United Response

United Response

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?	Requires Improvement

Overall summary

We undertook an announced inspection of United Response on Thursday 18 December 2014. We told the provider on Monday 15th December 2014 that we would be coming. This service had not been previously inspected since registering with the Commission in June 2013.

United Response is a national charity which supports people who have a learning disability, mental health needs or any physical disabilities. They help with financial support, personal care, community activities or in getting a job. The service supports people to be as independent as possible, live how they want to live and to take control of their lives. This United Response branch of the charity is situated in Nailsea and provides help and support to people in the close surrounding area.

The service provides supported living services. Supported living services involve a person living in their own home and receiving care and/or support in order to promote

Summary of findings

their independence. The care they receive is regulated by the Commission, but the accommodation is not. At the time of our inspection the service was providing personal care and support to 13 people. There were other people who received support from the service but the level of support they required is not regulated by the Commission.

A registered manager was in post at the time of inspection. 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.

Although we received positive comments about the registered manager from some people's relatives, we found the service had not communicated the management structure to people's relatives and there was not a clear understanding of this and who was responsible for the management of the service. The registered manager was unable to demonstrate a comprehensive understanding of all of the people the service were responsible for providing care to.

People told us they felt their relatives were safe with the staff employed by the service and the provider had made appropriate arrangements to identify and respond to allegations of abuse. Staff knew how to respond to abuse both internally and externally. The provider had a safeguarding and whistleblowing policy for staff that gave guidance on the identification and reporting of suspected abuse.

People's relatives said the staffing levels were sufficient and staff told us told us the current staffing arrangements met people's needs. We received mixed comments from people's relatives about agency support staff used by the service. The area manager explained the service was currently recruiting to reduce the use of agency staff. The provider had suitable recruitment processes in operation.

People received their medicines on time. There were arrangements in place for the ordering and disposal of medicines which promoted people's independence. People's medicines were stored correctly and risk assessments were in place to help ensure people's safety. Medicines records had been completed appropriately and the provider had an auditing system to monitor people's medicines.

People's relatives spoke highly of the staff at the service and praised the level of care provided by the staff. Staff felt they received sufficient training and the provider had a staff appraisal and supervision process and staff told us they felt supported. An induction process was undertaken by new staff to ensure they had sufficient knowledge and skills to provide care to people.

Staff demonstrated they understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. They told us they supported people to make safe and informed decisions. Within people's care records, we found the service had acted in accordance with legal requirements when decisions were made when people lacked mental capacity to make that decision themselves.

There were reviews of people's health and care needs and people accessed healthcare professionals where required. Records demonstrated staff had responded promptly when a concern had arisen about people's health and appropriate referrals were made.

People's relatives praised the caring nature of the staff at the service. People and their relatives were involved in the planning of their care and support. Where necessary, people's relatives were involved in decisions about the care package people received and spoke positively about the communication from staff within the service. People's care records reflected people's involvement and the decisions made in their care planning.

People's relatives told us the care provided met the needs of the person who received it. We saw within people's care records significant information was recorded about people. This included how they liked to be supported, what was important to them and how to support them if they became anxious and displayed behaviour that may be challenging. The provider had a complaints procedure and people said they felt confident they could complain should the need arise.

There were systems in place to obtain the views of people who used the service and their relatives. A staff survey

Summary of findings

had been undertaken by the provider and staff generally commented positively about their employment in the results. The registered manager had an auditing system to monitor the service provision and safety.

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?

Good

The service was safe. People's relatives told us they felt people were safe using the service and with the staff supporting them.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People were supported with their medicines by staff whilst their independence was promoted where possible.

Is the service effective?

Good

The service was effective. People received care from staff that were trained and supported by the provider. Staff said they received regular supervision and records supported this.

Where required, people were supported to obtain and prepare meals to meet their needs.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good

The service was caring. People's relatives said the staff were caring and there were good relationships between them and the staff team.

Staff were aware of people's needs and demonstrated a caring approach to providing person centred care.

People's independence and privacy was promoted and respected by staff.

People's relatives told us people received support in line with their wishes.

Is the service responsive?

Good

The service was responsive to people's needs. People and their relatives made choices about all aspects of their daily lives.

People were supported to maintain their independence through employment and social activities.

People and their relatives were involved in care and support planning.

The provider had a complaints procedure and people felt able to complain and were confident that they would be listened to.

Summary of findings

Is the service well-led?

The service was not consistently well-led. People's relatives were not fully aware of the management structure of the service.

The registered manager was not aware of some important aspects of people's care delivery.

The provider encouraged people and staff to express their views and opinions.

There were quality assurance systems in place and the registered manager received support from the provider.

Requires Improvement

United Response

Detailed findings

Background to this inspection

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

This inspection was carried out by one inspector. This service had not been inspected prior to this inspection.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people who used the service had complex needs and were unable to communicate verbally with us. We spoke with one person and the relatives of four people who received care from United Response. We also spoke with seven people employed by the service which included the area manager, the registered manager and support staff. We reviewed seven people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People and their relatives told us they felt people were safe when they received care from United Response staff. They spoke highly of the staff employed by the service and told us they felt that a high level of care was delivered. One person said, "My support workers are very friendly." One person's relative told us they felt their relative who was receiving care from the service was "Very safe" and another relative said to us, "We are very lucky with the staff who look after [name], they are outstanding."

The provider had arrangements to respond to suspected abuse. We saw that a policy was available for staff that gave information on how to identify and respond to suspected abuse. Staff were guided by the policy to report matters immediately. One extract of the policy read, "Staff should report anything different to their line manager even if they are unsure." Staff demonstrated they were knowledgeable about how to report safeguarding concerns both internally and externally. Records we viewed prior to the inspection showed that the service had made appropriate referrals when they had any concerns.

The provider had a whistleblowing policy which gave staff appropriate guidance on how to report any safeguarding of practice concerns to external organisations should they feel this was necessary. Staff we spoke with were familiar with the concept of whistleblowing and all told us they would have no concerns in reporting matters externally if they felt people who used the service may be at risk of harm. Staff gave examples of agencies they could contact such as the Commission, the local authority safeguarding team or the police.

Risks to people were assessed and plans were in place to reduce these risks as required. These assessments were personal to the person and related to different activities they may undertake in their daily lives. For example, where people were identified at risk of choking due to eating too fast and a pre-existing medical condition. Within the person's records appropriate support and guidance for staff was recorded. The guidance showed the person should be supported during all meals and monitored by staff. Intervention included speaking with the person and advising them to slow down, advising them to chew more.

We saw within records that people's individual medical conditions were recorded and risk management guidance was available. For example, the care record for a person with diabetes showed how the condition should be managed. There was guidance on the person's insulin requirement, the person's normal blood sugar range and the actions to take if the person's blood sugar was outside of either the maximum or minimum safe range. The records also showed how staff supported the person in the community, for example what equipment to take and what actions to take in the event of an emergency.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents to aid prevention or reduce reoccurrence. We spoke with the registered manager and reviewed the records of reported incidents or accidents. The records showed incidents and accidents were reviewed at the time of the event or very shortly after to establish any patterns or trends. Following a review, any actions to reduce reoccurrence were clearly recorded. For example, we saw that following a person slipping and having a fall, the staff had reviewed the person's mobility assessments and consulted with a physiotherapist and occupational therapist.

There were sufficient numbers of staff to support people safely. People's relatives told us that sufficient staff were available to provide the required care. People's relatives told us that sometimes agency staff were used to cover care and this had sometimes had a slightly negative impact as the agency staff were not aware of how people liked to be cared for. We did however receive a positive comment about the use of agency staff. One person's relative told us that although agency staff had been used, the registered manager had tried to ensure that the same staff were used regularly to ensure the continuity of people's care. Staff we spoke with did not highlight any concerns about the current staffing levels. We spoke with the area manager and registered manager about current staffing levels. They said that at the time of the inspection there were four full time vacancies and the dependency on agency staff was at 11% of the total care provided that included live-in and outreach service users. There was currently a recruitment process being undertaken at the service and received application forms were being reviewed.

Safe recruitment procedures were followed before new staff were appointed. Within four staff files there was appropriate documentation that showed the provider had an appropriate system that ensured only suitable people were employed at the service. For example, an application

Good

Is the service safe?

form with a previous employment history was present, together with employment or character references and photographic evidence of the person's identity. An enhanced Disclosure and Barring Service (DBS) check had been completed and the DBS certificate number was recorded within the files. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were managed safely whilst people's independence was promoted. People's medicines were available to them and staff assisted people with their medicines as required. The service had systems in operation for the obtaining and disposing of medicines. For example, some people collected their own medicines from the local pharmacy with the required level of support from staff. People's relatives told us they felt the service managed people's medicines appropriately whilst supporting their independence and no concerns were raised. We saw the level of support that people required with their medicines was recorded and we requested to view a sample of people's Medicines Administration Records (MAR). The MAR did not identify any recording errors. The service had an auditing system that monitored people's medicines and an appropriate return system was in operation for unused medicines.

Good

Is the service effective?

Our findings

People's relatives gave very positive feedback about the staff at the service and the high standard of care and support they provided. One person's relative said, "His care is excellent, we have no concerns in relation to that." The same person's relative went on to say, "I would commend the care that is given by the staff." Another person's relative said, "The staff are outstanding."

Staff said they had received training from the provider that enabled them to carry out their roles. The training record showed staff had received training in a variety of relevant topics such as positive behaviour support, food hygiene, fire and safeguarding. Additional training specific to the needs of people who used the service had been completed. For example, some staff said they had received training in diabetes management from the local diabetes nurse to ensure they could look after certain people safely. Where relevant, people's relatives told us they were confident the service provided the required support for people who had diabetes.

Staff were supported to effectively carry out their roles. Staff said they received supervision and records supported this. The area manager told us the current supervision and appraisal system was being aligned in accordance with the provider's supervision and appraisal policies. A new system was shortly to be introduced which would ensure staff then received a supervision every two months. A sample of staff supervision records showed that the staff members overall performance was discussed together with a review of strengths, their role and any support they required together with a discussion about staff development and actions to be undertaken to achieve that development.

The provider ensured that new staff employed at the service completed an induction training programme. The provider's initial staff induction was completed over a three month period. The induction included essential training such as first aid, food hygiene, health and safety, challenging behaviour and the prevention of harm. The new staff member completed this induction book during the initial period of their employment probation. This book showed that the staff member had understood their role and responsibilities together with the values of the service. Records showed the induction included supervisions to discuss and monitor initial performance.

Staff told us they had completed Mental Capacity Act 2005 (MCA) training and demonstrated awareness of how the MCA had an impact on their daily work. They told us how they encouraged people to make decisions and gave them choice about their daily lives. They explained that whilst encouraging people to make decisions for themselves, more important decisions may need the intervention of others. For example, a staff member explained how some people they supported had people nominated with power of attorney for people who may lose the capacity to make decisions themselves. Staff told us they were aware of circumstances of when a best interest decision meeting may need to be held if a person lacked the mental capacity to make certain decisions for themselves.

The provider had acted in accordance with legal requirements when required. We saw that best interest decision meetings had been held and recorded for certain people. For example, where a person had declined their medicines, a meeting had been held to establish if covertly administering the person's medicines without their knowledge was in their best interest. The records showed that a meeting was held between staff, the person's family, a social worker together with input from the person's GP. The meeting concluded it was in the person's best health interests for them to receive their medicines covertly as this would ensure they received their required medicines when prescribed.

At the time of our inspection no one receiving care from the service was at risk of malnutrition. One person required specific foods to manage a pre-existing medical condition and this was recorded within the person's care and support plan. There was guidance on the assistance they needed in line with their care records. The guidance showed the professionally recommended diet the person should on, together with different types of foods that would assist to achieve this. This list was also aligned with the person's personal likes and dislikes to ensure their preferences were maintained whilst achieving the required diet. There was also clear guidance for staff to follow on what foods not to use as they may have a negative effect with the person's current medicines.

People were supported to use healthcare services where required. People had regular health reviews aligned with their needs with their GP and records showed people were supported to attend these. In addition to this, people could see healthcare professionals such as a physiotherapists

Good

Is the service effective?

and occupational therapists should the need arise. People's care records displayed information that showed when staff had identified a concern they had contacted the person's GP for assistance. For example, one person's record showed a minor foot complaint had been reported and the person's GP had been called.

Good

Is the service caring?

Our findings

People and their relatives were happy with the level of care people received and spoke positively about the kind and caring nature of staff employed at the service. A person told us, "It's [the support they received] how I would like." One person's relative said, "He receives excellent care." Another person's relative commented, "The care is impeccable." People's relatives also described the care as "Caring" and "Supportive."

People's relatives told us they felt that staff knew people well and staff we spoke with demonstrated a good knowledge and understanding of the people they supported. People's care records all demonstrated a person centred, caring approach to the people they supported whilst promoting their independence. One person's relative told us, "They have got to know [name] really well – it's like family." Another person's relative said, "The staff really know the people they care for very well." Staff we spoke with were able to describe the care and support that people they supported received. They demonstrated an awareness of people likes and dislikes, their preferred routine and what social activities or events the person preferred. Staff also gave examples of how they communicated with people through signs and symbols where people were unable to communicate verbally.

People's relatives told us that staff interacted with the people who used the service in a caring and dignified way when they had observed it and did not raise any concerns about the communication staff used with people. They told us they had always observed positive and caring communication and that staff were polite and friendly during conversations with them.

Staff promoted people's independence and supported them to maintain this. For example, we saw within records that people's independence was supported and privacy was maintained. Examples within people's care records showed that people liked to be independent when going into the bank or the pharmacy to collect their medicines. We also saw examples of where people wished to use public transport alone that this was supported.

People and their relatives were involved in decisions about their care and support. People's relatives told us they had been invited and actively involved in making decisions about their care and support. This was clearly demonstrated within people's care records through signatures and care planning documents. We saw that care and support packages had been individually tailored to meet people's needs. They showed people's preferences within their home within the supported living environment and preferred social and working activities. People's relatives we spoke with were pleased with the package of care the service provided. People's relatives said communication from the support staff at the service was good and told us they were informed of any incidents or changes that happen. One person's relative told us, "I'm always informed of changes." Another person's relative told how staff continually liaised with them about their relatives pre-existing medical condition. This was to involve them in how the person was currently living with their condition and also if the staff required any assistance.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service was responsive. They told us they felt the service gave people person centred care and choice. All told us they felt people received the right level of support when they needed it. One person told us, "I'm quite happy with the way things are and the way I'm treated." One person's relative told us, "They [the service] are very responsive when I need them to be."

Care records were personal to the individual and highlighted the agreed package of care and how this was to be achieved. People's relatives told us they were involved in the planning of people's care and support plans. People's records contained information for staff that showed each person's individual needs and how they liked to be supported. Each person's care record differed which demonstrated they had been completed uniquely for an individual person and contained specific personalised information. For example, people's records showed different personalised risks and how the risk should be managed for that person. Other records showed people's individual social activities, their weekly plans that included employment details and tasks they liked to complete in the house.

Care records communicated additional information about people to help staff to know and understand the person. People's care and support records contained personalised documents about a person's needs and how they lived with the support from staff. For example, different documents entitled, "What is important to me" and "What people admire about me" were contained within people's support plans. These records showed information such as the important people in the person's life such as their family and friends. It gave information for staff on how to manage the person's anxieties to keep them safe and how to support them at times their behaviour may be challenging. This information was recorded so that staff were aware of personal information about the person that may aid to deliver their support in a more personalised and caring way. This could reduce or eliminate distress or anxiety to people.

Communication methods and people's required support aids were recorded to aid people and staff. Some people were unable to communicate verbally with staff and communicated through communication boards or signs with staff. Some people communicated using recognised communication methods such as Makaton, however other people had developed communication signs and symbols unique to them to communicate with staff. These signs and symbols were also recorded within people's recorded to aid to deliver their support in a more personalised and caring way and ensure that staff understood what people need or preference people were communicating.

The registered manager told us that people's care needs were reviewed. These reviews were undertaken every 12 months in accordance with the provider's policy or sooner should the circumstances arise. People's care records demonstrated that reviews had been completed and the records showed that people and their relatives had been present during the reviews. When we spoke with people's relatives they told us they and the people who used the service had been involved in the care reviews.

There were opportunities for people and their relatives to comment on how United Response was run. There were family meetings held at the different locations people were supported by the service. We saw from a selection of meeting minutes that matters such as staffing changes, changes in people's care and support needs, care delivery and training were discussed. Some relatives we spoke with told us they were actively involved in attending these meetings and found them useful.

People undertook employment and activities personal to them. Within people's care records we saw that people had a weekly planner. Some people who used the service were employed in positions within the local community. For example some people were employed within charity shops and others within cafés. The person's weekly plan showed when the person was at work, or when they were within their house resting or undertaking a social activity. One person's relative commented positively on how the person who used the service was "Always out" and gave several examples of which staff supported the person in both the community and abroad on holiday.

The service obtained feedback from people and their relatives through a questionnaire in May and June 2014. Matters raised during the questionnaire process included the increase of bus travel for people who used the service and for a more prompt invoicing system for mileage. The registered manager told us that the wish from people's relatives to increase the use of public transport had been communicated to staff and where possible and in line with

Good

Is the service responsive?

people's support plans this was being done. They told us the invoicing matter had been addressed within the office and that invoices were dispatched more timely. This was confirmed by people's relatives we spoke with.

People's relatives felt able to complain or raise issues within the service. The service had a complaints procedure which was also made available to people who used the service in an 'easy read' version. Most people's relatives told us they knew how to make a complaint if they needed to however one told us they were unsure of the procedure but would contact the management of the service. People's relatives told us when they had raised matters with the service on the whole people responded positively and told us they felt things had been done to meet their concerns. People told us that when they had raised concerns over invoicing this had been rectified by the service, however one person told us they were still currently in a dispute over invoicing matters but had elected not to raise this matter as a formal complaint with the service. The services complaint log showed that no formal complaints had been received during 2014.

Requires Improvement

Is the service well-led?

Our findings

The provider had not made people's relatives aware of the management structure within the service. The registered manager told us they had sent a letter advising people of their appointment, however people's relatives gave mixed responses when we spoke with them about the leadership of the service and the current management arrangements. When we asked people about the registered manager and the communication people had received, we received some positive comments. One person's relative said, "I have spoken with [name] quite a bit, I would describe him as a people person and very much at the interest of the service user." However, others we spoke with were unaware of the registered manager's role and told us the service had not communicated the management structure to them. For example, one person we spoke with said, "I know [name] is only in a temporary position." Another person's relative told us they thought the registered manager was the financial director and not responsible for the care of people who used the service. Although this did not present an obvious risk to people who used the service, it demonstrated that an absence of communication from the service had led to a lack of understanding from people's relatives about the management of the service.

The registered manager was unable to show a full understanding of key information about some people. During the inspection process we spoke with the registered manager and requested various pieces of documentation and asked about particular needs of people that used the service. We specifically asked if any person using the service had their medicines administered covertly. This was to establish if the service had undertaken a specific process in accordance with the Mental Capacity Act 2005 prior to administering medicines to people without their knowledge. The registered manager told us that no person who received personal care received their medicines in this way. During our inspection and whilst reviewing records, it was established this information was incorrect. Although the risk to the service user is low as the registered manager does not directly provide care to the person, the registered manager has a legal responsibility towards this person. There is an expectation therefore that pivotal information about people such as covert medicines administration is known by the person responsible for managing the service.

Most staff told us they felt valued and supported by the management team. Staff we spoke with gave mainly positive feedback on the management within the service. One member of staff told us the registered manager was approachable. Other staff told us that in addition to the registered manager they could obtain guidance and support from supervisory staff within the organisation. We did speak with one member of staff who told us they felt the registered manager did not offer them the support they needed but was unable to give an example of not being supported.

The provider had a system to obtain the views of all staff at the service. A staff survey was given to all staff to allow them the opportunity to express their views and opinions on certain matters about their employment. The results of the 2014 staff survey were available at the time of our inspection. This survey was for the entirety of the United Response locations and not specific to this service. The results showed 366 support workers and 215 senior support workers had completed the survey. The results of the survey were positive, for example 94% of respondents said they received sufficient training and 88% agreed they were supported by their manager. Where staff had raised a concern, this had been highlighted and communicated to them. For example, the survey showed that 32% of staff felt they didn't receive sufficient pay and reward for what they did. This had been acknowledged the provider and different options at how to address it were being looked into.

The management communicated with staff about the service. The registered manager told us that team meetings were held approximately monthly at different support locations within the service. The meetings discussed matters important to both people using the service and staff. For example, people's care records, recruitment, job roles, communication and people's needs were discussed.

The provider had a programme of regular audits that monitored the safety of people using the service and the environment in which they received care from staff. A quarterly check was completed at different locations by the registered manager. The checks included financial checks that ensured people's finances were being handled correctly and that appropriate records were maintained by

Requires Improvement

Is the service well-led?

staff. People's records and risk assessments were also checked together with an environmental check within the person's home to ensure risks to people and staff were minimised.

In addition to this, weekly medicines audits were undertaken that ensured people had sufficient medicines and appropriate records were maintained and correctly completed. The recent audits we looked at had not identified any areas of concern.

The registered manager's performance was regularly monitored and discussed. We spoke with the registered manager about the level of support they received from the provider. They told us they met approximately monthly with the area manager. They told us these meetings were useful and that the overall performance of the service was discussed with the area manager together with their individual performance and development. The registered manager told us they felt well supported by the provider.

The registered manager told us that since commencing their employment, they had attended forums for providers and services on matters such as safeguarding adults, the deprivation of liberty safeguards and additional training on the Court of Protection which protects people who lack mental capacity to manage their own affairs. This was to assist in ensuring they were aware of current legislation and guidance.