

United Response

United Response - Cumbria

DCA

Inspection report

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30 August 2018

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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

This inspection was carried from 21 to 30 August 2018. We gave the provider short notice of our inspection due to the nature of the service. This was to make sure someone would be in the office to assist us with our inspection.

United Response - Cumbria DCA provides domiciliary care to people living in their own homes and to support to people living in 'supported living' settings. This meant people could live as independently as possible with support. All of the people were living with a learning, physical or sensory disability or mental health needs. There were 62 people using the service at the time of this inspection.

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.

The service had a manager who had been registered with CQC since February 2018. A registered manager is a person who has registered with CQC to manage the service. Like 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.

At our last inspection in November 2015 we rated the service 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. At this inspection we found the service remained Good.

People said they felt safe with the staff and they had a say in who supported them. Staff had been trained in safeguarding vulnerable adults and knew how to report any concerns.

The provider checked new staff before they started work to make sure they were suitable. Staff had relevant training and received regular supervisions and appraisals.

Risk assessments were in place to support people's independence. Any accidents and incidents were appropriately recorded and checked by the provider. People were assisted with their medicines in a safe way.

People's needs were assessed before they started using the service to make sure the service could provide their support. If necessary, people were assisted with shopping and preparing meals to make sure they had good nutritional health.

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.

People were supported to be included in their local community and lived ordinary, fulfilled lives as local citizens.

Staff were matched to the people they visited. There were friendly relationships between people and staff. People were empowered to make their own choices and decisions.

Staff were respectful of people's individuality. United Response provided information for people in the way that met their communication styles.

The service had detailed records about each person. These included information about how they communicated, how they made decisions, what their preferences were and what they could do themselves. Staff used this guidance to provide personalised support.

People and relatives knew how to make a complaint and were confident about contacting the management team at any time.

There was a strong management team with clear lines of responsibility. The provider had clear quality assurance systems to check the service. The provider also had a five-year vision and plan about how to continuously develop the service.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 between 21 - 30 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care and supported living service. We needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted care professionals involved in supporting people who used the service, including commissioners and a quality and care governance officer of the local authority. Information provided by these professionals was used to inform 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.

During the inspection we visited eight people in their own homes with their permission and spoke with two relatives and four support workers. We also spoke with the registered manager, a service manager, an acting service manager and two senior support staff. We looked at the care records of five people, medicines records of eight people and the personnel files of three staff members. We also viewed records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe and comfortable with the staff who supported them. Their comments included, "I'm very happy with the staff" and "the staff are great". A support worker told us, "The service I work in is very safe and I feel comfortable that myself, fellow staff and the people we support are safe in every part of their support."

Staff told us they had regular training and competency checks in how to safeguard people and the training records confirmed this. Staff knew how to report any concerns and had procedures about this. There was good on-call support for staff who were lone-workers to make sure they were safe at work.

The service provided support to people living in their own homes and in shared supported living houses. There were enough staff to support people with their individually agreed care packages. People told us they had their own small teams of support workers who regularly worked with them. They told us staff always arrived on time and stayed the right amount of time.

The provider vetted potential new staff before they started work to make sure they were suitable to work with people. They carried out reference checks and Disclosure and Barring Service clearances (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped the provider to make safer recruiting decisions. One person was actively involved in interviews during the recruitment of new staff.

There were detailed risk assessments about keeping people safe without compromising their independence. People had been involved in discussions about how to manage any risks. For example, risks associated with independent travel on public transport, making meals, choking, environment and using mobility equipment.

Health and safety checks were carried out to people's homes and staff were appropriately trained in health and safety procedures. Lessons learned from accidents, incidents and complaints were discussed and shared with staff. For example, medicines recording errors were monitored and discussed with staff and this was an area that was improving.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines. Staff were trained in safe handling of medicines and their competency was regularly checked. Staff were recording whether people had taken their 'when required' medicines in different ways. This was not unsafe practice but was inconsistent. The registered manager agreed to address this with staff so they all worked in the same way.

Staff had training in infection control and had access to personal protective equipment so they could

support people with any personal care in a hygienic way.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us they received "very good" support from competent, well trained staff. One person with significant disabilities told us, "I have my own team of staff. They've become experienced in how I need to be supported." Another person told us, "I've got some good staff – they really look after me."

People's individual needs were assessed before they started using the service. This included any specific impairment or illness and communication preferences. People's abilities and needs were regularly reviewed to make sure they were still getting the right service. The management team felt one of the successes of the service was in supporting people to become more independent so they required less support.

Staff we spoke with said they received relevant training to help them carry out their roles. One staff commented, "We are all willing to undergo any training required to meet the needs of the people we support." The training records showed staff completed essential training in health and safety as well as relevant training in specific physical and mental health conditions. Staff had individual supervision sessions and attended staff meetings with a manager.

A small number of people were supported with special diets or softened foods. Not everyone required assistance with meals, but where necessary their nutritional health was assessed. People told us they were fully involved in arranging their own meals, including menu planning, shopping and preparing meals, with some guidance if necessary. Support workers encouraged people to understand the benefits of a healthy lifestyle on their nutritional well-being.

During visits people told us and we saw that support workers always asked people's permission before assisting them. There were 'consent to care' records for each person that showed how they had been involved, with other relevant people, in planning their own support. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). In community care settings, applications to deprive people of their liberty must be made to the Court of Protection. The provider had taken the right action about these applications, where appropriate, and we found staff understood these arrangements.

The service worked with other health and social professionals involved in people's support. One care professional described the service manager as "good with communication, flagging concerns appropriately and informing us when people don't need the level of support we've put in place".

The service had health action plans in place for each person. There were also detailed hospital passports with important information in case people had to go into hospital. One of the service's objectives for 2018 was for all staff to complete 'health advocacy' training. The registered manager described how this had been

successfully achieved. This had led to staff being more confident to challenge health provision on behalf of the people who used the service.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

One person told us, "[Support workers] are great – they're a very good support to me and they listen to what I want." Another person said, "Staff are brilliant. We have a small team and I really like the ones we've got." A relative commented, "The service is fabulous. [My family members] have high expectations of staff and they are not disappointed. [Staff] goes the extra mile and even does social things in their own time."

All the people we spoke with said they "liked" their support workers. We saw there were friendly, appropriate interactions between people and staff. Staff asked people's permission to support them with any activities, such as preparing meals, and people were the decision-makers about how and when these took place.

Staff treated people with dignity and respect. Care records were written in a way that showed the provider promoted respectful care practices to staff. All staff had training in equality and diversity and it was clear that people's individuality and uniqueness was celebrated.

People made their own choices and there were 'decision making profile' records to show the best times of day and circumstances for each person to make informed decisions. The service encouraged people to be as independent as possible, whilst balancing potential risks. For example, some people told us how they had been able, with staff support, to develop the skills to travel independently in the local area and other described how they were working with staff to learn those skills.

The service supported people who were living with a wide range of different needs including physical, sensory and learning disabilities. Some people used additional communication methods to support their speech, such as Makaton (a form of sign language). There were detailed communication passports in people's files to show their individual ways of expressing themselves. For example, how they would show happiness, pain or anxiety. A relative was very complimentary about staff's knowledge and understanding of their family member's communication methods. They told us, "The current staff team know them really well and they understand their communication styles so well - it would be extremely frustrating for them if this were not the case."

People said they felt well-informed by the service. For example, they told us if there were short-notice changes to their support worker the service manager rang them in advance to let them know who and why the changes were happening.

United Response met the Accessible Information Standard (AIS). This is a law that means all NHS and adult social care services must provide information in accessible ways for people. United Response provided information in a wide range of ways for people. For example, all its information was provided in easy read, and it could also be made available in braille, audio and different languages for individual people. People's information was stored confidentially. United Response had easy-read information for people about the

privacy of their information. People also had access to information about advocacy services and some people were members of a self-advocacy group.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People described receiving a personalised service that was tailored to their specific needs. For example, one person with significant physical needs told us, "I'm able to tell staff what to do for me and how I want it done." Another person said, "I feel I have a complete say in my support, like who comes and what they do for me."

It was clear that people were fully involved in decisions about how they wanted and needed their support to be provided. These were set out in very detailed support plans for staff to follow. The support plans were personalised and written from the perspective of each person. Assessments and support plans showed how people's lifestyles and beliefs were respected, like their culture, religion or faith.

People described how the staff promoted their daily living skills, like cooking and shopping. Some people support packages included assistance with social activities that they liked. People were encouraged to be part of their local community. One person described how they now had paid employment with the organisation.

The service had a Facebook group page that was just for people who used the service. This included empowering posts by people as well as a calendar of social events were taking place that they might be interested in.

All the people and relatives we spoke with said they felt able to say if they were unhappy with the service. For instance, one person commented, "I would speak with [registered manager] or [senior support worker] if I was not happy or wanted to complain – but I haven't had any complaints." A relative told us, "I have had to raise a complaint in the past and I was very pleased by the way I was listened to and the way it was dealt with." There had been three complaints (two from staff and one from a relative) which had been thoroughly investigated by the management team.

The people we spoke with had used the service for several years and could not recall receiving any specific complaints information but felt able to contact the office and regularly did. The provider had clear complaints information which was available in an easy read format. The registered manager said this could be given out again to people who used the service.

Although this was not a usual function of this service, people were supported to discuss their advanced care plans about how they wanted to be supported at the end of their life. Their wishes were sensitively recorded.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People and relatives said the service was well-run and they had confidence in the management team. All the people we spoke with described how they had the chance to chat to the registered manager or senior staff whenever they wanted. For example, one person told us, "I can ring the office and can speak with [registered manager] or [service manager] about anything and they listen." A relative described the senior management team as "very good" and said they could "ring anytime".

There had been changes to the management team over the past year. Two new service managers had recently been employed and the registered manager had started working at the service one year ago. 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 and staff felt there was an open, transparent culture in the service which made people able to ask for changes or raise any issues. People and relatives commented that "things get dealt with" and "sorted out".

People were offered annual surveys to give their views. At this time the responses were collated regionally so it was not possible to see any specific trends for this branch. However, people said any suggestions they made were acted on. The provider also had many ways people could be involved and informed about United Response including a website, Facebook page, twitter and blogs. The provider was a well-established organisation which had achieved investors in people and investors in diversity. United Response had also signed up to the Driving Up Quality Code. The code is for providers and commissioners and represents a commitment to driving up quality in services for people with learning disabilities. The provider had a five-year vision and plan for developing the Cumbria service.

United Response had clear aims and values. These were apparent in the way people were respected and empowered to make choices about their care. The provider's values promoted people's rights to live ordinary and fulfilled life. This was reflected in the care and support that people received. Staff said they enjoyed their work. One support worker commented, "I feel very valued as an employee and I feel I can talk to the management team about anything."

The provider had a clear management structure and quality assurance system to make sure good governance arrangements were in place. Senior staff carried out weekly checks of medicine management and finances. Senior staff and service managers carried out three-monthly audits of the service which were sent to United Response's quality assurance department. An action plan was developed for any areas they could improve upon. The service was also supported by the provider's management resources such as health and safety team, data governance team and human resources department. This helped to make sure

the service worked within the organisational expectations.