

United Response

United Response - Huddersfield DCA

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

About the service

United Response – Huddersfield provides both a domiciliary care service and a supported living service to people living in their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, five people were receiving domiciliary care. The service provided a supported living service to 14 people in five individual homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe and protected from the risk of harm. The management of people's medicines was safe. People were able to access other health care professionals as the need arose.

The recruitment procedure was thorough. New staff completed a programme of induction and all staff received regular training. There was a programme of supervision in place to support staff. People were supported by a consistent staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People's right to privacy and dignity was respected. People and their families were involved in making decisions about their care.

People participated in a range of activities. People were supported to maintain contact with their family.

People's care records were person centred. They were reviewed and updated regularly.

People, staff and families thought the service was well led. Staff clearly understood their role and responsibilities. A range of audits were completed at regular intervals to assess the quality of the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service also provides care and support to people living in five 'supported living' settings, so that they can live 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 3 July and ended on 11 July 2019. We visited the office location on 3 and 5 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning, contracts and safeguarding department.

We used all of this information to plan our inspection.

During the inspection-

When we visited the office we spoke with the registered manager, a service manager and a support worker who was completing their induction training. We also met and spoke with a person who used the service. We reviewed four staff personnel records, two people's care records and a range of documentation relating to the management of the service. We visited two supported living settings and spoke with one person who used the service, a service manager, a senior support worker and two support workers. We also reviewed the care records for a two people who used the service. On 11 July 2019 the inspector spoke on the telephone with three relatives of people who used the service.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. We asked one person what they would do if they were worried about anything, they responded, "I'd tell the staff."
- Relatives of people who used the service also felt their family member was safe.
- Staff received regular training in safeguarding. Staff were aware of their responsibilities in keeping people safe from the risk of harm, reporting and recording any concerns they may have.

Assessing risk, safety monitoring and management

- Care records included a variety of person-centred risk assessments. One person required staff support to mobilise, we noted their risk assessment lacked some of the detail necessary to ensure their safety. We spoke with a service manager about this at the time of the inspection, they assured they would update the assessment to ensure all relevant information was included.
- It was clear from speaking with staff and reviewing people's records, the management of risk was proportionate without negatively impacting on people's activities.
- Staff had received recent training in fire evacuation procedures.

Staffing and recruitment

- The recruitment of staff was safe.
- People knew staff who were supporting them. A relative said, "They [staff] are not always changing, there is continuity, that is a bonus."
- One of the staff we spoke with told us, "We have a consistent team. It is much better for the people we support. We lost a lot of staff, but we are settled now."

Using medicines safely

- The management of people's medicines was safe.
- Staff received medicines training and competency assessments were completed annually. We identified one support worker whose competency assessment was overdue. A service manager assured us this would be addressed.
- There were regular checks completed by staff to ensure people's individual medicines could all be accounted for.

Preventing and controlling infection

- Staff received training in infection prevention and control procedures.
- Gloves and aprons were available for staff to use as required.
- Both supported living locations we visited were visibly clean and odour free.

Learning lessons when things go wrong

- The registered manager and each of the staff we spoke with demonstrated an open culture of learning lessons where things went wrong.
- In the event of an accident or incident, these were investigated to identify a possible cause or theme.
- Lessons learned were shared with all relevant staff through team meetings and staff handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and support staff told us people's needs were assessed prior to a support package commencing, to ensure the service could meet their needs. Where someone would be moving into a supported living setting, consideration was also given as to their suitability to live with the other people who were already living there.
- Information gathered during this process was used to develop people's care and support plans.
- Care records were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- Relatives felt staff had the skills to meet their family member's needs.
- New staff were supported with a programme of induction, training and shadowing. One of the staff we spoke with told us, "I am still ongoing with my learning. I did shadowing, a whole month and the training prepared me."
- The registered manager told us staffs' training was a mixture of e-learning and face to face. A member of staff told us, "Staff have training before they start, then we refresh as needed. We do quite a lot of training. It is very good, I have just done two days positive behaviour training run by an external provider."
- The registered manager told us not all staff had received regular supervision during 2018 due to staff changes. They said this had been picked up as part of the internal quality assurance checks. Staff we spoke with all told us they felt supported by the management team. The personnel files we reviewed evidence staff had received supervision during 2019.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us, "They [staff] always ask [what I want] if I fancy anything, they get it in for me. The food is good, yes. They get me involved in cooking."
- A relative told us how the staff ensured their family member's meals met their religious and cultural needs.
- Care records included people's dietary preferences and support needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- One of the relatives we spoke with told us, "If [name of person] is unwell, they tell me. [Name of person] had to go to hospital, someone went with [person] and stayed with [person]. I was very pleased that someone was with them who knew [person] and could answer the doctor's questions."
- Care records included information about people's medical history and provided contact details for other healthcare professionals involved in their care.

- Hospital passports were in place. These provided details about people's support needs, likes and dislikes, in the event they needed to attend hospital.
- Staff told us communication within the staff team was good. Information was shared at daily handovers between shifts.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- We reviewed the care records for two people whose liberty was restricted. We saw evidence in one of the records, the service had approached the local authority in regards to an application being made to the Court of Protection. However, this was unclear in the other set of records we reviewed. Following the inspection, we spoke with the registered manager about this. They assured us they would ensure this would be rectified.
- It was clear from speaking with the registered manager and staff, they understood the principles of the MCA and were aware of the process they needed to follow in the event a person lacked capacity to make a decision.
- People's consent was gained by staff. Care records included the support people needed to enable them to make decisions about their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and the relatives we spoke with told us staff were caring and kind. One person said, "Staff are nice people. They help me if I need [help]." Another person said, "The staff are brilliant." A relative told us how staff had helped their family member celebrate a recent religious event which was important within their culture.
- A service manager told us, "Good care is thinking about what the person wants and needs, supporting others as you would want to be supported... Showing respect to people." Another care worker told us, "I love supporting the people, they make it worth it."
- Each of the staff spoke about the people they supported with respect. It was clear from our discussions with staff, they knew the people they supported very well. We observed staff involving people in their conversations.

Supporting people to express their views and be involved in making decisions about their care

- When we visited the supported living settings, we observed staff offering people choices and involving them in making decisions. Where a person made a choice, this was respected by staff.
- Each of the relatives we spoke with told us staff informed them of care reviews. One relative told us, "They keep us informed and invite us to reviews, if we can't make it, they send us a report."
- The registered manager was aware of how to access the advocacy service if required.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain independence and learn new life skills. Care records noted what tasks people could do independently and where they needed staff support. One person told us about their job in a local café.
- Staff maintained people's dignity and people's right to privacy was respected.
- Personal information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were person centred and detailed. Information included people's preferences, likes and dislikes.
- Care records were reviewed and updated regularly. One of the service managers we spoke with told us formal annual review forms were to be implemented in the coming weeks.
- Staff maintained a daily record of people's care and support, although the format used was different in the two supported living settings we visited.

Supporting people to develop and maintain relationships to avoid social isolation

- Each of the relatives we spoke with told us they had regular contact with their family member.
- People were supported to participate in a range of activities which suited their individual preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records included clear information about people's communication needs and how staff were to support them to enable them to communicate.
- A range of easy read resources were available via the registered provider's website.

Improving care quality in response to complaints or concerns

- People told us they would tell staff if they were unhappy with their care. A relative said, "I feel we can say things if we have any issue." When we asked another relative what they would do if they wished to raise a concern, they said, "I would tell them, I would be happy to tell them."
- The registered manager told the complaints procedure was available for people in an easy read format.
- One formal complaint had been received by the service during 2019. We saw this had been investigated and responded to.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- One of the care records we reviewed included details of the person and their family's preferences in the event their health deteriorated, and they needed end of life care. Another person's care records lacked this information. We spoke with a service manager about this at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Without exception, people we spoke with and each relative told us the service was well managed. Relatives said they would recommend the service to other people.
- Staff told us the organisation and the service was well led. One member of staff said, "It is a good organisation. We are supported and the managers listen." Another member of staff said, "The ethos of the company is really good. The people we support are at the centre of everything."
- During the inspection every member of the staff team we spoke with was professional, open and inclusive when speaking with us. All staff were clearly focused on people's individual needs and abilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. This is to ensure providers and registered managers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an experienced registered manager in post. The registered manager was supported by a number of suitably experienced service and team managers. Staff we spoke with clearly understood their role and responsibilities.
- A range of audits were completed at regular intervals. Quarterly audits of the supported living settings were completed by service managers. Senior managers also audited the service and an annual audit was completed by the registered provider's quality team. Where shortfalls were identified, these were addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback in an annual survey. We saw the 2018 survey results provided predominantly positive feedback for United Response Huddersfield.
- Regular staff meetings were held.
- We saw evidence, and a service manager told us, about a fundraising event, held within the local

community, organised by some people who used the service

Continuous learning and improving care

- The registered manager and each of the staff we spoke with were clear in their desire to learn and continually improve the quality of the service people received.
- Internal systems were effectively monitoring the quality of service people received.
- The registered provider emailed a monthly briefing to each individual member of staff. This included key issues and information to be shared with staff.
- The registered manager attended the local authority run good practice events.

Working in partnership with others

- We saw evidence the service worked in partnership with other organisations. These included the local authority, clinical commissioning team, social workers and the local community.