United Response

United Response - Huddersfield DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection which took place on the 28 September 2016. We gave the service 48 hours notice so there would be someone present to support the inspection. This was the services first inspection since re-registration in August 2013.

United Response Huddersfield is a domiciliary care service which provides personal care to people living in their own homes. The service supports adults and older people with physical and learning disability support needs. The service varied from supporting a number of people to live independently in a shared tenancy, to one to one support to access community services or gain independence skills.

The service had a registered manager who had been registered since 2013. 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.

We found that people's care was delivered safely and in a manner of their choosing, or in their best interests. People were supported in a manner that reflected their wishes and supported them to remain as independent as possible or to develop further independence.

Where the registered manager had identified issues relating to their delayed response to a complaint they had taken steps to ensure this issue was addressed. We saw that where people had complained action had been taken and improvements were being made to the service offered.

Staff told us and records showed us they were trained and inducted well into their new roles, or when they were to work with a new person. They felt they had been supported and mentored effectively and people and staff were matched by the service to assist in delivering a personalised service.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People were supported to self-manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve on their work. Staff told us they felt valued and this was reflected in the way they talked about the service, the registered manager and the people they worked with.

People who used the service were matched with suitable staff to support their needs, and if people requested changes these were facilitated quickly. Relatives were mostly complimentary of the service, and were usually included and involved by the staff. They felt the service provided met some complex needs. We noted that some people thought communication could be improved when new senior staff were appointed, the registered manager agreed to review this in future.

There were high levels of contact between the staff and people, seeking feedback and offering support to people. People's relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships. People thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good leader, by both staff and most relatives of people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff. External professionals felt that people's needs were supported effectively by a person centred service.

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.

Staff knew how to identify and report any potential abuse and understood people's vulnerabilities.

The service reviewed behaviour management guidelines to ensure they were updated as people's needs changed. Staff were deployed effectively to support people.

Medicines were managed safely by staff when required and checks were made on staff competency regularly.

Is the service effective?

Good

The service was effective.

The registered manager was taking action to improve communication and the service's response to complaints.

Staff had received appropriate training to meet individual people's needs. The service worked in conjunction with other health and social care providers to ensure the staff had the right skills.

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Good

The service was caring.

Peoples family members told us staff were caring and respectful.

Staff were aware of people's individual needs, histories and personalities. Staff were matched with people, this helped them provide individualised care for the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive.

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

People were able to raise issues with the service in a number of ways including formally via a complaints process. The registered manager had taken steps to review how the service responded to one complaint.

People were supported to access local community services and specialist learning disability services.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of equality and compassion amongst staff and people who used the service.

Staff said they felt well supported and were aware of how to contact senior staff for support throughout the day and night.

The registered manager monitored the quality of the service and looked for any improvements to ensure that people received quality care.

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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 registered 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 28 September 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 28 September and telephoned people using the service and their relatives on the 26 October and 2 November 2016.

Prior to inspection 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. Before inspection we contacted commissioners of the service for feedback. We planned the inspection using this information.

During the inspection we spoke with eight staff including the registered manager. We spoke with five relatives of people who used the service and one external professional.

Three care records were reviewed and the staff training programme. We also reviewed complaints records and how the service managed this process. We checked four staff recruitment files, two induction/supervision and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them.

Good

Is the service safe?

Our findings

We spoke with relatives of people who used the service and they told us they felt the service was delivered safely and their relative was protected by the service. One told us, "I had issues in the past, but they have supported my [relative] safely over a number of years. They are not easy to support, but they keep them away from harm's way".

We looked at the services response to safeguarding and other safety issues and saw that the service reported all such matters externally to the local authority and to the CQC as required. A number of issues related to people's vulnerabilities, to families or the wider community and the service took steps to reduce these risks. Records showed that the service worked alongside external health and social care professionals to devise safe ways to support people. Staff we spoke with felt confident they could raise safeguarding issues and they would be addressed by the service. They told us that they had attended training on safeguarding and that senior staff encouraged them to raise any issues they did have.

Care records showed that each person's care was subject to a series of risk assessments about their environment, as well as risks due to their care needs, such as behavioural support. Each person's care plan contained details about the nature of these risks as well as what steps the service and staff were to take to reduce these risks, we saw that these decisions often involved families and external professionals. For example, advice was sought about a person's behaviour on trips out who presented as high risk due to their fluctuating behaviour. We saw that these risk assessments were kept under constant review by the staff and changes made over time as required. These were written in plain English and newly recruited staff told us they were easy to translate into practice.

The registered manager told us how they had worked to improve their response to possible emergencies that may occur, mostly related to ensuring staff had access to on call support if required. One relative told us there had been a recent safety issue and the staff responded quickly and kept them informed.

We spoke with newly recruited staff and they were able to tell us how they had attended training to cover a wide range of needs, and were afforded the time to meet people and shadow existing staff teams as well as review care documentation. They told us they had to be 'signed off' before working alone with people for the first time. This process assured the service that staff were competent and safe to work alone with vulnerable people.

We looked at the registered manager's process for responding to and learning from accidents and incidents. A number of these related to people's behaviour which challenged the service. We saw that after each such incident a thorough review took place and action was taken to learn from and update any care plans.

The registered manager explained how staffing levels were assessed for each person based on their initial assessment of needs, then updated regularly alongside the staff team, families and external professionals. Most people received one to one staffing when in the community, but at times had more staffing for particular episodes of care, such as moving and handling. Each person's care records contained details of

how care was to be delivered and what competencies and skills those staff required. Staff were matched up with people based on a profile of each person and worker using a tool at initial assessment and after recruitment.

We looked at the services staff recruitment process and verified this by speaking to staff. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. An interview check list and score card was used for questioning applicants to ensure a fair process was followed and to promote equal opportunities. Staff confirmed that this process was followed when they were recruited.

We looked at how the service supported people to take their medicines safely. Medicines were stored safely. Some people were able to manage parts of their own medicine support, this was risk assessed and kept under review. We saw that medicines were managed appropriately with staff competencies being checked regularly by senior staff. Records of medicines administration were checked by senior staff to check these had been administered correctly. Where 'as and when required' medicines were used these were checked by senior staff to ensure the use reflected the persons care plan. External healthcare professional's advice was sought in use of such medicines and these were kept under review.

Good

Is the service effective?

Our findings

Relatives of people using the service told us the service worked well to meet their family members, often complex needs. One relative told us, "I know [name] is demanding at times, I looked after them for years so I know how hard it is. But the carers seem to take it on the chin, and keep moving on. I like how it is now". Other relatives we spoke with confirmed that the staff had the skills to do their jobs.

An external professional told us the staff seemed well trained and were very good at updating them of any changes in a person's behaviour. An external professional told us the service had worked hard to ensure they had the right staff with the right skills to support a person using the service. They told us they had accommodated changes to the care plan over time and were satisfied with the quality of the service.

We looked at how the service trained staff, we saw that new staff underwent a thorough induction, as well as attend specific training for people they may support. New staff shadowed experienced staff as part of induction, as well as read care plans and provider policies. Senior staff told us how they mentored new staff to ensure any training had embedded into practice and staff had confidence. Records in staff files showed when they were supervised and their competency was checked by observations.

Records did not always show that staff were receiving supervision and appraisals in line with the provider's policy. This had already been identified by the registered manager as an issue and action had already begun to improve this. We saw that staff were now receiving supervision and plans were in place to ensure that this and appraisals were occurring regularly once again. Staff we spoke with told us they could ask for support from their senior of the office staff at any time and this was always available to them. New staff confirmed they had support during their probationary period.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible. Where peoples care might amount to a deprivation this had been discussed with the relevant local authority. Relatives told us how the local authorities involved them in decision making and supported people to gain tenancies.

In care records we saw that peoples consent had been assessed, for their general care needs, but also for specific decisions such as handling their own money. Where people lacked capacity we saw that the service had sought the advice of external professionals as well as families and those who knew the person well. Family members we spoke with told us the service kept them involved and sought their advice and input when making and decisions about a person's care needs. Staff we spoke with told us the service worked within the principle of 'least restrictive option' looking for ways to support a person which had the least impact on their wishes and recognised their choices in any final decision. We saw that a number of people had support from their local authority in managing their money and the service communicated with them

regularly on people's behalf.

We looked at how staff supported people to have adequate nutrition and hydration. We saw that assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service acted to meet people's needs, for example if someone was at risk of eating unhealthily. One family member we spoke with told us the food was very good, with a varied menu on offer.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included social workers, district nurses, behavioural specialists and GPs. We found evidence in records that staff escalated people's physical or mental health problems to the appropriate specialists. Office staff we spoke with told us how they often liaised with external healthcare professionals on behalf of staff so that support staff could focus on meeting people's needs.

Good

Is the service caring?

Our findings

Most relatives we spoke with told us the service offered to their family was caring. One relative who had an ongoing complaint with the service told us that some staff were very caring, but they had issues with other staff. We discussed this with the registered manager who demonstrated that they had responded to the concerns raised about some staff.

One relative told us, "The carers are very good, they know how to look after [name] and I know they care as [name] isn't the easiest person to look after and they do it well". All relatives we spoke with felt staff were respectful of people and they felt involved by staff.

Staff completed initial care plans to help describe people's preferences in their daily lives, and important details about their previous lives and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's histories and their personalities and had been able to get to know them. Staff told us that they often spent more time with people than with their own families so thought of them as extended family. We saw that care plans had been adjusted as people's preferences and experiences changed over time as they developed new interests. For example supporting people to find, book and then support them on holidays. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English. The services used a 'matching tool' to assess which staff and people had similar interests. This helped the registered manager match up people with new staff so they would have a quicker bond or relationship.

Relatives we spoke with told us they felt staff were respectful of people's needs, that they could direct the care to meet their needs and the staff responded positively to their requests. We saw that staff had been trained to be aware of how best to offer emotional and practical support to people and their families as well as carry out essential care tasks. We saw in supervision records how staff had supported people with issues with family or fellow tenants in the shared houses they lived with. One relative told us how staff supported their family member when a new person moved into the house they shared. The relative told us their family member had taken time to adjust to new people, but that they had introduced them over a period of time, going at the pace of existing tenants so the move was successful.

The service had policies and procedures in place that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality, this helped to ensure people were not discriminated against. Staff had read these policies as part of induction or when they were brought into place by the provider. Staff we spoke with were able to tell us about how they put these into practice by supporting people as adults with equal rights.

From talking to staff and relatives we were told that the service endeavoured to respect people's privacy and dignity while providing care in their own homes. There were examples of how the staff had ensured people were able to spend time on their own or with family or friends, with staff withdrawing to afford them privacy.

When people were initially assessed by the service they, and their families, were given information about the provider and who to contact. Staff we spoke with told us that involving people, or their relatives, in care decisions assisted them in making the right choices for people. Staff told us that people were encouraged to continually express their views about their care and their likes and dislikes. This involved staff looking for non-verbal feedback, through changes to behaviour, where people were unable to express themselves.

Staff told us how they supported people to access additional healthcare services, sometimes supporting family carers to ask for additional support, such as additional equipment for a person's mobility. Staff were aware of advocacy support that could be accessed to assist people with any conflicts or issues. We saw that concerns about people's behaviour had been promptly referred for external professional advice to ensure that the needs of each individual were recognised. When people had to be supported with the decisions around taking up a tenancy, advocacy had been accessed then to ensure they had impartial advice.

Records showed how people wanted to be supported near the end of their lives and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs. For example one person had a funeral payment plan in place.

Good

Is the service responsive?

Our findings

Most relatives told us the service was flexible and responded to their family member's changing need for support. One relative told us, "They [staff] changed things around when needed. We can use the hours quite flexibly as long as we give them notice". However, one relative did tell us the service had not responded promptly to a complaint they had made. They told us the service had been slow to respond and that staff issues had taken some time to resolve. We discussed this with the registered manager who accepted that due to issues affecting the service at that time they had not responded to this complainant in a timely fashion, but showed us the action they had taken and were to take to resolve these issues. The complainant told us they still wanted their family member to continue to use the service.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life or just to support specific areas for development. For example, some people were supported to live independently in their tenancy, others to access community services, leisure and recreation. Care plans for each person were unique and showed clearly the goals of any support, as well as what other support would be provided by family or another care provider.

Support plans were clear, concise and easy to understand. Staff kept records of the support they provided that corresponded with people's plans of care. These records were checked by senior staff and any changes or updates to care plans made as a result. For example, where one community activity had not worked, the plan had been adjusted to look at alternatives. Reviews of support plans were carried out regularly and involved the person receiving support wherever suitable. People's relatives and external health and social care professionals were invited to these reviews as well.

People were supported to keep in contact with family and friends and staff told us how they often supported people by keeping family members updated on their wellbeing. One relative told us how they kept in touch via phone whilst they were on holiday. We saw from records and from talking to people that the service had made changes to peoples care plans to accommodate family visits and important family events.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they raised a complaint. The service had clear procedures as to how long it should take the service to respond to and resolve any complaint. We found that the service had not always responded to complaints in a timely fashion, we saw the service had taken action to resolve this complaint and ensure processes were more robust in future. There was also a procedure to follow if the complainant was not satisfied with the outcome and this was being used appropriately by the service. The registered manager told us their plans for improving complaints and these included ensuring they were reported quickly to senior staff so a more timely response would occur in future.

We asked relatives if they knew how to raise concerns or queries about the service they received. People told us that they felt comfortable telling someone at the service if they were unhappy about any part of the service. All except one relative told us they had no complaints when we asked them, but most said they

would ask the senior staff member they knew best or call the office if they did.

We saw that the service sometimes worked alongside other care providers to support people, such as day care. Staff told us how they communicated between providers to make each other aware of important issues or events which might affect people. They told us they did this with the persons consent or in their best interests.

Good

Is the service well-led?

Our findings

The registered manager was present during our office visit and was able to supply information requested quickly and was open and transparent with us throughout the inspection. They were able to tell us their plans for the service, and where they had declined work recently as they did not feel able to offer the quality of service needed within the budget available. Where a new service was being developed they told us how they had worked alongside commissioners to develop a staff and support team to meet primarily physical care and support needs.

Relatives and an external professional told us they felt the service was well led. Another relative told us they had a new senior staff member who was in charge of their relatives care team, but they had not been in any contact with them yet. They felt their relationship had not been as strong as with the previous senior staff member. We discussed this with the registered manager who agreed to ensure the relative and new senior improved communication.

Relatives told us the contact they had with the registered manager and the services office staff was positive and they responded quickly to any issues raised. One relative told us how the service liaised with the landlord to resolve an issue in their family member's home. They told us they had taken quick action and supported the person through the experience.

Staff told us they felt supported by the registered manager and other senior staff. Staff were able to tell us the provider's ethos and values of providing quality care and support to people when they needed it most, often for people with very complex needs. Staff were passionate about the quality of their work in supporting people to lead the best lives possible and to challenge assumptions about people with disabilities. They told us they felt their training and ongoing support made this more than any paper exercise.

The registered manager told us the service supported staff to maintain positive values through good support and training for them. They told us how this helped them have the right skills to support people well and feel the positives of doing a good job. Staff told us they felt the service offered an inclusive attitude to supporting complex needs. All the staff we spoke with felt able to raise any concerns with the registered manager or senior staff and felt confident they would be resolved.

We checked the registered manager's knowledge of the legal requirements of a registered person, and they had notified us of incidents affecting the service or people in a prompt manner. If we asked to look at what actions had been taken after some incidents the registered manager or other staff were able to show, or send to after the office visit, records which showed how the service reviewed and learnt from such events.

The registered manager explained how they were supported by the provider. They had a regional manager and had contact with other registered managers. They used these supports to share good practice and learning from incidents. We saw the registered manager reflected this through their own leadership, when meeting with seniors they reflected on positive and negative experiences and uses mutual support to further

develop the services effectiveness.

The registered manager and other senior undertook reviews of the service via checks of care and medicines records and through contact with people using the service. We saw this review of records had led to positive changes in how peoples care was delivered. We also saw that after an incident where a person had unexplained bruising, the registered manager had undertaken a full review of this area of risk and initiated positive changes to reduce risk to staff and people using the service.
Senior staff visited services regularly to carry out spot checks and observations of staff, as well as to offer supervision and ad hoc support. The registered manager told us they used these opportunities to gather feedback and gauge how effective the service was. Senior staff we met in the office told us they had to spend time with staff and people to ensure the service was meeting people's needs, that checking of documentation was not enough.