

United Response

United Response - Newcastle DCA

Inspection report

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Date of inspection visit:

10 November 2022

15 November 2022

21 November 2022

24 November 2022

Date of publication:

05 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

United Response – Newcastle DCA is a supported living service. At the time of the inspection they were providing care and support to 25 people spread over 10 supported living premises. The service provides support to people with learning or physical disabilities or autistic spectrum disorder.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. However, some improvements were required.

Right support:

People were supported by staff who focused on people's strengths and promoted what they could do. People could make choices and plan activities they preferred.

Medicines were managed safely. However, some improvements were needed in the records for medicines including handwritten records and when required medicines.

People were encouraged to be part of the community. Staff had a good understanding of people's individual needs and encouraged them to reach their goals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was enough staff to support people in a person-centred way. Some agency staff had been used at times. However, the provider had a robust safe recruitment drive in place to fill vacant posts.

Right care:

Staff understood how to protect people from abuse and what they needed to do to report this. Staff followed safe infection prevention practice in people's homes.

Right culture:

People were supported by staff who understood best practice in relation to the wide range of strengths and needs people with a learning disability and/or autistic people may have. This meant people received

compassionate and empowering support that was tailored to their needs.

The provider needed to improve record keeping across a number of areas and was going to review quality assurance systems to support this going forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 15 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part due to concerns received about medicines, staffing and training and the care people received. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led.

For the key questions of Caring and Responsive which were not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection. We have made three recommendations in connection with medicines, infection prevention and control and training records.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response - Newcastle DCA on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

United Response - Newcastle DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post, but a recent application had been made to address this and was currently being processed.

Notice of inspection

This inspection was announced. We gave a short period of notice for this inspection because some people

needed to be prepared for our visit. We also wanted to gain consent from relatives to call them prior to our visit to gain feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used feedback from the local authority safeguarding and commissioning teams. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 5 out of the 10 supported living homes which make up the service.

We met and observed 8 people and spoke with 7 either at their home or via telephone. We spoke with 7 relatives about their experiences of the care and support provided to their family member.

We contacted the whole staff team via email for feedback and spoke to staff at the 5 supported living homes we visited. We received feedback from 17 staff. This included, the regional manager, area manager, a relief area manager, service managers, team managers, support staff and agency staff.

We contacted 3 social workers, 2 local authority care managers, an advocate and a GP practice to gain feedback. We received 5 responses.

We reviewed a range of records. This included 5 people's care records and multiple medicine records and monitoring charts. We looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection we continued to seek clarification to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed safely. People received their medicines as prescribed.
- Some medicine documentation needed to be reviewed. This included 'as required' medicine protocols which describe how people should be supported and the impact they have had. We gave feedback to the regional manager who took action to address this.
- Staff ensured people's behaviours were not controlled by excessive or inappropriate use of medicines. Staff followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff had their medicines competencies checked to ensure they continued to administer medicines safely. Some staff competencies were out of date, the provider was going to address this immediately.

We recommend the provider further review all medicines procedures in line with NICE guidance, including ensuring all staff have up to date medicine competency checks in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people.
- Staff had received safeguarding adults training. Staff knew how to keep people safe and confirmed they would report any incidents of abuse should they occur.
- People felt safe and relatives confirmed this. A small number of relatives told us of incidents which had occurred. These had all been reported to appropriate authorities, including CQC and actions were taken to mitigate a reoccurrence wherever possible.
- Lessons were learned when things went wrong. Accidents and incidents were recorded, monitored and reported to appropriate authorities.

Staffing and recruitment

- There were enough staff to meet people's needs. Agency staff had to be used at times. One relative said, "The permanent staff are good. I trust them."
- The provider had an active recruitment drive in place and a range of incentives to attract potential staff to fill vacancies. Recruitment continued to be challenging due to the national shortage of suitable applicants.
- Robust recruitment checks were in place. This included requesting references from previous employers and completing Disclosure and Barring Service (DBS) vetting checks to ensure staff were suitable to work with vulnerable people.

Preventing and controlling infection

- The provider had effective infection prevention and control (IPC) measures and arrangements in place. People were supported by staff to keep their homes clean and tidy.
- Staff followed current government guidance regarding COVID-19 and staff had sufficient PPE. People confirmed staff wore masks. One service did not have an appropriate risk assessment in place regarding non-use of mask wearing with some people using the service. This was addressed by management.

We recommend the provider review government guidance regarding IPC.

Assessing risk, safety monitoring and management

- Any risk identified had been assessed, including for people, staff and visitors. Assessments outlined guidance for staff on how to keep people safe from harm.
- Various safety checks were completed to ensure the houses in which people lived were safe.
- The management team undertook various audits, including those in connection with health and safety to monitor the safety of people, staff and visitors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People who had transitioned from their family home or other establishments to their current supported living setting had been well supported. Care had been taken to do this in a structured and safe way to minimise any disruption to the person or the people they may be moving in with. One staff member said, "We want to ensure it is done safely, so have had good input from relevant professionals to make sure this happens."
- People's needs and choices were fully assessed, and care was delivered in line with standards, guidance and the law.

Staff support, training, skills and experience

- Staff were supported. Although some of the management team admitted one to one supervision sessions and team meetings were behind usual timescales. This was being addressed.
- The provider had a range of wellbeing support mechanisms in place including online mental health support. They also gave staff a wellbeing box, containing, for example, a water bottle, cool bag, lip salve and stress relieving ball.
- Staff were skilled and told us they received suitable induction and good training. However, not all staff had received all their ongoing training in line with the providers policies. The provider had a planned programme of training in place to address this. One relative said, "They [staff] are really professional with a really personal touch. They know where the boundaries are. I can tell [person] is not just a client. They are brilliant."
- One person told us they had been involved with the induction for new staff. They explained they had told their story to help new staff understand people using the services better. They said, "I love doing it."
- The training matrix was not fully accurate. For example, it showed new staff as being non-compliant in some training when in fact they had not started work.

We recommend the provider review their training matrix to show clear and accurate data.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy balanced diet. People with any special dietary requirements received support in a way that met their needs.
- People were involved in shopping and preparation of their meals if possible.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to live healthier lives, this included people who wished to lose weight. Staff supported them with healthy choices and offered motivation and advice.
- People had health passports which were used by health care professionals to support people in the way they preferred.
- People were supported to access health services in a timely manner. Staff supported people with any necessary appointments, including to GP's or hospitals. One person said, "They [staff] take me to the hospital for my arthritis."

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care or assistance.
- Staff knew about people's capacity to make decisions through either verbal or non-verbal means and this was recorded.
- Staff were supported with training in MCA and DOLS.
- Care was provided in the least restrictive way possible and any restrictions were documented and agreed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records in connection with medicines and training needed to be improved. Some support plans needed to be reviewed to ensure they were still relevant, up to date and written in a format to ensure people were able to be fully involved. The regional manager sent us actions they had taken and assured us this would all be addressed.
- Quality performance audits and checks were carried out. Some audits had not always been effective in identifying the issues around record keeping we found. After feedback the management team were going to review monitoring systems to enhance processes.
- The provider had developed the management structure with new managers in various roles. There had not been a registered manager at the service for many months, however, a recent application had been submitted for processing.
- Staff were clear about their roles. People had key workers to support them and staff matched to their needs wherever possible. We did receive some negative comments about some agency staff not always fully understanding their roles. The management team were going to address this as part of the overall feedback.
- The provider had complied with their regulatory requirement to report certain incidents to the CQC and various other authorities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by skilled staff who focused on people's strengths and promoted what they could do, including encouraging them to be part of the local community.
- People were happy and helped to reach their goals with the support of staff, including going on holiday. One relative said, "It's really nice to see how happy [person] is. We have an open relationship. I can speak openly to them [staff]. They are honest people."
- People were relaxed in the presence of the management and staff teams during our visits. People and relatives commented on permanent staff being kind and caring.
- Staff felt part of a dedicated team. They worked closely together to ensure people's care and support were at the heart of their daily practice. One staff member had brought their own coloured pens and paper to give to one person so they could make Christmas decorations.
- Communication between teams and others needed to be enhanced. One relative said, "I have phoned the office many times and sometimes they don't pass the message on." The management team listened to our feedback and said they would focus on this as an area to further improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received some mixed views on the support offered to the managers within the 10 supported living homes. We were told senior management within the area were not as visible as they should be. We shared these comments with the regional manager to investigate.
- The provider engaged with people and their families to gain feedback. A survey was due to go out in January to gain up to date comments. One person using the service engaged with other people in the service to gather their feedback for the provider.
- Staff received information via team meetings and supervisions. Staff felt confident to raise any suggestions or feedback to management but felt at times it was not acted on.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team was aware of the need to be open and honest when things go wrong. They had notified us of safety concerns. These had been reported to the local authority and the family were involved. The management team had taken appropriate steps and appropriate investigations had taken place.
- The staff team were open and supportive of the inspection process throughout.

Working in partnership with others

- Staff worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

Continuous learning and improving care

- The management team accessed resources to support them in providing good quality care. For example, linking in with the local authority or other professionals where updates or training was provided.
- The provider was a member of the Skills for Care and kept up to date with current changes, for example training in line with Oliver McGowan training, for staff supporting or working with people with different learning abilities.