

United Response

Cumbria 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

We carried out this unannounced inspection between 3 & 5 November 2015. We last inspected this service in April 2013. At that inspection we found the service was meeting all of the regulations we assessed.

Cumbria DCA is a branch of United Response (UR), a large national charitable organisation that provide a range of services primarily to people with a learning disability. Cumbria DCA is a domiciliary care agency that provides care for people who live in Carlisle, Eden and West Cumbria. The agency provides care to people in their own homes, either living on their own or living with other people. People in receipt of the support from Cumbria DCA may have a learning disability or require support to manage their mental health needs.

There was a registered manager employed at the service. 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.

Everyone we spoke with told us that this was a good service and said they would recommend it to other people.

People told us that the staff who supported them knew how to provide their care and had been supported to take part in a wide variety of activities. Some said they never imagined that this would be possible and their quality of life had hugely improved through the efforts of the staff.

People were treated with kindness and respect and were included in all decisions about their care. Care staff knew how to protect people's privacy and supported people to maintain their independence.

The service demonstrated that they were aware of people's capacity and documented this in people's written records of care.

The service had sufficient staff available to support people. Safe systems were used when new staff were recruited to ensure they were suitable to work in people's homes.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly. The service managed medicines appropriately.

There was a newly developed, clearer management structure to ensure the service was running in a way that was more efficient and effective in supporting staff and to ensure the quality of the service offered to people.

People who used the service were confident that action would be taken if they raised any concerns. The registered manager asked people for their views about the care they received and acted in response to their

feedback.

There was a quality assurance system in place at the service. The outcomes of audits were analysed by the registered manager of the service and by the organisation's head office and these were used them to improve the way the service was run.

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.

There were sufficient staff to provide support to people.

Robust systems were used when new staff were recruited and people could be confident the staff who visited their homes were safe and suitable to work for a care service.

Care staff were aware of their responsibility to protect people from harm. They were aware of how to recognise and report concerns about vulnerable people.

Is the service effective?

Good 

The service was effective.

People were included in all decisions about their care and their rights were respected.

All staff completed training before working on their own in people's homes.

Staff received regular supervision and appraisal that ensured good work practice were maintained.

People received the support they required to eat and drink and to maintain their health.

Is the service caring?

Good 

The service was caring.

People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy and dignity.

The staff were kind and helpful and knew the people they were supporting.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to the care they received.

Care plans were based on robust assessments that were frequently updated so that people's changing needs could be met.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service was open to feedback and immediate action was taken where aspects of the service required improving.

Staff were well supported by the organisation, the registered manager and by other line managers.

There was an effective quality assurance system in use that had brought about improvements to the service offered to people.

Cumbria 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.

The inspection took place between the 3 & 5 November 2015 and was unannounced.

The inspection was carried out by an Adult Social Care inspector and an 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.

We visited the agency office and looked at care records for five people who used the service, training records for three staff and recruitment records for four staff. We also looked at records relating to complaints and how the provider checked the quality of the service. We spoke with 12 people who used the service and one relative on the telephone and visited three people in their own homes. We also spoke with the registered manager of the service and six staff.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and social work teams for their views of the agency. We planned the inspection using this information.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the care provided by this service and with the staff who visited their homes. One person told us, "I really like my carers, I feel safe and comfortable with them", and another person said, "I feel reassured knowing I'm getting regular visits and I'm being checked up on."

A relative we spoke with told us that they were confident the agency provided a safe service. They said, "The carers [care staff] keep my son safe, he is allowed to lead a full life as UR have checked the risks and know what to do to keep him safe without stopping him doing the things he likes."

People told us that they received the support they needed with taking their medicines. One person said, "I have a lot of different tablets to take now, I can get mixed up, but the staff keep me right". We saw that the care staff kept accurate records of the medicines they had given to people.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to demonstrate their knowledge about different types of abuse and how they would raise concerns about them.

Staff were clear on how to handle concerns about the actions of a colleague and discuss the company's whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others. One staff member reported using this and how sensitively the issues had been handled by senior management.

Staff training records showed all staff were up to date with safeguarding training. Staff also had access to e-learning materials if it is felt that they need extra support. Staff told us that safeguarding people was a frequent topic in staff meetings and in individual supervisions with their manager.

The organisation had clear disciplinary and grievance procedures, that were issued to all staff, and these took account of professional bodies and codes of practices.

We saw that potential risks to people's safety had been identified and their records held information for care staff about how to reduce the risk. The staff we spoke with told us they knew how to keep people safe. We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example, this included a detailed business continuity plan that was implemented should severe weather occur.

We spoke with people who used the service and asked if there were sufficient staff to support them and if they arrived at their homes on time. All of the people we spoke with were satisfied with this aspect of the service. They told us that they usually received care from a team of staff who knew them and who knew the support they required.

We looked at the recruitment records for five members of staff, including two new starters. We saw that

thorough checks had been carried out to ensure the staff were safe and suitable to work in people's homes.

Staff and management we spoke to during this review confirmed that checks and references were taken prior to their employment. As part of the recruitment process staff skills and knowledge are assessed and suitable induction training planned and completed. This meant that people who used the service could be confident that the staff who visited their homes had been recruited using safe procedures.

Is the service effective?

Our findings

People who used this service told us that the staff who visited them regularly knew the care they needed and how to provide their support. One person said, "Yes they (care staff) know what they are doing." Another added, "The carers are often talking about the training they've had, and I think you can tell as they are all very professional". A relative told us that they had also joined in the training offered to staff and this had provided continuity for their relative.

The records we looked at showed that all new staff had completed training before working on their own in people's homes. The staff we spoke with confirmed that new staff did not work on their own before they had completed this training. One new member of staff we spoke to said, "I shadowed other staff for three weeks before working on my own and I felt really prepared. Another place I worked I was sent out after a day of shadowing. I feel so well supported by the team and by the organisation."

We were sent a copy of the training matrix for the service. Staff had received a wide range of mandatory training. This included safeguarding, health and safety training and also specific care related training. Staff had completed training in values, person centred thinking, supporting behaviours that challenged, maintaining dignity and interacting with people living with a learning disability. The service was also developing links with the local mental health NHS provider and staff had received joint training to assist people with a mental health related need.

We also saw that staff were encouraged to develop through specific training that that they judged would help them develop in their role. Staff told us that they were encouraged to go on different kinds of training and then use their training and expertise to support the work of the team. One new staff member said of the induction training, "It was really good, we had an intensive full week, it was very structured and interactive, really interesting. We covered the basics such as moving and handling but also areas such as personality and eating disorders".

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the service was working within the principles of the MCA.

We found that people who used the service were included in planning and agreeing to the care they received. Everyone we spoke with said that the care staff asked what support they wanted and respected their decisions about their care. People told us that they could refuse any part of their planned care if wished and told us the care staff "always" respected their right to make choices about their support. One person told us, "My staff are always checking how I like things and never take things for granted."

All the care staff we spoke with showed they understood people's right to make decisions about their lives and care. One staff member told us, "I always ask what people want before carrying out any care".

People told us that when they had been unwell the care worker had contacted their GP on their behalf and said they had appreciated this support. We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff who visited them were kind, helpful and caring. One person told us "They're [care staff] very kind". Another person said, "I find the staff very good and very helpful". And another said, "My carer always asks can she do anything else for you."

People told us that they valued the support they received. One person said, "I couldn't do without them, [care staff]" and another person said, "The staff talk to me and we have a bit of a joke, it brightens the day."

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke with assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this. The language used in reports was respectful and appropriate. We also observed staff taking phone calls from people who used the service. Staff were pleasant and polite at all times and were keen to resolve any issues people had raised.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own homes.

Due to the nature of the service provided staff often had to access people's property with a key. This was because some people had mobility problems and had agreed for staff to have access to their homes so they were able to be supported. There were written plans in place to ensure that staff alerted people to their presence once entering the home. Staff we spoke with knew that maintaining people's privacy and dignity was important.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. These policies were linked with staff training and referred to in the staff handbook. In addition the service had policies in place relating to equality and diversity this helped to ensure people were not discriminated against. One staff member said that the training had really helped to focus on treating people with dignity and promoting independence to ensure people felt valued. They said, "We had two full days on person-centred approaches to support people and on core values of respect." Another said, "Giving people choice and a voice is a massive in this organisation, we don't just pay lip service to it. And I think because we revolve around the person they are so much happier."

We saw that people's support plans contained a high level of detail about how to help people express and communicate their wishes. One person receiving care said, "My key worker really knows me and I now do things I never imagined would ever happen to me. She takes the time to find out what I like and then makes every effort to make it happen. And it's done at my pace so I don't get anxious".

We saw that on occasion staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with healthcare professionals. We saw evidence to show how this area of support offered to people had been commended by healthcare professionals.

Is the service responsive?

Our findings

We asked people for their views about the service and how the service made sure they received care and support that met their needs.

People we spoke with said they had received a visit from the registered manager or a senior manager before the care package started. Some said that they spent some time talking to the agency about their needs, likes and dislike and preferences for meeting their care needs. One person told us, "They are always double checking what else they can do for me and say if you need anything else just ask."

Some people told us that the agency was particularly good at communicating on their behalf with other services such as hospital and GPs. When we contacted health professionals they reported that they had a "very positive working relationship" with the agency. They also stated that they felt the agency was good at working with people who could sometimes require a high level of emotional and psychological support. And being particularly good at responding flexibly at times of crisis for the people they were supporting.

People told us that they knew how to contact a senior person in the agency if they wanted to request any change to their planned care. They said that if they ever needed to ask for a change to their care the agency did "everything possible" to agree to their request. People told us they received care from staff who they knew and who they liked. Some people told us they had requested a change of carer and that this was an area the agency tried hard to do. One person said, "I've now got a great team of staff who I get on with, at one time I didn't get on with one carer and the manager did some swaps."

We looked at the care records for six people. We saw that these included the choices people had made about the support they received and how they wanted their care to be provided. The staff also assessed people's emotional, spiritual and cultural needs. This included supporting a person to take part in and be part of their local community. We saw that some people had been helped to find paid employment and voluntary opportunities.

The care plans gave details of the support people needed in relation to their personal and health care needs. These guided staff on how to deliver the right kind of care and support. The person centred plans also gave guidance on all aspects of individual's needs. These were written in the first person and for some people were written in ways to make them easier for them to understand. The staff we spoke with told us that the care plans provided them with information about how to support people. They said they knew how to contact a senior person in the office if the support a person needed had changed and their care plan required updating.

We saw that the service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.

Is the service well-led?

Our findings

This service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission.

Everyone we spoke with said the service was well managed. People who used the service and the relatives we spoke with said that they had frequent contact from a senior person. They all told us that they were confident that senior staff were committed to providing a good service. One person told us, "Our team leader is marvellous, she really goes "that extra mile" to try to make sure I have everything I need". A relative we spoke with told us, "We've been really happy with the service. We have used other agencies in the past and this is by far the best one. Staff communicate really well and any issues are sorted straight away".

People we spoke with told us that, if they had raised a concern they were listened to and action was taken in response to their comments. This showed that the service used the feedback from people who used the agency to improve the service provided.

Staff told us that they were "very happy working for the organisation...it is really professional and is well managed." One member of the team told us that they felt that they had really been helped with personal development and now felt confident to look at a more senior role with more responsibility. Another said, "It's a brilliant organisation, everything is done by the book and they explain why you have to do things like paperwork and following procedures. It makes total sense. It allows us to do some amazing things with the people we support. All the risks are managed to give people a much better quality of life. And the job satisfaction from this is massive".

During our inspection at the service the registered manager showed that they were open to feedback. We saw that they had identified areas of service that required improving and were taking action. One staff member said, "It's a really open organisation, I feel I can bring anything up and challenge senior managers if I'm not happy with anything. They positively encourage it!"

People who used the service were asked for their views in formal and informal ways. Some people told us that they were asked for their views of the service when their care plans were reviewed, the records we looked at confirmed this. People had also been asked to complete a quality questionnaire to share their views. We looked at some completed questionnaires and found these were positive about the service provided.

We saw examples of how well the quality of care delivery, support and services was monitored in the service. We noted that the quality monitoring followed the legislation and that one of the purposes of the quality assurance system was to ensure that services remained within the law. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change.

During our visits to the office we saw that staff felt confident calling into the office to speak with the

registered manager or deputy manager. The staff we spoke with said they knew they could call in the office any time they needed to. We saw on the day that a team meeting was taking place that provided care to just one person. We spoke to members of this team and they said they had frequent joint team meetings with the whole organisation as well as ones specific to the person they were supporting. They said that this helped them to feel supported in their work and to be clear on the values and ethos of the organisation. We were told by numerous members of staff that this was a "brilliant organisation to work for."