

United Response

United Response DCA - Central

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 25 January 2016 and was announced. United Response DCA - Central is a domiciliary care service which provides personal care and support to people with physical needs as well as people who have learning disabilities, mental health problems and sensory impairments.

United Response DCA- Central provides care and support to people who live in their own homes and also to people who live in shared accommodation known as supportive living. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care. At the time of our inspection there were only nine people receiving support with their personal care.

A registered manager was in place as required by their conditions of registration. 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 and associated regulations about how the service is run. The registered manager was supported by six team managers who managed services in six different geographical areas across four counties.

Most people were unable to express their views about the service they received due to their complex needs. However, their relatives were very positive about the service and highly praised the staff.

Staff had been trained to support people with arrange of diverse needs. They told us they felt supported by senior staff but regular formal meetings with their line manager were not always consistent.

People received care and support which had been focused on their individual needs. Suitable staffing levels were in place so people could be adequately supported at home and in the community. Staff were knowledgeable about supporting people with complex needs or behaviours that may be seen as challenging by others. Where people's physical and emotional needs had changed, they had been referred to health care professionals for additional advice and support. Staff had reflected and learnt from any incidents where people or staff could have been potentially harmed.

People's support plans gave staff detailed guidance on how people like to be supported and their preferred standards of care. They were encouraged to try out new activities. People had been supported to maintain links with their families but also to become as independent as possible.

The management and administration of their medicines was based on people's individual support needs and local pharmaceutical systems. People were encouraged to make their own decisions about their meals but were also encouraged to eat a healthy diet.

The service was well led. There was a strong management team who had a good understanding of needs of people. People and their relatives knew where to make a complaint if they had any concerns. The provider

and registered manager sought and valued people's opinions about the service they received. A new system to monitor the quality of the service being provided had been implemented.

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.

People were cared for by staff who understood how to protect them from avoidable harm and abuse. Individual risks of people who lived in their own homes were assessed, managed or recorded.

People's medicines were mainly managed well and they received them safely.

People were supported by suitable number of people who were familiar to them. Staff had been checked and trained before they started to support people.

Is the service effective?

Good ●

The service was effective.

People were supported with their personal care by staff who were trained and supported. Any shortfalls in supporting and appraising staff development were being managed.

People were supported to make decisions about their care and support. They were encouraged to eat a healthy diet. Where required people were supported with the planning, shopping and preparing their meals.

People were referred appropriately to health care services if their care needs changed.

Is the service caring?

Good ●

This service was caring.

People and their relatives were positive about the care they received. Staff supported people with their personal care needs in a dignified manner. They were respectful of people's own decisions.

People were encouraged to retain and develop in their levels of independence.

Is the service responsive?

Good ●

This service was responsive.

The support plans of people who received personal care in their own homes reflected people's personal needs, risk and consent to their care. Staff had been responsive people needs and wishes. People had been given the opportunities to try out new activities. People were involved in their support plan reviews.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good ●

This service was well led.

The registered manager was proactive in making improvements to the service and understanding the diversity of the service being provided.

The provider had recently restructured the systems to monitor the quality of the service being provided.

Staff felt supported by the registered manager and team leaders. Regular meetings were held to review and discuss the service being provided.

United Response DCA - Central

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 25 January 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also analysed the results of questionnaires which were sent to people who use the service, their relatives, staff members and health care professionals who are linked to the service regarding the support being provided by United Response DCA-Central.

On 22 January 2016, we visited the main office for United Response DCA- Central and spoke to the registered manager. We looked at the support plans of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports.

Most people who receive a service from United Response DCA- Central were unable to communicate with us due to their complex needs; therefore we joined one person being supported by a staff member on their activities.

On 25 January 2016, we continued our inspection and also joined people and staff at a small day centre run by the service. After the inspection, we spoke with three relatives by telephone about the service their loved

one's received from United Response DCA- Central as well as three staff members. We also received information about the service from four health care professionals.

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. All the people who completed our survey told us they felt safe from harm and abuse from their care and support workers. Relatives told us they felt their loved ones were protected from harm and were safe when supported by the service. One relative said, "The staff are excellent. He is well cared for and I feel confident in the care that he receives".

Staff had completed regular training on how to recognise and report allegations and incidents of abuse. All staff demonstrated a good understanding of the homes' safeguarding policy and processes. They had access to the providers and local authority safeguarding policies on protecting people. Processes were in place to support people who needed assistance to manage and handle their money to ensure they were protected from financial abuse.

Staff who had completed our survey felt people were safe from abuse and they knew what to do if they suspected people were at risk of harm or abuse. Where concerns had been raised about the protection of people, the registered manager had shared this information with other agencies that had a responsibility to safeguard people.

Relatives told us people's health and well-being risks were managed well. Staff were knowledgeable about people's risks and how they should be managed to reduce harm to people. Records showed people's personal risks had been assessed such as the risk of becoming anxious or danger of burning themselves on hot food. Staff explained how they supported people who were known to become anxious or upset. People's support plans provided staff with information of the triggers or signs which may indicate they were becoming upset or frustrated. Guidance was in place to direct staff on how they should support people if their behaviour or emotions changed. Records showed that immediate investigations had occurred when there had been incidents of people requiring physical intervention from staff to protect themselves or others. Staff were supported to discuss and reflect on any incident and how it could have been better managed.

Any accidents or incidents were reported by the team manager and sent to the locality office. The registered manager reviewed the reports and informed other authorities responsible for managing and monitoring the cause of injuries or harm to people. The registered manager said, "I'm informed of any incidents and will immediately look into it and see where we can make any improvements to prevent the accident happening again". Any shortfalls identified or areas of improvement to eliminate further incidents had been addressed. For example one person had been referred to the occupational therapist to be assessed for equipment to protect them in the kitchen in the event of a fall. A representative from the provider also looked at all issues relating to health and safety and analysed the results to identify any trends or patterns.

People were cared for by suitable numbers of staff. The team manager for each locality area was responsible for managing and deploying staff to ensure people's needs were met. Some people required support 24 hours a day while others only required support for parts of the day. The teams within each locality worked

together to ensure people's needs and requirements were met. Staff and relatives of people told us that the staffing levels were stable. They told us people were mainly supported by staff who were familiar to them and had an understanding of their needs. Where agency staff had been used, they had been given the opportunity to meet people before they provided them with care and support.

Where there had been gaps in the staff rotas; staff had carried out additional hours to ensure people were suitably supported. The registered manager and team managers regularly visited people in their homes and sometimes provided care and support if there was a shortfall in staff availability.

Some people who did not receive full time support from staff, had the use of assistive technology (such as mattress sensors if they experienced nocturnal seizure) which would alert staff that they needed assistance. People and staff could also alert the services on call system in the event of an emergency. However, the staffing levels and support for some people had been reviewed and increased when it had been felt that the assistive technology had not provided adequate support for people especially when they had become unwell.

Effective recruitment processes were in place to ensure people were cared for by suitable staff. Checks on staffs' previous employment history, references and criminal records had taken place. A checklist was in place for the registered manager to sign to indicate they had reviewed the recruitment documentation of new staff and felt they were suitable to be employed to care for people. The service was recruiting extra staff to provide more flexibility around people's needs. We were told that people were often involved in the recruitment process and their views of each candidate were valued and considered when recruiting new staff.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Different systems of ordering and storing people's medicines had been individually identified and assessed depending on their support requirements. People had links with different doctors and pharmacist depending on the area they lived in.

A nominated and trained staff member ordered and managed medicines on people's behalf. Staff responsible for administering people medicines had received training to do so. People had been supported to have their medicines reviewed and their dosage adjusted according to their present health and mental needs.

There were safe medication administration systems in place and people received their medicines when required. Most people received their medicines from blister packs. The quantity of medicines which were not stored in blister packs were checked regularly. Any discrepancies in people's medicines had been reported and investigated by the registered manager.

Protocols were in place for people who had known conditions or higher needs and may require prescribed medicines to be given 'as required' such as when they became anxious or needed pain relief. However, detailed guidance wasn't always in place when people needed medicines or homely remedies for one-off or minor illnesses. The registered manager told us this would be addressed with the introduction of the new support plans.

Is the service effective?

Our findings

People were being supported by staff who had been given the opportunity to develop and maintain their skills and knowledge. People who completed our survey felt they received effective care from staff who were knowledgeable in their role. Staff had carried out regular refresher training considered as mandatory by the provider, such as safeguarding people and health and safety training. Staff had been provided with additional training to support them in their role when required. For example, the registered manager had sought additional training from specialised services such as health care professionals who advised on supporting people with epilepsy. Staff had been trained to support and help manage people who may become upset. Staff told us their training gave them the skills they required to support people if they became agitated and frustrated. They told us they felt confident in their training and would be able to support people with complex emotional needs. The provider had supported staff to attend nationally recognised courses in supporting people with a learning disability and autism. New staff had been given support and training to carry out their role. Allocated time had been designated to allow people to be slowly introduced to new staff.

Staff told us they felt supported by their line managers informally. One staff member said, "The managers are very good. I can always call them if I need some advice". The registered manager and the team managers had met with staff individually to provide them with support; however records showed the frequency of these meetings was not in line with the provider's policy. Not all staff who completed our survey felt they received adequate support and appraisals which enhanced their skills and learning. This concern was raised with the registered manager who told us they were aware of this and had addressed the issue of formal staff support and appraisals with their line managers. Plans were in place to meet and regularly support staff as well complete their annual appraisals.

The registered manager told us they felt it was important that they praised staff when they saw good practices but also provided immediate support and mentoring if they felt staff were struggling with a situation. This was done on an individual basis or during team meetings and practice development meetings. Staff who had shown potential, had been mentored and supported to have more responsibilities within their role and empower them to make suggestions which may assist people. We were given example of how staff had implemented one of their suggestions to support a person to manage their expectations and excitement during the build up towards Christmas.

The service had a proactive approach to respecting people's human rights and worked within the principles of the Mental Capacity Act 2005 (MCA). 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. For example, people had been supported to make decision about their life such as where they wanted to live. We observed staff encouraging people to make choices about their day and respected their decisions. Where people lacked capacity to understand the impact of a decision, other significant people such as social workers and some families had been involved in helping them to

understand the care and support they should expect to receive from United Response.

The rights of people who were unable to make important decisions about their health and well-being were protected. For example, in one instance a decision had been made on behalf of one person that they did not need a recommended medical procedure. Records stated the reasons why this decision had been made and who had been involved in the decision making process. Pictures and photographs had been produced to ensure that the person was able to be involved in this decision as much as possible even though they lacked capacity to weigh up and retain this information. Records also showed another person had been assessed to identify if they had the capacity to understand their capability regarding the value of money. Their support plans reflected the support they required when managing their own finances. Where people were being continually supervised and restricted in their freedom by staff, the registered manager had applied for authorisation to the Court of Protection to do so.

People were given support to choose their meals on an individual basis. Food was cooked to meet people's individual taste and choices. Staff supported people where possible to contribute towards the planning, preparation and cooking of their meals. Staff were all aware of people's individual dietary needs and preferences. People's likes and dislikes in food and drink, their special diets and allergies were recorded. Staff supported people to have meals and snacks in the community and also to promote them to choose healthier choices. Relatives told us that people enjoyed their meals and were encouraged to maintain a balanced diet.

Where people's physical and emotional needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. One health care professional told us "The service acts on the advice that I give them and they always contact me if they are concerned about service user's health". People were encouraged to maintain their general health and well-being. People were supported when required to health care appointments such as the dentist. Staff had worked with people to help them overcome their fears associated with health services.

Is the service caring?

Our findings

People were supported by staff who were thoughtful and compassionate towards them. People who completed our survey told us they felt staff were kind and caring. All the comments we received about the service from relatives were very positive. Relatives comments included: "Staff are excellent. I can't fault them"; "Staff are very very caring. Nothing is too much trouble"; "We are very pleased with the staff. They are very insightful. They do amazingly well". In addition, all community health care professionals who contacted us told us that staff were respectful towards people. One health care professional wrote to us and said "I feel they (staff) are very respectful to the people they work with and do their very best to meet their needs. I have been very impressed with the care provided".

During our inspection we spent time with people and staff carrying out their activities. Staff introduced us to people and informed and reassured them about why we were spending time with them. One person became excited due to our presence. Staff took time to explain to them why we were joining them during their activities. Staff were knowledgeable about people and gave us guidance on how best to communicate with them without them becoming anxious or overly excited.

We observed staff encouraging and reassuring people carrying out their activity. Staff gave them the space and time to make their own decisions about how they wished to carry out the activity. Throughout our time observing people being supported by staff with their activities, we saw staff speaking to people in a caring and compassionate way. The relationships between staff and people receiving support consistently demonstrated respect. They spoke to people as equals and respected their views. Staff were very patient with people and guided them when required. They adapted the activity to meet their needs and capabilities. They respected their routines and preferences and gave them choices such as which piece of equipment they would like to use or where they would like to sit. People were comfortable around other staff members associated with the activity.

Staff knew people's individual communication skills, abilities and preferences. Staff spoke to people with dignity and respect at all times. People were able to set the pace of their communication. Staff took time to listen to their stories and opinions without interrupting them. People's wishes and views were valued and adhered to. When communicating with people who had communication difficulties, they adapted their approach to use a combination of verbal and visual sign language to help people understand. Staff adapted their approach with people who needed time to communicate and those who they knew enjoyed having a laugh and a joke.

People were encouraged to be independent and explore new opportunities and learn new skills. Some people had been encouraged sensitively to re-establish links with their families. The registered manager said, "It has been lovely to see people reunite with their families. We have taken small steps but they have really blossomed". Other people had been supported to access an advocate to support them and act on their behalf when required. A staff member had recently won an award for advocacy work she had done on behalf of people with learning disabilities.

Is the service responsive?

Our findings

People received care and support which had been personalised to their individual needs and requirements. The registered manager said, "Everyone we support is very different. The support we provide is very personalised and focused on them as individuals". All people who completed our survey told us they were involved in the decision making about their care and support. Their support plans were personalised and reflected their needs and choices. People had a one page profile which highlighted their likes, dislikes and how best staff should support them.

People's support plans provided staff with a lot of guidance on how they liked to spend their day and their preferred routines in the day such as how they liked their hair and clothes. One health care professional told us "The care plans were comprehensive and risk management plans were in place". People's support plans captured additional detailed information which ensured staff were knowledgeable about people's specific wishes and the way they wished to conduct their life. For example, one person's support plan stated how they would like to apply their face cream, make up and perfume.

Staff worked with people and their relatives to discuss and engage in new opportunities. Staff were responsive to people's wishes and choices. For example, staff had supported one person to gain work experience in a local warehouse. They were now supporting this person to gain paid employment. Staff had also supported people to undertake a variety of activities including golf, baking, horse riding and a variety of crafts. Some people also helped staff with a local 'pop-up café' in the local church hall.

People who had a history of becoming up upset and aggressive had been supported to develop their own coping strategies to deal with situations which frustrated or upset them. The registered manager and staff gave us several examples of how staff had worked with people to gain their trust and help them to manage different situations. Staff had built trust in their relationships with people and developed a range of positive approaches to support people. Their support plan gave details about people's individual behaviours and emotions and how they should be supported. Staff had been working with people to help them to reduce some of their medicines and to build coping mechanisms to manage their emotions. Staff reflected on any incidents. The registered manager said, "We always ask what we have done wrong and how we can improve for the next time. We are always learning about people". One health care professional informed us they had been impressed with the reflective practices which were used following any incidents to support staff and learn from their experiences.

People's needs were regular reviewed by the service. The registered manager said, "When we have reviews, we try and involve as many people as possible. It's about them and what they want". People were empowered and supported to organise their own review meeting. The registered manager said, "Some people send out their own invitations and we help them organise a venue and bring along cakes and drinks. Some see it like a social event". Those involved in the review meeting were asked to make comments about the person on post-it-notes such as 'What I like and admire about (person's name)'. The post-it-notes and photographs of people's achievements were put on a poster to celebrate their accomplishments during the review meeting. These comments and other information on what people felt was important to them to keep

them safe and healthy were discussed at the meeting. We were told people's dreams and aspirations had helped to form people's care and action plans for the future. For example one person's aspiration was to go on holiday and to buy new bedding.

People's support plans were in the process of being updated. An organisational group had regularly met to review and standardise the records associated with people's care and support. The registered manager explained they wanted people's support plans to be more personalised and to encourage people to be more involved in planning and agreeing to the care and support. We were shown copies of the new records which reflected the organisation policy in ensuring people's records were written to reflect their dignity; protect their right; reflect their values and wishes and be controlled by the individual.

All people who completed our survey told us they knew how to make a complaint if needed. Community health care professionals told us the staff were accessible and approachable and dealt effectively with any concerns raised. People's complaints had been managed in line with the provider's complaints policy. Complaints and concerns were taken seriously by the registered manager and used as an opportunity to improve the service. One outstanding complaint was being addressed with the complainant. The registered manager had set up meetings to further discuss and investigate into issue which was raised by a family member. The complaint had raised issues about supporting people in the event of an emergency. This was being addressed by the registered manager and new protocol had been put into place to ensure staff were clear about their responsibilities in the event of an emergency.

Is the service well-led?

Our findings

The registered manager had a clear understanding of their role and was promoting staff to support people in a way that focused on their support needs and wishes. The registered manager was knowledgeable in the latest developments and current practices in supporting people with a learning disability or on the autistic spectrum. They had subsequently been trained to train staff and were about to deliver an internal training course to staff on supporting people with autism and to understand the impact of their work on people.

The service had formed links with the local community to help overcome barriers. They had worked with one person's neighbours and invited them to a social event so they could get to know the person. Staff had bid for additional funding to support people in the community.

The registered manager had a 'very hands on' approach and supported people if the service was short staffed. The registered manager acknowledged that one of their biggest challenges was recruiting staff in a rural area. They were looking at different ways to attract and recruit staff such as holding recruitment open days.

A strong sense of team work was in place with a clear management structure when staff needed support and advice. There were strong links between the team managers and the registered manager. They regularly met to share information; good practices and provide peer support. Staff confirmed the team managers and registered manager was approachable and supportive if they had any concerns.

Staff received regular updates from the provider and had access to provider's internal electronic communication system, so staff were kept informed of internal news, issues and changes. The registered manager was also an area manager for the organisation and had been involved in reviewing some of the organisations processes and policies. The registered manager told us they were regularly supported by their line manager and other senior staff within the organisation.

The process and frequency of the monitoring and auditing systems of the services which people received had recently changed. The team managers across the six designated locations carried out monitoring checks on each other's services. We were told that this had highlighted detailed gaps as well as strengths in each location. It had also helped to standardise and share good practices. Regular audits included financial audits, fire inspections, and vehicle checks. Action plans from the audits were taken to the team meetings and discussed with staff. In addition to the team manager audits, the registered manager carried out their own six monthly audits and as well producing an annual action and improvement plan which would be shared with the provider's senior managers and trustees. The registered manager said, "The new auditing system gives everyone some responsibility and accountability from top to bottom".

The provider valued people's opinions of the service they provided. They held a national service user panel made up of staff and people who used the service across the country. They met regularly to discuss and consult about any changes within the organisations. The members of the panel were encouraged to share ideas, comment on any suggestions and represent other people who use the service. The provider also

appointed and engaged with quality checkers to have a better understanding of the service they provided. Quality checkers are people with learning disabilities who visited people who used the service and to find out if they were happy with the support they received.