovely lady." We found staff respected people's dignity and care plans focused upon helping people to improve. A relative said, "I feel like I've got a different [family member]. She is so much more confident and doing things she had never done before. It's just brilliant."

Care records contained detailed information about each person's preferences, wishes and day-to-day decisions. This included activity provision and we saw people were supported to engage in their chosen interests. A relative said, "On Christmas day and Boxing Day [our family member] went and stayed in a hotel. She talked about living the dream."

Each supported living house completed quality assurance checks and acted on concerns to improve people's wellbeing. Those who used the service and their family members said the management team sought their feedback. A relative told us, "I have a wonderful relationship with management because they will listen to what I have to say. They will always put into place things that I have had concerns about. United response I feel is very well led and I think the current managing team are doing a really good job."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

United Response - Fylde Coast Supported Living

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 visit at United Response - Fylde Coast Supported Living was undertaken on 28 March 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

The inspection team consisted of one adult social care 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. The expert by experience for the inspection at United Response - Fylde Coast Supported Living had experience of caring for people who received packages of care in their own homes.

Prior to our announced inspection on 28 March 2018, we reviewed information we held about the service. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with a range of people about United Response - Fylde Coast Supported Living. They included four people who used the service, six relatives, four staff and two members of the management team. We did this to gain an overview of what people experienced whilst using the service United Response - Fylde Coast Supported Living.

We also spent time looking at records. We checked documents in relation to four people who had received support from United Response - Fylde Coast Supported Living and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe in their supported living house. One person told us, "Yes I feel safe, no worries." Another individual commented, "I feel safe." A relative added, "[My relative's] very happy and safe at this place." A second family member commented, "They're on the ball and keep my [relative] safe and well."

Information contained in people's care records guided staff to protect people from the risks of unsafe care. The management team assessed, planned and reviewed risk, which included mobility, nutrition, medication, security and being in traffic. Details covered the level of risk and actions to assist the person to mitigate potential hazards. Furthermore, the registered manager had a system to analyse accidents and incidents to check for themes and reduce their occurrence.

Staff had infection control training to underpin their skills and knowledge. They told us they had sufficient equipment to protect people and maintain a clean environment within their supported living houses. We saw there were good stocks of disposable gloves and aprons, which people and their relatives said were used to maintain their hygiene.

Records we reviewed showed staff checked people's decision-making skills related to medicines and administered these for them if they felt unsafe. The management team developed risk assessments with them and their representatives to ensure the safe delivery of their medication. We observed staff had relevant training and competency checks to assess they administered medication safely. One person told us, "Staff give me my medication, they sort it out." We found the management team regularly audited medication to check procedures continued to be safe.

Staff had safeguarding training to enhance their awareness of related procedures. They demonstrated a good understanding of relevant principles and reporting procedures. One staff member said, "The first port of call would be to talk to my manager. For anything major I would call the police and safeguarding." The registered manager reviewed safeguarding incidents in regular managers meetings to check for lessons learnt. This showed they had good procedures to protect people from abuse or poor practice.

United Response - Fylde Coast Supported Living had robust recruitment procedures, which included the involvement of people who used the service. A relative told us how their family member was included as part of the interview panel and added, "I'm really proud of [my family member] and how far she's come." Staff said there were sufficient staffing numbers to meet people's needs and to safeguard them from harm. The management team worked hard to ensure a consistent staff approach to care delivery in supported living houses. One person who used United Response - Fylde Coast Supported Living told us, "I have the same staff most of the time. I'm quite happy with the new staff."

Is the service effective?

Our findings

People and relatives we spoke with told us staff worked with healthcare professionals involved to provide a holistic approach to care. A relative said, "If there is a hint of a problem, [my relative] is straight up to the GP. They get appointments sorted and they have a brilliant relationship with the surgery." Another relative added healthcare professionals, "Regularly visit and if staff are unhappy or worried they get straight in touch with them and they work together to solve the issues."

Staff maintained a health file for each person who used United Response - Fylde Coast Supported Living. This contained the details of external agencies involved, reasons for appointments and any outcomes. We found staff updated care plans to any changes and notified family members about the need to access services. Relatives we spoke with confirmed they were kept informed and updated about changes to people's health. One relative said, "We are invited to yearly meetings and if they're concerned about anything they ring us, which is what we want."

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff demonstrated a good awareness of related procedures. One staff member said, "You don't presume. You follow best interests and offer lots of choice."

Care records we looked at evidenced people's general and decision-specific consent to care. The management team developed this from their profile to assess each person's ability to make decisions and give consent to their support. One relative told us, "[My family member] is quite complex and he doesn't speak, but they know him really well and know what he wants." We observed staff consistently offered choice and helped people to make their day-to-day decisions.

Individuals we spoke with told us about how effective support from staff assisted them with healthy eating and to reduce weight. One person said, "I've lost 3 pounds this week and feeling absolutely thrilled to bits for myself. I have been eating vegetables and fruit with mandarin." Where staff assisted people in supported living houses with nutrition, we observed they had good systems and records to reduce the risk of malnutrition. This included in-depth risk assessments and care plans.

People and their representatives told us staff had good levels of training and supervision. One relative commented, "I feel there are all well trained staff and I cannot praise them enough." Staff files we looked at showed they received guidance in, for example, fire safety, equality and diversity, safeguarding, dementia and first aid. This was followed through with regular supervision to help personnel to progress personally and professionally. One staff member told us, "I get the training I need and the support to learn is very good."

Is the service caring?

Our findings

People and their relatives told us they found staff caring and respectful. One person said, "Yes, I'm happy with my staff." A relative stated, "They are excellent, caring, considerate and supportive to both my [family member] and to us as [relatives]." A second relative added, "I'm very happy with the support that my [relative] gets from United Response." Another relative said, "The support is very, very good. It's top class and I am pleased with them and the support they give my [relative]."

People and relatives told us staff worked collaboratively with them to ensure a holistic approach to support. One family member stated, "Staff work hard to motivate [our relative], it's a joint team approach." The management team documented people's behaviours and communication styles from information they or their relatives described. Consent to care forms included pictorial formats to help people understand and be involved in their support. Another relative commented, "As parents, we feel very much part of our [family member's] care, as it is a team effort."

We observed staff maintained people's dignity and privacy throughout our inspection. They maintained eye contact and interacted without patronising those at the supported living houses. We noted staff knocked before entering rooms and encouraged an atmosphere of mutual respect. A relative told us, "There is no doubt as to what my expectations for my daughter are and that's always been accepted and treated with the utmost of respect."

The management team designed care plans to guide staff to help people keep their self-reliance. One relative told us, "We talked to staff about [our relative] doing more things for herself and it's working really well. She is getting to do so many things that she wouldn't do before." When we discussed support for people with basic life-skills with staff, we noted they displayed a good level of understanding. One staff member said, "We promote independence by encouraging people to do their chores around the house, which includes laundry and general cleaning."

Staff we spoke with had a good understanding of advocacy services and were fully aware of each person's named advocate. This meant they had additional support, if required, to have an independent voice. Records we looked at made reference to people's cultural and diverse needs. For example, information included details about each person's spiritual requirements. We observed staff valued people's human rights by assisting them to make their basic decisions. The management team further outlined in employment contracts they were, 'Unreservedly opposed to any form of discrimination being practiced against its employees on any grounds.'

Is the service responsive?

Our findings

When we discussed the responsiveness of staff to meeting needs, people and their relatives were complementary about the service. One person told us, "Yes, I'm really settled in here very well." A relative said, "[My family member's] really come out of their shell, I can't praise them enough. Since she's gone there, she's just changed, she's like a new person." A relative commented, "I've taken [my relative] to the Manchester Christmas markets with a staff member. That would never have happened before. Core blimey, she's just a different person, much happier."

The management team assessed people's initial requirements with them and their relatives. From this, they created person-centred care plans, which they frequently reviewed with the person and their family members. One Relative told us, "When [my family member] was starting to become unsettled, staff said they were monitoring this. It was really good because they'd already noticed that she was feeling unsettled." This demonstrated the service worked with people at the supported living houses to ensure the continuity of their care. Additionally, records made reference to their end of life requests, such as funeral choices and chosen directors. Although policies guided staff to end of life care, at the time of our inspection no individuals required this support.

Care records contained detailed information about each person's preferences, wishes and day-to-day decisions. This covered their communication styles, life histories and choice in relation to their support. Details covered, for example, sleeping/rising times, gender of staff member, meals, family contact and activities. A person who lived in one of the supported houses said, "I go to bed and get up whenever I want." The information assisted staff to understand people who lived in the supported houses and to be responsive to their needs.

Staff worked hard to help people be fully engaged within the local community. A relative commented, "[Our family member] is really well-known within the community. When we are out and about people know her and they ask how she's doing. She's really integrated into her community." The management team completed care plans to guide staff about their preferred routines and chosen activities. We found people were supported to access college courses, budget and do their weekly shopping, visit the local gym and attend the cinema. In house activities included computer games, cooking and sensory equipment. A person at one of the supported houses said, "I'm making fairy cakes this afternoon for a surprise party on Thursday. Last I was week I went out with my boyfriend, we were kissing and having a great time and dancing."

People we spoke with said staff had made them aware of the complaints procedure. A person who used United Response - Fylde Coast Supported Living stated, "If I'm unhappy I speak to staff, or speak to the managers at the office. If I'm unhappy they put things right." We found the management team followed their complaints procedures when concerns were raised. They reviewed actions taken and assessed for any patterns in order to improve the service.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and their relatives spoke highly about the leadership of the service. One relative talked about the positive interactions they experienced with the management team. They added, "We have a good relationship and anything I suggest has been dealt with. I've never felt like I've been ignored or that it's not important." Another relative said, "There are three managers currently and they are a really good team. The key positive is they communicate between themselves and this helps keep everything working." A third relative told us, "Management seem to have things well organized without any problems, so I never have to ring them about anything."

When we talked about the leadership of United Response - Fylde Coast Supported Living, people said the service was strongly managed. They stated they worked with family members and other healthcare professionals to improve their lives. One relative said, "We sort of work as a team and I've never really needed to make any formal complaints." Each supported living house completed their own quality assurance check. These were in pictorial format to assist people to participate in checking their wellbeing. The document checked, for example, each person's feedback about care delivery, involvement in care planning, menu choice, complaints and staff attitude. Responses were highly positive and the management team told us they acted on concerns to improve the quality of care. Another relative said, "[The registered manager] is so good at what she does. She has a canny instinct about things and she picks up things that other people don't."

The registered manager held regular staff meetings to provide a forum to discuss any concerns or ideas to develop the service. One staff member told us, "We have good leadership and regular meetings. They do listen." Staff consistently gave positive feedback about the management team and felt they worked closely as teams in each supported living house. Another staff member added, "I'm lucky because I've got a fab team and we work really well together." The registered manager kept staff updated through communication systems, such as emails and memos. A staff member said, "[The new manager] is fantastic, I've learnt so much in the time she's been here."

We found the management team retained oversight of the quality of service delivery by completing a variety of audits. Monitoring included a review of safeguarding concerns, complaints, care records, staff recruitment, accidents, medication and activity provision. All systems are analysed for any themes and if concerns are identified the registered manager would set up a 'continuous service improvement plan.' We saw an example where the medication audit identified missing signatures in records and actions were implemented that led to improvement. There was clear evidence in linked records to show the registered manager monitored developments and ensured staff were kept informed and involved.