

United Response

United Response (Matlock Office)

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?

Requires improvement 

Overall summary

United Response provide personal care and support to adults with learning disabilities who need care in their own homes. The service is run from an office in Cromford near Matlock and they provide care to people in North Derbyshire. We carried out this inspection at the provider's office on 28 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the

manager was available. In addition we also carried out visits to people using the service on 2 November 2015. There were four people receiving personal care at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We found some inconsistencies in how medicines were recorded. People's medicines records were not always fully completed so we could not be sure the risk of errors was minimised.

We found the management of complaints had improved since our previous inspection visit. People we spoke with knew how to make a complaint and how to contact the office. A relative said "I know how to make a complaint but I've not needed to." The provider took opportunities to listen and learn from people's experiences, concerns and complaints to improve the quality of care provided.

Risks to people were identified and managed. They were reviewed on a regular basis which meant staff had up to date information to ensure people were supported safely. People were protected from abuse because staff understood the provider's procedures and followed them.

There were sufficient staff to ensure people's needs were met in a timely manner. Recruitment procedures were comprehensive and ensured suitable staff were employed to work with people using the service.

People were involved in making decisions where possible and their legal rights upheld, which ensured that the least restrictive option was taken in a best interest decision for them.

We found people's health care needs were addressed promptly. They had access to health care professionals and attended scheduled appointments.

Staff were appropriately trained and supported. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting.

Most people using the service were supported in their food choices and had sufficient to eat and drink.

People were cared for by staff that were caring and who respected people's views and choices. We saw they were well cared for and felt comfortable and safe with the staff who provided their support.

People's privacy and dignity was maintained. People received care that was personalised and responsive to their needs. We saw people had varied social lives and were encouraged to participate in interests on their choice.

The provider had systems in place to monitor and improve the service provided and there were regular audits of key areas such as care records and health and safety. We saw people and their relatives were asked their opinions through surveys and discussions with staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

Risk assessments were reviewed regularly which ensured people were supported safely.

Safeguarding procedures were followed, which meant the risk of potential abuse was addressed.

There were sufficient staff available to meet people's needs and the provider ensured recruitment procedures were comprehensive.

Good



Is the service effective?

The service was effective.

Staff checked people consented to their care and treatment before commencing care and the provider had established that decisions made were in people's best interests.

Staff had the skills and knowledge to meet people's needs and people had access to other health care professionals when required.

People had access to sufficient food and drink of their choice

Good



Is the service caring?

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships.

People's views and choices were listened to and respected by staff.

Good



Is the service responsive?

The service was responsive

People received a personalised service that took account of their individual needs and preferences.

Complaints were well managed.

People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

Medicines records did not always confirm that people received their medicines when they needed them.

Quality assurance systems were in place and were effective at ensuring the quality and safety of services.

The manager was working in an open and approachable management style and engaged well with people, families and staff.

People using the service were asked for their opinions and views of how the service was run.

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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 at the provider's office on 28 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we also carried out visits to people using the service on 02 November 2015. There were four people receiving personal care support at the time of our inspection.

The inspection team was comprised of two inspectors. Before the inspection, the provider completed a 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.

Before the inspection we looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about. We also spoke with three health and social care professionals.

We spoke with three people who used the service, one relative and three external health and social care professionals. We looked at three people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff

training and recruitment records. We spoke with the management team, including the registered manager, and ten support staff.

Is the service safe?

Our findings

We saw people were relaxed and calm during our visit and had a good rapport with staff. A relative confirmed their family member was supported safely. Risks to people's health and welfare were well managed. We found there was clear guidance on how to safely support people in the support plans we looked at. For example, we saw there were detailed instructions for staff on how to ensure people were safe when accessing the community, how to bathe and shower safely and how to manage any behaviour that could have a negative impact on others. We saw the risk had been reviewed in 2015, although there was minimal information in the review notes to identify whether or not there had been any changes. We saw that people had personal emergency evacuation plans (PEEPs) in place and staff could tell us about the support that people would need in an emergency.

People were safeguarded from potential abuse. There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us, and records confirmed this, that their training in safeguarding vulnerable adults was up to date and they had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

We saw people's personal finances were recorded and audited regularly to ensure they were managed safely. Most staff told us they thought the procedures were good and ensured people's money was managed well, although one member of staff thought the security would be improved if two staff were able to sign for transactions.

We looked at medicine administration procedures. Staff administered medicines in line with the company's policy for the safe administration of medicines. This included staff reporting any anomalies with medicines administration record (MAR) charts to managers for appropriate investigation. Staff told us they received training to administer medicines and were also assessed to ensure they were competent to do so. These included checking staff understood what to do if a service user refused their medicine, and what action to take if they made an error. One staff member described the procedures as good and said that they were not allowed to administer medicines until they were assessed as competent to do so. Another told us "All staff have medications training and competency assessments are done regularly." People were therefore received their medicines safely from competent staff.

The provider had satisfactory recruitment procedures in place. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. People were cared for by staff that had been robustly recruited to ensure they were suitable to work with people using the service.

We saw there were sufficient staff on duty to ensure people's needs were met. People were assisted in a timely manner when they requested support. Staff told us staffing numbers were adequate to meet people's needs. We reviewed the staffing rotas for August and September 2015. We found that there had been enough staff on duty to provide care and support for people. The records showed that staffing was sufficient to provide cover for people to attend social events and to participate in hobbies. Staff were flexible and any leave was covered from within the team or by the provider's bank and relief staff. The provider therefore ensured there were sufficient staff available to meet people's needs in a timely manner.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

Any applications to deprive people of their liberty must be made to the Court of Protection. We saw that no one was deprived of their liberty and there were no applications to the Court of Protection or Lasting Powers of Attorney in place.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to consent to care and support. Staff told us that they had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. One staff member told us pictures were used to help people understand. We saw mental capacity assessments and meetings took place to determine whether decisions were in the person's best interests. The records confirmed best interests' decisions were made with the involvement of the person and other relevant people. This meant that people had their legal rights upheld and their views and wishes were taken into account and ensured that the least restrictive option was taken in a best interest decision for them.

Training records we saw showed that staff had undertaken training in the MCA and staff we spoke with had a good understanding of how to ensure a person consented to the support they received. We saw that assessments for specific decisions were made to ensure any action taken was in people's best interests.

All the staff we spoke with told us they received relevant training and that they received sufficient support to do

their job to the best of their ability. One person told us "There is always an assessment at the end of training to make sure that you understand it." Staff also told us their induction was good when they started to work for the provider. One staff member told us they were "Quite impressed" and another said "There was lots of shadowing" before they worked alone. They told us they had undertaken training in essential health and safety areas as well as specific courses relevant to the needs of people using the service. Staff told us that they could ask for extra training if people had specific support needs. Records we saw confirmed training was up to date and relevant.

Staff told us they had supervision regularly, which enabled them to receive appropriate guidance. They told us they received good support from the manager. One staff member described their support as good and said the manager had "Been really fantastic" and "I definitely get enough support." Another said "I get loads of support. I'm so glad I went to work for them." People using the service were able to indicate that staff treated them well and were able to carry out the support required. One person said "They're alright."

Staff we spoke with were knowledgeable about the healthcare services people accessed and healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. One external health and social care professional told us the service were "Very good at alerting the doctor" to any health issues.

People using the service were supported in their food choices and had sufficient to eat and drink. One person was able to indicate they liked their food and we saw them enjoying their lunch. We saw that people were involved in doing food shopping and that meals were planned on a weekly basis. Records showed staff encouraged people to eat healthily.

Training records showed staff were trained in handling food safely. People's care plans had detailed information about their food likes, dislikes and preferences. We also found care plans provided information on any food allergies and people's food and drink preferences.

Is the service caring?

Our findings

One person we spoke with in their own home told us “My home’s here” and they were able to indicate they liked the staff. A relative told us their family member was “Happy living there.” We saw staff were respectful of people’s homes and assisted them to look after their personal possessions. A relative told us they were “Very happy” with the support provided to their family member and that they had been particularly pleased with a holiday that had been organised. They said “Staff really made a nice fuss for [family member] holiday and birthday.”

We saw staff were kind and caring in their interactions with people. During our inspection we saw staff talking with people in a warm and relaxed manner. We saw staff taking an interest in people’s well-being by the way they spoke with people about their support. We heard staff checking out what people’s choices and preferences were in a way that was positive and promoted independence. We saw that staff supported people to have their medicine stored securely in their own bedrooms.

We saw people’s privacy and dignity was maintained when personal care was being carried out. Staff ensured doors were closed when people were using the bathroom and a member of staff told us “I always make sure people are covered up when going from the bathroom.” We saw that

care plans, daily diaries of care and staff communication books were stored securely in the houses we visited. This ensured people’s personal information was maintained confidentially.

Staff treated people with respect and were knowledgeable about how to provide individualised care for people. For example, we saw people’s independence was promoted by receiving guidance whilst choosing a meal and being encouraged to make the most of their skills. The person was able to indicate to us they enjoyed the choice they had made.

Plans were written to promote people’s independence, privacy and dignity and there was clear information indicating what people could do for themselves; for example, one person went shopping and their support plan gave guidance on how to do this safely. Support plans were available to people in pictorial formats to aid their understanding and two people had signed their records. This showed staff assisted those who were able to be involved in planning their care.

External social care professionals we spoke with told us they thought staff provided a good service and one described them as “Brilliant” and said they were “Doing a really good job.” This confirmed people were supported in a caring and dignified manner.

Is the service responsive?

Our findings

Our previous inspection in May 2014 found that the service was not resolving complaints satisfactorily. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to remedy this. At this inspection we found that the requirements of this regulation had been met.

Most people we spoke with knew how to make a complaint and how to contact the office. A relative said “I know how to make a complaint but I’ve not needed to.” The provider took opportunities to listen and learn from people’s experiences, concerns and complaints to improve the quality of care provided. We saw the complaints procedure was provided in an accessible format using pictures to assist understanding and any concerns were discussed at meetings on a monthly basis with people using the service. The provider had not received any written formal complaints or informal complaints since our previous inspection in May 2014.

We also found the service gathered feedback from staff and used this to identify improvements. Staff confirmed this and said they were able to make suggestions and that these were listened to. One staff member said “It’s a good company, we get listened to.” One external health and social care professional told us the service responded well to changes in people’s needs and people were settled and stable since receiving the service. They told us “They see

the early warning signs” and said this prevented any potential issues with people’s health and behaviour. They also gave an example of how one person had improved since using the service and how they had a much more varied social life.

People received support that was personalised and reflected their lifestyle choices. We saw people had varied social lives and were encouraged to participate in interests of their choice. One person said “I go shopping”, we saw another went to a spa and a third indicated they enjoyed watching television. A relative told us their family member “Enjoys going to work in the cafe”. We saw staff encouraged people to be as independent as possible by ensuring they undertook domestic tasks they were able to do, such as assisting with meal preparation and food shopping. People therefore received a service that responded to their individual needs and preferences. Where people had verbal communication difficulties, we saw staff were able to respond with signs and gestures that the person understood.

Care plans were regularly reviewed with people receiving support and other people who were important to them. One relative told us “I am kept informed about important things”. Care plans we read contained information on what people’s interests were and what they enjoyed doing. Staff were able to tell us how they ensured care plans were adhered to. For example, any changes were discussed at staff meetings and one staff member told us how it was important to ensure one person was well prepared before going out or undertaking any new activity.

Is the service well-led?

Our findings

People using the service were not able to discuss their medicines and we saw staff were required to administer them. Records we saw did not always confirm that people received their medicines when they needed them. Two of the three records we saw and historical records from the previous week showed that people had received their medicines as prescribed. However, we saw that one person's current medicine administration record (MAR) chart for the week of the inspection visit was not available and it was not clear why. Staff we spoke with were unable to tell us what had happened to it. We discussed this with the manager following the inspection and she told us that the MAR chart had been located and was in order. We also saw that where MAR charts were handwritten, staff were not checking their accuracy. We therefore could not be sure that recording procedures minimised the risk of errors.

People we spoke with were able to indicate they liked the staff and managers and were able to talk to them. One person said "I'd talk to staff" if they wanted to raise an issue or make a suggestion. We saw that people received appropriate and friendly responses if they raised queries with staff or a member of the management team. We saw people and their relatives were asked their opinions through surveys and discussions with staff. The most recent survey in July 2015 showed people and their relatives were mostly satisfied with the service they received. The survey showed people thought the support they received was good.

There was a registered manager in charge of the day to day running of the service. We found the manager was accessible to staff and provided guidance to ensure staff felt confident in their roles. Staff told us they enjoyed working for the company. One member of staff told us, "They've [the managers] been really fantastic". They were

supported by locally based team leaders and management support. Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and they were positive about their job role. This ensured people received an effective service from a dedicated staff team.

We found records were stored securely in the office and in people's own homes. The provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required. The provider was therefore ensuring that legal requirements were met.

The provider had systems in place to monitor and improve the service provided. Management staff completed checks to ensure care staff provided care to expected standards. We saw there were regular audits of key areas such as medication and health and safety. These identified key issues for improvement with timescales; for example, where there was an omission in a health and safety check, this had been identified and acted on.

The manager told us they had links with other community groups in the area such as local day centres and leisure facilities. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. They told us they operated an open door policy for people and welcomed people's views and opinions. This showed the provider welcomed feedback and demonstrated a willingness to co-operate with other professionals.

We discussed improvements to the service with the manager. They told that the use of information technology to improve communication with staff had introduced easier access to policies and procedures and enabled quicker dissemination of important information.