

United Response

United Response-North Tyneside DCA

Inspection report

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Date of inspection visit:

13 July 2022

19 July 2022

21 July 2022

26 July 2022

Date of publication:

02 September 2022

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-North Tyneside DCA is registered both as a domiciliary care agency and a supported living service. It provides personal care to people living in their own homes, and care and support to people with a learning disability or who are autistic, living in a 'supported living' setting, so they can live as independently as possible.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were 32 people using the service for personal care and they lived in 12 supported living settings.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting underpinning principles of "Right support, right care, right culture".

Right support:

The model of care and settings maximised people's choice, control and independence 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 supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Cleaning and infection control procedures were in line with COVID-19 guidance, to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing staff was enhanced

during the inspection.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough safely recruited and appropriately skilled staff to meet people's needs and keep them safe. Staff were well supported.

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. People and those important to them, including advocates, were involved in planning their care.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 19 November 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture and because the service had not been previously inspected since registering with the CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

United Response-North Tyneside DCA

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 12 '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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their homes. Before we visited the supported living settings, we discussed infection control processes with reference to COVID-19 and followed government guidance.

Inspection activity started on 13 July 2022 and ended on 26 July 2022. We visited people in their homes and the location's office on 20 July 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted two local authority commissioners and safeguarding teams who worked with the provider and also Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We visited the registered office and met with the registered manager. On the same day, we visited the community centre in which the registered office is based to attend a music session, which people using the service attended. On another day we visited people in their own homes. In total we spoke with four people and contacted six relatives via telephone to gather their views. We spoke with seven support staff, a team manager and a service manager.

We contacted 138 staff members via email to gather feedback and 14 staff members responded.

We reviewed four people's care and medicine records. We looked at four staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We contacted a learning disability community nurse who was also the STOMP lead. STOMP stands for 'Stopping over medication of people with a learning disability, autism or both'. We also contacted another member of the STOMP team and five social workers to gather feedback.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People felt safe and relatives were confident their family member was safe and well cared for.
- Staff received safeguarding training to help them recognise abuse and how to report it. Staff said they would have no hesitation reporting concerns.

Assessing risk, safety monitoring and management

- Risks to people had been identified, recorded and continually monitored. This was done in a way not to restrict people's freedom and right to independence.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.

Staffing and recruitment

- Enough staff were on duty to keep people safe and meet their individual needs. This included for one-to-one support for people to take part in activities how and when they wanted.
- The provider was very aware of staffing issues being faced by social care services following the COVID-19 pandemic. They had introduced various incentives to attract and retain staff.
- Safe recruitment practices were in place which included pre-employment checks to ensure prospective staff were suitable to work in the care sector.

Using medicines safely

- Medicines were managed safely.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

Preventing and controlling infection

- People and their visitors were protected from the risk of infection, including COVID-19 as staff followed current government guidance. One staff member was unaware of 'bare below the elbow' infection control practice. We brought this to the attention of the registered manager who addressed this.

- Staff used PPE effectively and safely. The provider had ensured enough PPE was available throughout the pandemic. When asked about masks, one person said, "They always have them on, they have to."
- Staff participated in regular COVID-19 testing in line with government guidance, but the registered manager had not fully monitored this. After our feedback, systems were updated to address it.
- The provider was facilitating visits for people in accordance with the current government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong and shared with staff teams.
- Accidents and incidents were recorded reported and analysed so any trends or patterns could be identified.

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.

This is the first inspection of this newly registered service. We have rated this key question good. 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after and this was regularly reviewed. One relative said, "I know (person) is doing all right (person) is very settled."
- The provider liaised with the local authority to ensure they could meet people's needs.

Staff support, training, skills and experience

- Staff were supported. Staff had opportunities to discuss their individual work and development needs. Staff and one-to-one meetings were held to enable staff to raise issues and share ideas. Staff told us they were well supported by management.
- Staff received suitable induction and training. Updated training and refresher courses helped staff continuously apply best practice.
- Staff were skilled and experienced. One healthcare professional said, "I recently delivered training to staff on the STOMP initiative. Whilst completing this it was apparent that the staff team were enthusiastic to learn more. All of the staff involved in the training were friendly and radiated kindness and professionalism."

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

- People were supported to maintain a healthy balanced diet.
- People with special dietary requirements received support to eat and drink in a way that met their needs. The speech and language therapy team (SALT) had assessed people when necessary.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One relative said, "(Person) will go into the kitchen and they (staff) involve them in baking a cake, by stirring the mixture."

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

- People were supported to attend appointments and live healthier lives. Staff were proactive in making timely referrals to health professionals, including in connection with dietary needs or other health conditions. One relative said, "My relative is always having seizures, they (staff) are present when they happen. They are very cautious and will take (person) to hospital if they need to."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care or assistance.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented.
- Staff empowered people to make their own decisions about their care and support. One person said, "They ask rather than tell me."
- Care was provided in the least restrictive way possible and any restrictions were clearly documented and agreed.

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.

This is the first inspection of this newly registered service. We have rated this key question good. 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 were respected and treated well and appeared relaxed with staff. One person said, "I would be lost without them. They work damn hard!" Another person said, "The staff are friendly." A health care professional said, "The care I observed was gentle, guiding and thoughtful."
- Staff valued people and showed genuine interest in their well-being and quality of life.
- Staff were aware of people's religious or cultural beliefs from detailed records.
- Equality and diversity were actively promoted, and staff received training in this subject.

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

- People, and those important to them, took part in making decisions and planning of their care. One relative said, "I discuss (person's) care with the manager."
- Staff supported people to make decisions about their care as independently as possible. Representatives, including advocates, were involved to support people when needed. One relative said, "I know (person) has an advocate who could help them." An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- Privacy was respected. Staff knew when people needed personal space and respected this. One person said, "They let me close my door."
- People's dignity was maintained. One staff member said, "Bathroom doors are closed."
- Independence was promoted. People told us they were supported to do things for themselves wherever possible. One person said, "They (staff) help with a bit of everything, they help me live independently." One staff member said, "(People) are settled and happy. The five of them live in a happy home and independently. (Person) gets to go out by themselves."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. 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 was personalised. Each person had a detailed person-centred care plan to guide staff on how to support them. Care plans were written in a positive way based on people's abilities as well as the support they needed.
- People's support focused on their goals and aspirations. Regular keyworker sessions helped staff focus on the quality of people's life outcomes.
- People had choice. One person said, "I get some clothes out in the morning and the staff help me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified. Care plans contained information on how people communicated and how staff should support them.
- The service had developed various 'social stories' which were presented in pictorial as well as written format, to present information in a meaningful manner. People also had access to information in other formats they could also understand.

Supporting people to develop and maintain relationships and to avoid social isolation; support to follow interests and take part in activities that are socially and culturally relevant to them

- People were helped to maintain relationships that were significant to them.
- People were encouraged and motivated by staff to access activities important to them. Care plans recorded information about people's interests, hobbies and what they enjoyed doing with their time. One relative said, "(Person) loves it, the arts and crafts and the music Wednesdays." Another relative said, "They like shopping and they (staff) will take them to Newcastle to do that or to the cinema."

Improving care quality in response to complaints or concerns

- A complaints policy was in place which outlined how complaints would be responded to with timescales.
- People and their relatives knew how to complain, and staff supported them to do so if needed. One person said, "(Staff names) would listen to me if I was unhappy." One relative said, "Yes, we were told (how to complain) if need be. We have never had to complain though."
- People and their relatives told us they were happy with the service and had no reason to complain

currently.

End of life care and support

- No one was receiving end of life care. However, the registered manager had links with specialist end of life services which staff would work with if needed.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were clear about their roles and there was a defined organisational management structure.
- The registered manager had the skills and knowledge to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Quality assurance and governance processes helped to keep people safe, protect people's rights and provide good quality of care and support.

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

- The culture within the service was open and centred on people. People, relatives and staff had easy access management when needed.
- People received person-centred care from staff who knew them well.
- The registered manager was open to the inspection process and acted promptly on feedback provided to enhance the service and supplied all information requested.
- Staff were complimentary about management. Relatives felt the service was managed well.
- Health and social care professionals were complimentary about the service. One health professional told us, "The professional attitude, openness and willingness to engage shown towards the multidisciplinary team is extremely welcomed."

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 management team understood their regulatory requirements and responsibilities. Relatives were kept informed of any events or incidents that occurred with their family member.
- The registered manager understood the importance of apologising when mistakes were made.

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

- People, relatives and staff were actively involved with the service. A staff member said, "We have team meetings and recently had a support meeting. I couldn't attend but notes and minutes were shared."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement.
- The provider invested sufficiently in the service, embracing change and delivering improvements.

Working in partnership with others

- Staff at the service worked well in partnership with advocacy organisations, other healthcare professionals and social care organisations. This helped to give people using the service a voice, improve their wellbeing and ensure that their needs were met.