United Response

United Response - Durham and Darlington 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

This inspection took place on 22, 23 and 25 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. This was the first inspection of this service since it was registered at this location in December 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults with physical and learning disabilities and mental health conditions. Not everyone using United Response – Durham and Darlington DCA receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 25 people were receiving personal care from the service.

There was a registered manager in place. 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 their relatives told us staff helped to keep people safe. Risks to people were managed safely. Staff were supported to maintain high standards of infection control. Plans were in place to support people in emergency situations that disrupted the service. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. Staffing levels were based on the assessed level of support people needed. The provider's recruitment procedures minimised the risk of unsuitable staff being employed.

Staff were supported with a wide range of training, supervisions and appraisals. Newly recruited staff were required to complete the provider's induction programme before they could support people without 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. People's food and nutrition was managed effectively. People were supported to access external professionals to monitor and promote their health.

People spoke positively about the support they received from the service and described staff as caring. Relatives also spoke positively about the support people received, describing staff as kind and supportive. People were treated with dignity and respect. People's independence was promoted and they were supported to maintain and enhance their independent living skills. People and their relatives told us staff were very effective at communicating with people and helping to ensure their voices were heard. Policies and procedures were in place to support people to access advocacy services.

People received personalised care based on their assessed needs and preferences. Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives were involved in developing and reviewing people's support plans. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care but policies and procedures were in place to provide this if needed.

Staff spoke positively about the culture and values of the service. People and their relatives spoke positively about the management of the service. The registered manager had forged links with other agencies and care providers to help benefit the health and wellbeing of people using the service. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was obtained from people, relatives, staff and external professionals. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 was safe.

Risks to people were assessed and remedial action taken.

Policies and procedures were in place to safeguard people from abuse.

Medicines were managed safely.

Effective infection control policies and procedures were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives.

People were supported to maintain a healthy diet.

People were supported to access external professionals to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good

The service was responsive.

Support planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

The service had an effective complaints process.

Policies and procedures were in place to provide end of life care where needed.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service.

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

The service had links with a number of community agencies to promote people's health and wellbeing.

Feedback was sought and acted on.

United Response - Durham and Darlington DCA

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 on 22, 23 and 25 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 22 May 2018 and ended on 25 May 2018. It included telephone calls to people who used the service and their relatives. We visited the office location on 23 May 2018 to see the manager and office staff and to review care records and policies and procedures. The inspection team consisted of one adult social care inspector.

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 used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by United Response – Durham and Darlington DCA.

During the inspection we spoke with three people who used the service. We spoke with three relatives of a person using the service. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with seven members of staff, including the registered manager, two service managers and four support workers. We looked at three staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us staff helped to keep people safe. One person we spoke with said, "I feel safe with them." Another person told us, "I feel safe." A relative we spoke with said, "I think [named person] is safe with staff from United Response."

Risks to people were managed safely. Before people started using the service a detailed assessment of their support needs was carried out. This included areas such as medicines, nutrition, mobility and skin care. Where a risk was identified plans were developed to reduce the chances of this occurring. For example, one person who used hoist to assist with mobility and positioning had a detailed risk assessment in place with guidance to staff on how this could be managed safely. This had been produced in partnership with the person's occupational therapist and included photographs of the person sitting in safe positions to assist staff in supporting them. Another person who was at risk of developing pressure damage to their skin had a detailed assessment in place with measures to reduce this, including regular positional changes and monitoring. Risk assessments had been signed by staff to confirm they had read and understood them. The service also carried out detailed moving and handling audits using a tool developed by a manager employed by the provider with a background and expertise in the area. The manager was also available to provide moving and handling coaching to staff. This helped ensure a systematic approach to moving and handling that linked in with other areas of the person's support needs, such as skin integrity or health conditions. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Policies and procedures were in place to monitor and respond to accidents and incidents that might impact on people's health and wellbeing. Positive behavioural support plans were in place to help staff support people with behaviours that can challenge. People with epilepsy had support plans and seizure records in place to help monitor and seek help from external professionals where needed. The registered manager said accidents and incidents were monitored for trends and to learn lessons to see if changes could be made to keep people safe.

Though the service was not responsible for people's accommodation staff assisted people to stay safe at home by carrying out checks of their living environment. This included visual checks of support equipment, kitchen areas and any trip hazards they identified. Staff we spoke with said if they saw anything they thought presented a risk to people they would bring this to their attention and discuss how their environment might be made safer.

Staff were supported to maintain high standards of infection control. The provider's infection control policy contained guidance on a range of infection control issues, including safe hand hygiene. Staff we spoke with said they received all of the personal protective equipment (PPE) they needed, including gloves and aprons.

Plans were in place to support people in emergency situations that disrupted the service. The provider had a business contingency plan to help ensure people received a continuity of support in situations that might disrupt the service, such as loss of access to records. People had Herbert Protocols in place. The Herbert Protocol is a national scheme being used by police forces and other agencies which encourages care

services to compile useful information which could be used in the event of a vulnerable person going missing. 'Hospital Passports' were in place to help ensure hospital staff had all necessary information on people should they be admitted to hospital in an emergency.

Policies and procedures were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy. This contained guidance on the types of abuse that can occur in care services, factors that increased the likelihood of abuse occurring and how staff could and should report any concerns they had. All staff we spoke with said they would not hesitate to report any issues. One member of staff we spoke with said, "If I was uncomfortable with something I'd speak to the member of staff concerned and raise an alert." Records showed that where issues had been raised they had been appropriately recorded, investigated and notified to local safeguarding agencies. Information on safeguarding was also made available to people using the service in formats they could access, such as easy read. This meant people and their relatives were made aware of how to raise any concerns they had.

People's medicines were managed safely. Each person receiving support with medicines had a 'medication file'. This file contained a photo profile of the person, clinical guidance on the medicines they were using and a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We looked at three people's MARs and saw they had been correctly completed without errors or unexplained gaps. Protocols were in place providing guidance to staff on the use of people's when required' (PRN) medicines.

Regular checks were made of people's medicine stocks to ensure they had the medicines required at the time they were needed. People were supported to access their GPs to have annual medicine reviews. When medicine errors occurred, we saw that these were investigated and remedial action was taken, including additional training for staff, competency checks and a review of medicine practice to see if changes could be made to reduce the risk of future errors. Following a number of medicine errors at the beginning of 2018 we saw the registered manager had developed a service improvement plan with input from local authority commissioners. This meant procedures were in place for the provider to learn lessons from mistakes.

People told us they received their medicines when needed. One person we spoke with said, "They help me with my medicines, they help me with those. They give me them when I want them." Another person told us, "They help me with tablets. I get them."

Staffing levels were based on the assessed level of support people needed. This was determined by local authority commissioners of the service and was regularly reviewed by the registered manager, people and their relatives. Each person received an individually designed package of support and personalised staffing rotas. People told us they were usually supported by the same staff, and their relatives confirmed this. One relative told us, "There is a core staffing team. Many of them are long-serving. There's sometimes change, due to things like retirement. The vast majority of staff know [named person] very well."

Sickness and holidays were covered by staff volunteering to work extra shifts. The provider had recently established an internal team of relief staff who would ensure that scheduled or unscheduled absences were covered. The registered manager told us this was designed to reduce the use of agency staff and ensure people were supported by familiar staff. We received positive feedback from staff on staffing levels at the service. One member of staff told us, "We're well staffed." Another member of staff said, "I like to spend time with people, and we have time here."

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history and explaining any

gaps, provide proof of identity, supply two written references and undergo a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

People's needs were assessed before they started using the service. The assessments included the person's life skills, potential risks, personal hygiene and as well as the persons likes, dislikes and preferences, finding out their needs and how they wished to be cared for. All this information was incorporated into people's support plans.

Staff were supported with a wide range of mandatory training to allow them to support people's assessed needs. This included training in first aid, manual handling, medicines, behaviours that can challenge and safeguarding. Where staff supported people with specific health conditions or support needs (for example, autism or epilepsy) they received additional training in these areas. A relative we spoke with told us, "Staff were all trained to [named person's] specific needs."

Training was carried out online and in classroom sessions. An area secretary monitored staff completion of e-learning, and if they had concerns over the time it took staff to complete sessions raised these with the member of staff's line manager. This meant procedures were in place to ensure staff engaged with training and received additional support with it should this be needed. Records confirmed that staff completion rates of training were high, which meant most staff had either completed mandatory training or had it planned. Training was regularly refreshed to ensure it reflected current guidance and best practice.

Newly recruited staff were required to complete the provider's induction programme before they could support people without supervision. This included completing mandatory training, shadowing more experienced members of staff and having competency reviews. Newly recruited staff who did not have a background or training in care were required to complete the Care Certificate. The Care Certificate is a nationally agreed and recognised set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. During our inspection some newly recruited staff were attending the service's office to complete induction training. Following the session, we saw positive comments had been recorded in feedback forms. One member of staff had written, 'Really informative, interesting and engaged us with group tasks.'

The registered manager told us staff training needs were regularly reviewed to ensure training equipped staff with the skills needed to support people. Staff spoke positively about the training they received. One member of staff we spoke with said, "We have a lot of training, both e-learning and face to face." Another member of staff told us, "The training is really good."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss staff understanding of policies and procedures, training, career objectives and any other issues staff wished to raise.

Staff said they found supervisions and appraisals useful and supportive. One member of staff told us, "I find

them useful for getting advice." Another member of staff we spoke with said, "Supervisions and appraisals are quite informal and they do address any issues raised."

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

People's support plans contained details of their capacity to make decisions. Where they lacked capacity the involvement of those who could make decisions on their behalf was clearly recorded, for example Powers of Attorney and Court of Protection appointed Deputies. Detailed best interest decisions were in place to cover situations where staff made decisions on people's behalf and in their best interests. However, the emphasis was always on supporting people to make as many decisions as possible for themselves. To assist in this each person had a 'decision making profile' containing guidance to staff on how they liked to be presented with information, how many choices they should be offered at one time and the good and bad times of the day to ask them to make decisions.

Staff had a good understanding of the principles underpinning the MCA and told us how they applied these in practice. One member of staff told us, "I have supported people who are under the Court of Protection. We assume people have capacity until we're shown otherwise. We still try to involve people in making the choices that they can. We can still sit down and read their support plans to them, involve people in paying for things at tills and in carrying their own wallets." A relative we spoke with said, "They always give [named person] a choice and never just do things for them."

Staff supported some people with managing food and nutrition. Where this was the case support plans contained detailed guidance on people's dietary support needs and preferences. These included details of any specialist diets and cutlery people used. For some people support plans had been produced in partnership with their dieticians and speech and language therapists (SALT). Some people ate using percutaneous endoscopic gastrostomy (PEG). PEG is used to help people who have difficulty swallowing to eat by using a tube inserted directly into their stomach. Records confirmed that this was managed and monitored in accordance with clinical advice.

People were supported to access external professionals to monitor and promote their health. Support plans contained evidence of close working with professionals such as occupational therapists, SALT, GPs, district nurses and social workers. Where external professionals and clinicians gave advice, we saw this was incorporated into people's support plans. A relative we spoke with told us how staff had worked closely with the person's family and social worker to increase the person's support package. A person we spoke with said, "They take me to the doctor's surgery."

Good

Is the service caring?

Our findings

People spoke positively about the support they received from United Response – Durham and Darlington DCA and described staff as caring. One person we spoke with said, "Staff are kind and alright" and, "I don't have any problems. I am happy with everything." Another person told us, "The staff are brilliant, they're good staff. They mean well and are good staff."

Relatives also spoke positively about the support people received, describing staff as kind and caring. One relative told us, "It's going really well. [Named person] really loves it and is having a great time. We're very happy with the care provided." Another relative told us how staff had supported a person during a deterioration in their health and wellbeing. They said, "They stuck with [named person] through thick and thin. Not many people would do that. It's a testament to the staff they have. No-one else compares with them." A third relative said, "The staff are very good and very caring."

People were treated with dignity and respect. Support plans were written from the perspective of the person they belonged to and emphasised the importance of putting the person at the centre of the support they received. People we spoke with said staff were always polite and friendly. One person told us, "They are all respectful." Relatives also said staff treated people with dignity and respect. One relative we spoke with said. "We have no issues with dignity and respect. I think [named person] is always treated extremely well."

People's independence was promoted and they were supported to maintain and enhance their independent living skills. Support plans contained details of important dates in people's lives, such as family birthdays and anniversaries, so staff could support them to buy people cards and gifts. One person told us they liked to go shopping with staff and choose their own things. They said, "They let me do the checkout." Another person we spoke with told us, "They're here to help me. I can do things myself but they are here to help me." Support plans contained details of tasks people like to complete themselves, things they sometimes liked to do but may need support with and areas where they were likely to need support. Staff we spoke with had a good understanding of what people like to do for themselves and could describe how they supported this. One member of staff told us, "We do try and promote independence as much as we can. For example, we ask people to hold the washing basket when we are doing laundry and we involve people when we do the shopping."

People and their relatives told us staff were very effective at communicating with people and helping to ensure their voices were heard. One relative we spoke with told us, "From time to time if [named person] is in hospital and struggles to communicate the staff will explain to doctors how to communicate. I think they defend [named person] and promote their case in many ways." Another relative said, "They understand how [named person] nods and gestures quite well so I have no doubt she is getting what she wants."

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. The provider had an advocacy policy and the registered manager was able to explain in detail how people were supported to access advocacy services where this was needed.

Good

Is the service responsive?

Our findings

People received personalised care based on their assessed needs and preferences. One person we spoke with said, "They would do something if I asked them." A relative told us, "It's a massive success story with United Response. They do everything they can to support [named person]."

A detailed assessment of people's support needs was carried out before they started using the service. This involved them, their relatives and other professionals involved in supporting them. Where a support need was identified a plan was drawn up giving detailed guidance to staff on how they could support the person in a way that both met their needs and matched their personal wishes. For example, one person had a communication plan in place that contained lots of information on how they might communicate in different situations, a description of the gestures and phrases they might use and how staff could respond to ensure effective communication. Another person had a detailed plan in place to ensure they received the support they needed with skin care. Support plans were very comprehensive with no repetition and were seen to be good working documents for staff to use.

Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Daily notes were used to record the support that had been developed and any notable changes in people's needs and preferences. This meant staff had the latest information on the type of support people wanted and needed.

People and their relatives said they were involved in developing and reviewing people's support plans. One relative we spoke with said, "We have always been involved in the planning of the care. We know what the plan is and we have good involvement." Another relative told us, "They always update me and I'm made to feel welcome if I contact them." Staff spoke positively about the support plans they used. One member of staff told us, "We've just had streamlined files put in. They're detailed."

In addition to detailing people's support needs their care records also contained lots of information on their interests, likes and dislikes, family and personal relationships and the type of life they wanted to lead. This meant staff who had not supported the person before could learn more about them before they met. The information was also used in a 'Staff Matching Tool' which the registered manager and provider used to try and identify the type of staff people wanted to support them. People were involved in recruitment decisions and were able to comment on applicants and whether they would like to be supported by them before new staff were employed. This meant procedures were in place to ensure people received support that responded to their preferences.

Some people received help with social activities as part of their support package. Where this was the case people's interests and preferences were clearly recorded and acted on. One relative we spoke with said, "[Named person] has a great life. It's more than just being cared for. They'll take her wherever she wants. She really gets out and about." We saw evidence that staff had supported people with planning and attending activities such as foreign holidays, music concerts and local amenities and attractions.

Policies and procedures were in place to investigate and respond to complaints. People and their relatives were given the provider's complaint policy when they started using the service, which set out how issues could be raised and how they would be investigated. This was made available in formats people could access, such as easy read and pictorial format. The service had received seven complaints since registering at its current location, and records confirmed these had been investigated and responded to in line with the provider's policy. People and their relatives told us they knew how to raise issues and would be confident to do so.

At the time of our inspection nobody at the service was receiving end of life care but policies and procedures were in place to provide this if needed. Support plans contained records of conversations with people about their end of life wishes where this wished to discuss this.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service, saying it was well-led and supported career progression. One member of staff we spoke with said, "It's a great company, very professional. I've always been able to approach them with problems. They're great to progress with." Another member of staff told us, "It's great, I love it. We have really good management support. There's always someone you can contact if you have an issue."

People and their relatives spoke positively about the management of the service, and said that where issues arose they were usually dealt with quickly. One person told us, "[The registered manager] is a very nice lady, very friendly." A relative we spoke with said, "We think [named person] is probably getting the best care he has ever had in his life" and "We have a very good working relationship with them." Another relative told us, "I met with [the registered manager] when I had concerns. They were there for me."

The registered manager had forged links with other agencies and care providers to help benefit the health and wellbeing of people using the service. Following the service moving into its current location plans were in place to use some of the office space as a form of community 'base' to promote partnership working and provide a space where people could come into the office to socialise and access useful information about their rights and services available to them. A meeting for care charities and support groups had already been held at which the provider's solicitor had given advice on mental capacity and wills. The service was working with a local authority on a 'bridges to employment' project to help people with learning and physical disabilities seek work where they wished to. In addition, the registered manager was reviewing the service itself to see if improvements could be made to enhance people's health and wellbeing and had developed a 'business innovation plan' to record these. The registered manager told us, "We're doing a staff audit at the moment to see what skills and interests we have beyond social care but could use to the benefit of our service users. For example, we might have a guitarist member of staff who might give lessons" and "We're becoming much more outward facing." In March 2018 the service received an 'Autism Accreditation' from The National Autistic Society. Autism Accreditation is UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation demonstrates that an organisation is committed to understanding autism and setting the standard for autism practice.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The provider's quality assurance program picked issues up quickly and tried to understand what had caused them. These included audits of support plans, medicines and staffing. Where issues were identified they were added to a 'continuous improvement plan' which the registered manager used to ensure remedial action was taken. For example, a support plan audit had identified that one person's support plan had not been updated with some information from the Court of Protection. Records showed that this had been obtained from the person's social worker and the support plan updated.

Feedback was obtained from people, relatives and external professionals in an annual survey. This was carried out by the provider's head office and the results shared with each service, including any specific issues raised that required action. The last survey had been carried out in 2017 and two people, nine relatives and nine professionals had responded. We saw from the results that the service had received positive feedback. For example, of the 11 responses to the question on how they would rate the service, 7 were 'excellent', 3 'good' and 1 'okay'.

Feedback was sought from staff using an annual survey and regular staff meetings. Records of staff meetings showed they were also used to discuss the provider's policies and procedures and any specific issues people using the service had. One member of staff we spoke with said, "We have regular staff meetings. They're useful as we all share our own knowledge, review organisational issues and share positive stories. They are a good boost."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.