United Response

United Response DCA - Wiltshire

Inspection report

Unit 1
Sheldon Business Park
Chippenham
Wiltshire
SN14 0RQ
Tel: 01249 765504
Website: www.unitedresponse.org.uk

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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

Overall summary

United Response DCA Wiltshire is a domiciliary care service providing care and support to people in their own homes and in supported living services. When we visited 13 people were using the service at eleven separate addresses. Nine people lived on their own with four people living in two services shared with one other person.

The inspection was announced. We gave the provider 48 hours notice of our inspection. We did this to ensure we would be able to meet with people and staff at the service.

There was no registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and

Summary of findings

has the legal responsibility for meeting the requirements of the law; as does the provider. 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. The provider had informed CQC when the previous manager left. They had put in place a temporary manager and have completed their recruitment process for a permanent manager. The provider said when the newly appointed manager commences they will begin the application process to register with CQC as manager.

People were safe because staff understood their role and responsibilities to keep people safe from harm. They knew how to raise any safeguarding concerns. People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced staff to meet people's needs. Staff underwent employment checks before working with people to assess their suitability. Medicines were managed safely. Equipment was regularly serviced and well maintained and staff prevented and controlled the risk of infection.

The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. People were supported to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decision. People were supported to eat a healthy diet and drink sufficient fluids. People's health care needs were identified and met.

People received a caring service because staff treated people with dignity and respect. People were actively involved in planning the care and support they received. People were supported to develop and maintain relationships with family and friends.

The service was responsive because the care and support provided was individualised. The service adapted to people's changing needs. Staff providing care and support were familiar to people and knew them well. The service made changes in response to people's views and opinions.

People received a service that was well led because the temporary manager and other senior staff provided good leadership and management. The values, vision and culture of the service was clearly communicated. The quality of service people received was continually monitored and any areas needing improvement were identified and addressed.

Summary of findings

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.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Staff recruitment procedures ensured only suitable staff were employed.

People were kept safe through risks being identified and well managed.

Medicines were well managed with people receiving their medicines as prescribed.

The service prevented and controlled the risks of infection.

Good

Is the service effective?
The service was effective.

People received care and support from staff who had received training to meet their individual needs.

The provider and temporary manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff promoted and respected people's choices and decisions.

People received care and support from staff who were regularly and effectively supervised.

People were supported to maintain their independence.

Good

Is the service caring?
The service was caring.

People received the care and support they needed and were treated with dignity and respect.

The service actively sought people's views and people were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

Good

Is the service responsive?
The service was responsive.

People's needs were at the centre of the service provided.

Staff knew people well and took their hobbies and interests and likes and dislikes into account.

The staff responded to people's changing needs.

People were able to express their views about the service and staff acted on these views.

The service listened to feedback and the views of people using the service, relatives and others made changes as a result.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a person centred culture at the service that promoted people's independence.

The temporary manager and other senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 31 March and 1 April 2015. We last visited the service on 25 June 2014.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We looked at monitoring reports completed by local authorities following visits they had carried out.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Before the inspection we contacted health and social care professionals who had contact with the service. We reviewed the information they gave us.

During the inspection we talked to five people who used the service. We visited four people in their own homes. The provider asked people if they were willing to speak to us prior to our visit. We spoke with one person using the service at the agency office. We talked to four care workers. We talked to a relative of one person using the service. We talked to the temporary manager, area manager and other office based staff.

We looked at the care records of five people, the recruitment and personnel records of five staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, confidentiality, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. One person who had received care and support for many years said, "I feel much safer now, safer than when I was in residential care". Another person said, "Yes, I feel safe with my staff". A staff member supporting a person we visited said, "It's important (Person's name) feels safe with staff". A relative said, "I have no concerns regarding safety at all".

There were safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams. This included an easy to follow flow chart of action staff were to take if abuse was suspected, witnessed or alleged. Staff had received training in safeguarding. Staff described the action they would take if they thought people were at risk of abuse, or being abused. The staff knew about 'whistle blowing' to alert senior management to poor practice. The service had raised one safeguarding alert in the 12 months prior to our visit. The alert had been managed appropriately and CQC informed of the alert and the outcome. People were protected by staff who knew about the different types of abuse and what action to take when abuse was suspected.

People were kept safe because there were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for supporting people to use community facilities safely. These risk assessments had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments in people's care records and ensured they used them.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. For example people's risk assessments and support plans had been reviewed following accidents and incidents.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The provider had a recruitment policy in place. We discussed the policy with the temporary manager who said, "We try to make sure people are always involved in the recruitment of their staff and try our best to match staff to people". Recruitment procedures were understood and followed by staff; this meant people in the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of staff support they needed. This included 24 hour care and support for some people and a specific amount of targeted staff support for others. People told us they had enough staff support. People were relaxed and comfortable with staff. People told us they were happy with the staff providing care and support. One person said, "Yes, I like the staff".

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. Staff administering medicines had been trained to do so. There had been four errors in the administration of medicines in the 12 months before our visit. The provider had responded appropriately on each of these occasions. Individual support plans were in place for people who required emergency medicines to keep them safe. These plans had been developed with the involvement of relevant healthcare professionals.

Where people required equipment for moving and handling such as hoists and slings these were regularly checked for safety and well maintained. Staff had received training in the use of this equipment. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. A designated staff member had responsibility for infection prevention and control at each of the 11 addresses where a service was provided. Staff had received training in infection control.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "I'm happy and have everything I need". Another person said, "I can say what I need and the staff make sure I get it". People's care records documented how people's needs were met.

Staff had been trained to meet people's care and support needs. The temporary manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed all staff had received training in core areas such as keeping people safe from harm and first aid, with some staff receiving training in specialist areas such as caring for people with complex epilepsy and personal relationships and sexuality. Staff told us they had received training to meet people's needs. One staff member said, "(Person's name) needs staff to have particular training and we all have it". Newly appointed staff received a thorough induction which included training on the vision and values underpinning care and support. The provider supported staff to complete the health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Supervision was held regularly with staff. The provider made use of two complementary systems to provide staff with feedback and to help them improve their performance. The first of these involved staff team's providing feedback to individual staff at team meetings. These feedback sessions were facilitated by the temporary manager. The second was a more formal one to one supervision session between the staff member and temporary manager. The temporary manager explained the feedback provided by the team helped to encourage staff to reflect on their performance and develop their skills and abilities further. They said the one to one session helped in identifying and reviewing improvement targets for individual staff. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. Staff told us they valued individual supervision and team feedback. One staff member said, "We are a strong team and provide constructive feedback to each other". The provider had separate arrangements in place for annual appraisals and the management of performance or disciplinary concerns.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. DoLS provides a lawful way to deprive someone of their liberty provided it is in their best interests or is necessary to keep them safe from harm. Information in people's care records showed the service had assessed people in relation to their mental capacity, and that people were able to make their own choices and decisions about their care. The temporary manager and staff had a good understanding of MCA and DoLS. Staff had received training on the MCA and DoLS. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People told us they were supported to be as independent as possible. One person said, "I use the bus and trains independently". Another person said they benefitted from being supported by staff to use their adapted vehicle to go out.

People's dietary and fluid needs were assessed and plans drawn up to meet those needs. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's care records included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. Staff had received training in these areas, which included training on managing complex epilepsy and positive behavioural support. People's care records contained information on hospital appointments and communication with healthcare professionals.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, “Staff are very caring, much better than I’d experienced before”. Another person said, “My staff are very caring and lovely”. A healthcare professional we talked to told us, “The staff are very positive, flexible, caring and person centred”. A relative said, “I’ve known the staff for a long time and they’re great, they are caring and keep me informed of what’s going on”. Staff demonstrated a caring and supportive approach. Staff knew the people they cared for well, with many having worked with people for a number of years.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. People’s care records included a communication plan which described how people’s communication needs were met. Staff were able to explain how these needs were met.

The service provided to people was based on people’s needs. People’s needs were assessed in relation to what was important to the person and what was important for the person. This meant the service was planned and delivered taking into account what people needed and what they wanted.

People were involved in planning their care and support. When planning the service the provider took into account the characteristics of staff they liked to be supported by. The views of people receiving the service were listened to and acted on. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care delivery arrangements.

Helping people to maintain relationships with family and friends was seen as important by staff. The temporary manager told us one person provided with 24 hour support but living on their own, invited their relative to all meetings. A staff member providing care and support to two people sharing a home told us relationships with neighbours were excellent. They said, “Neighbours have become friends, we have coffee mornings and BBQ’s and people get on really well”. We felt this example to be particularly positive, as the two people required a significant amount of support to develop and maintain these relationships, due to their communication needs. One person explained to us how they were supported to use SKYPE to maintain contact with family and friends living abroad. The temporary manager told us, “We support people to develop relationships in the manner they want”.

Staff respected people’s privacy and maintained their dignity. When visiting one person staff asked us to wait until the person was dressed and ready to talk to us. They then introduced us and left us to talk privately.

People’s care records addressed equality and diversity. Staff had received training on equality and diversity. A staff member said, “We would do all we could to meet a person’s needs with language, culture or religion”.

Regular meetings were held with people to seek their views regarding their care and support. These were generally small meetings involving the person, their staff and sometimes the manager. If people wished relatives or an advocate sometimes attended these meetings. We were also told that people sometimes attended staff meetings but if that was the case then confidential matters involving other people were not discussed. A number of regional and national meetings were also arranged by the provider. Records of these meetings were distributed to people in pictorial and easy read formats.

Good

Is the service responsive?

Our findings

The service organised people's care and support using a range of person centred planning tools and an annual person centred review meeting. Person centred planning tools are designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre. A person centred review meeting provides an opportunity for a person to decide how they wish to be cared for and supported, with the involvement of staff and others important to the person. These meetings were unique to each person. People had been involved in planning their meeting, including deciding who would attend, and were encouraged to think about things they wanted to do. Examples included, going to a theatre and spa and going on holidays. Information in people's care records showed people had been supported to do these things.

Care records were held at the agency office with a copy available in people's homes. We viewed the care records in the homes of the people we visited. We saw these were up to date and consistent with those held at the office. Staff said the care plans held in people's homes contained the information needed to provide care and support.

People made choices and decisions regarding their care and support. One person said, "I am able to do the things I want to do". A relative told us, "The staff respond to (Person's name) needs and I am able to make my views known". A staff member said, "Listening to people and helping them make choices and decisions is a key part of our job".

People were involved in a range of individual activities. Activities were based upon people's hobbies and interests and their likes and dislikes. For example, one person who enjoyed swimming was supported to go regularly. Other people participated in a range of different activities in their local communities. Staff told us people were supported to participate in activities within their home including cooking and cleaning. One person had been supported to find voluntary work in their local area. Daily recordings were completed by staff detailing the activities people had been involved in.

One person had recently been admitted to hospital for a week at short notice. This person had complex needs requiring assistance with moving and handling, management of their epilepsy and as a result of communication difficulties. The person had been supported during their stay by three familiar staff. Staff stayed with the person 24 hours a day for the duration of their stay in hospital. This ensured the person's needs were met whilst they received treatment for their ill health.

People said they felt able to raise any concerns they had with staff and these were listened to. One person said, "If I'm not happy I tell the staff". A relative said, "I'm happy with everything but would be able to talk to the staff or managers if I wasn't". The service had a complaints policy in place and provided people with an easy read version. We viewed the complaints log and saw no complaints had been received in the 12 months before our visit. The temporary manager said, "We have so many ways people can air their views and get things changed that people rarely need to complain formally". The temporary manager was able to explain to us the action they would take if a complaint was received. This included carrying out an investigation, making any necessary changes and feeding back to the complainant.

Meetings were held with people to seek their views regarding their care and support. During our visit we were invited by a person receiving support to sit in on a monthly meeting at the agency offices. This person explained the purpose of their meeting was, "To co-ordinate the support workers and keep them up to date". At the beginning of the meeting the agenda was agreed with the person and covered areas important to them. Areas discussed included staff hours provided, house maintenance and using social media. All decisions were referred to the person to have the final say.

Good

Is the service well-led?

Our findings

People said they received good care and support when they wanted it and were encouraged to be as independent as possible. People were supported in an individualised manner. This showed the vision and values of the organisation were being put into practice.

The temporary manager told us their vision was to provide person centred care and support and use a process of collective team management. In the PIR the provider had defined collective team management as being where responsibility lies equally with all team members. The temporary manager said, "If necessary we will take a more traditional managerial approach but if possible it's better for decisions to be made by staff working closely with people". Staff spoke positively regarding this approach. One staff member said, "We are all equally responsible and can make decisions". Another said, "We work closely as a team, taking responsibility for providing person centred support". This showed the provider had a clear strategy to accompany their vision and values and had communicated this.

People said they were able to contact a manager if they needed to. A relative confirmed they were able to talk to a manager if they wished to. Staff said they were able to contact a manager when needed. The temporary manager told us the service operated a 24 hour on call service, for staff to contact a senior person.

The provider sent satisfaction surveys to relatives for them to comment on the service. The results of the most recent surveys were positive. One relative had asked for a person to be supported to take part in a specific activity. This had been arranged by the provider.

Regular staff meetings were held to keep them up to date with changes and developments. Meetings were held by staff teams in each service, with a team representative attending a collective team management meeting held with the temporary manager. We looked at the minutes of previous meetings and saw a range of areas were discussed. For example, a meeting held in February 2015 included discussions on recruitment of staff and problem solving on issues arising from individual services. Staff told us they found these meetings helpful.

Both the temporary manager and other office based staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. The temporary manager and area manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included weekly, monthly and quarterly schedules of quality audits. The temporary manager said, "We try to involve people we support in these checks to promote awareness and responsibility". These checks covered health and safety and service quality issues. Records of these checks included details of action to be taken and action that had been taken to improve.

Three local authorities were involved in monitoring the quality of service provided to people. We saw quality assurance reports from two councils. These reports had assessed the quality of the service provided to 12 of the 13 people. The reports were positive, identifying some minor areas for improvement. For example, to review a lone working risk assessment and one person's support plan. We discussed these with the temporary manager who was able to explain to us the action taken as a result.