

United Response

United Response - Wigan DCA

Inspection report

2nd Floor, Lloyd House
Orford Court, Greenfold Way
Leigh
Lancashire
WN7 3XJ

Tel: 01942263500

Website: www.unitedresponse.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

United Response - Wigan DCA is a branch of the national charity United Response, which provides a range of support services for adults and young people with learning disabilities, autism, mental health needs or physical disabilities. This service provides care and support to people living in 'supported living' settings within the Salford and Stockport area so that they can live as independently as possible. At the time of inspection 46 people were using the service, however only 34 were in receipt of regulated activities and included in the inspection.

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

People and relatives were positive about the care provided, telling us they had no concerns regarding safety or the management of medicines. Staff had received training in safeguarding and knew how to identify and report any concerns. The service carried out a number of safety checks, to ensure people's homes were safe and equipment fit for purpose.

Staff received sufficient training and supervision to ensure they could support people effectively and meet their needs. People received nutritional support in line with their assessed needs, this included menu planning, grocery shopping and meal preparation. People's health needs were also met through support to access a range of healthcare professionals. 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.

Staff were described as being kind, friendly and caring. We were told staff had taken time to get to know people thoroughly and knew how they wanted to be supported. Challenges were dealt with patiently and with compassion. People's privacy and dignity was maintained and their lifestyle choices respected.

People received personalised care which met their needs and wishes. People had been involved in putting together their care files and providing information about how they wanted to be supported. People were supported to set and achieve personal goals, which were celebrated. Where a part of people's commissioned hours, activities relevant to people and their interests had been facilitated. The complaints process had been provided in an accessible way, to ensure people knew how to complain. Where complaints had been made these had been resolved timely.

People, relatives and staff felt the service was well-run. People's views and opinions were sought to help drive improvements. The service used a range of systems to monitor the quality and effectiveness of the care and support provided. Action plans had been generated to address any issues.

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

Rating at last inspection

The last rating for this service was requires improvement (report published December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

United Response - Wigan 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience, who conducted telephone interviews with people using the service and relatives. 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 a number of '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two days' notice of the inspection. This was to ensure the registered manager would be available to support the inspection and to allow time for people to be asked if we could complete home visits to speak to them in person or contact them via telephone to ask questions.

Inspection activity started on 16 December and ended on 6 January, which was the deadline for staff to

submit questionnaires we had circulated to capture their views. We visited the office location on 18 December and carried out property visits on the 18 and 19 December.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

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

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We also gathered the views of an additional seven staff members by way of a questionnaire.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits and quality monitoring information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- People using the service told us they felt safe, relatives also had no concerns about their loved ones safety. Comments included, "I am safe here, never feel scared" and "Yes, [relative] is safe, there are no safety issues."
- Staff knew how to identify and report any safeguarding concerns. Safeguarding training was provided and refreshed at least bi-annually. One staff told us, "I did refresher training on safeguarding in September, was good to go through this again to remind me."
- Safeguarding concerns had been clearly documented with a log used to record what had occurred, what action had been taken, if the matter had been resolved and any learning points to mitigate future risks or occurrences.
- The service was proactive in reviewing any incidents. Any lessons which could be learned had been considered and documented following any safeguarding concerns, incidents and accidents, to minimise future risks and the likelihood of a reoccurrence. These were discussed in team meetings and handovers, to ensure staff involvement in the process.

Assessing risk, safety monitoring and management

- Care files contained personalised risk assessment and management plans. These explained any hazards or risks, potential triggers, how the risks would be managed or minimised and who was responsible.
- Although safety and maintenance of the properties was the responsibility of the landlords, the provider completed a number of checks, to ensure the environment was safe for people they supported. These included fire safety checks, equipment checks, water temperature monitoring and daily checks to ensure windows and doors were closed, bins emptied and plug sockets switched off.
- Risk assessments and care plans had been completed, to ensure people received support safely and in the way they wanted.
- The service had a robust system for the recording and monitoring of accidents and incidents. Forms included review and action point sections for managers to complete to look for patterns and trends. Information about all falls, accidents and incidents was also sent to a central email address monitored by the registered manager, to ensure they had oversight.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure staff employed were suitable for the role, and people were kept safe. Disclosure and Baring Service (DBS) checks had been completed. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

- The provider used value and competency based recruitment methods, to ensure people being selected for interview were suitable and met people's specific requirements.
- Sufficient numbers of staff were deployed to meet needs and support people safely and effectively. Rotas were compiled on a monthly basis in line with people's commissioned hours. Rotas were amended to fit in with people's changing needs or choices.

Using medicines safely

- Medicines were managed safely by staff who had been trained and had their competency to administer medicines assessed annually.
- Each person had a medicines profile which listed each medicine and why it had been prescribed. This ensured people and staff knew what each medicine was for.
- Medication Administration Records (MAR) had been completed correctly and consistently, with any issues identified via the auditing system in place. Guidance for as required (PRN) medicines, such as paracetamol were included alongside the MAR, to ensure these were administered when needed and as prescribed.

Preventing and controlling infection

- Infection control processes were robust. The service had up to date policies and procedures in place, including guidance for dealing with any outbreaks, such as diarrhoea or chest infections.
- Staff had a good understanding of the importance of infection prevention and control and confirmed PPE was readily available and used as necessary.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection staff supervision completion was inconsistent across the service. We found improvements had been made and staff told us they felt supported and had regular meetings with their line manager. One stated, "Every couple of months we receive supervision, but there is always support there if you need it."
- Staff spoke positively about the training provided, which consisted of both face to face sessions and e-learning. Comments included, "My manager will let me know when mandatory training is due or e-learning needs to be completed, I feel that I have enough training and if I felt that I needed training in a specific area then this would be arranged."
- Alongside training sessions, the service completed regular competency checks to assess staff's on the job skills and knowledge. Areas covered included, fire safety, health and safety, infection control and safeguarding.

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

- Pre-admission assessments had been completed for each person, to ensure the service could meet their needs and wishes. Information gathered during this process had been used to help inform support plan completion.
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. People had been involved in reviewing their support regularly, with documentation updated to reflect changes.

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We

checked whether the service was working within the principles of the MCA.

- People told us they had been involved in making decisions about the support they received. Care files contained consent forms, which covered all areas of people's care and support and included a capacity section, which confirmed the contents of the care file had been discussed, the person understood the information and had agreed for it to be implemented.
- Where people lacked capacity to consent to a specific decision, the best interest process had been used and clearly documented.
- Staff had a good understanding of the MCA, and how this impacted on their role. One told us, "We work quite a lot with the MCA here due to people making unwise choices. Management support staff to understand people have a right to make unwise decisions, just as we do. It's about trying to keep them as safe as possible, whilst respecting their rights."

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

- People received advice and support with planning and preparing meals in line with their assessed needs. Some people chose to purchase pre-prepared meals from online providers, to help maintain their independence, as they could use a microwave, but not the oven and hobs.
- People and relatives were happy with the support provided. Comments included, "The food is lovely. I help with the cooking. I peel the veg" and "They [staff] support [relative] with their dietary needs, they are fussy about food, the staff support them to make better meals, more healthy choices, they actively encourage them to go out and shop and not eat junk."
- People requiring a modified diet, such as soft or pureed food or thickened fluids, received these in line with professional guidance, which was contained within their care file.

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

- People received effective support to remain well and access healthcare professional as and when required. One person told us, "The dentist comes to the house. Staff help keep me calm when I go to the doctors, they are kind."
- Each person had a health checklist within their care file, which detailed if they were registered with a GP, dates of their last eye and hearing tests, last dental check-up and last annual health check.
- Involvement from professionals along with details of any medical or healthcare appointments had been consistently recorded in people's care notes. Any required actions had also been added to their support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the quality of the staff and the care they provided. Comments included, "I love the carers, they are so kind to me" and "They are very caring and kind and always lovely with [relative]."
- People and relatives acknowledged that staff fully understood people's needs and how best to support them. One told us "They are amazing, they give [relative] as much support as they possibly could. [Relative] can be very challenging, but they understand their needs, they are well supported."
- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. A relative told us, "[Relative] is gay, the staff respect and support them with this, they are supported to form and maintain relationships."

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and the ways in which this could be achieved. Comments included, "Always remember we are in a person's home. Knock on doors and wait to be asked in, make sure doors and blinds are closed when providing personal care" and "I ask permission before attending to personal needs and make sure support is discreetly delivered."
- People confirmed staff were respectful of their privacy, seeking consent to enter their premises or following the agreed process to do so; and personal care was provided in a discreet and respectful way.
- People were actively supported to maintain their independence. The service provided specific training in this area, to ensure people were encouraged to be more actively involved in their life. One person told us, "They [staff] help me wash my clothes, help me make my meals." We noted one person had been supported to plan and attend a holiday abroad unsupported, which was a goal of theirs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decisions about their care and support and were able to express their views and opinions. This was done through regular support sessions with staff members.
- People using the service helped to select staff through being part of the recruitment panel when new staff were interviewed.
- Views were also sought via annual stakeholder surveys, sent to people, their relatives and friends and professionals. Questions covered whether the service was doing the right things, meeting needs, keeping people safe and being well managed. We noted responses received were positive.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Care records were not always updated timely or contained outdated information. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act (2008) Regulated Activities 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 17.

- People received personalised care which met their needs and wishes. People had been involved in communicating how they wanted their care and support to be provided and the nature and personality of the staff they wanted to work with.
- Care files contained a variety of personalised information, to ensure staff were knowledgeable about people's backgrounds, likes, dislikes and preferences. This included a one page profile, what constituted a good and bad day and a guide about how people liked and needed their support providing.
- People had generated hopes and aspirations which were personal to them during planning sessions, for example two people had expressed a desire to lose weight and get fitter. People were then supported to achieve these goals, with progress and outcomes recorded in their aspirations folder.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a decision making profile, which explained the best way to communicate and ask them questions, and how the person would communicate their response. This ensured people received information in a personalised way.
- The service provided key information in an easy read format, to ensure these were accessible to everyone using the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not everyone's commissioned hours included activity provision. Where this was the case support with social activities and community access had been contracted separately and provided via a personal assistant or alternative provider.

- Where people's hours did include activity support, a wide range of activities and events had been facilitated. Comments included, "I went to the safari park and Blackpool to see the lights, I had fish and chips whilst there" and "[Relative] enjoys drawing and painting, staff support them with this. Staff take them out dancing at weekend, they love this."
- We asked staff about what they did to prevent social isolation. One told us, "We try and find an interest they enjoy, any hobbies or something they fancy doing but never tried. We see if they will attend outside activities, such as the day centre where they can meet other people." Where possible people had also been supported to access either voluntary or paid employment. One person had worked for a large retailer for over 20 years.

End of life care and support

- The registered manager was actively involved in the Learning Disability Mortality Review Programme (LeDeR), which was established to drive improvement in the quality of health and social care service delivery for people with learning disabilities, including end of life care.
- The service had received positive feedback from the local authority about the management of people's end of life care and their close working relationship with the palliative care team. The care provided to three people specifically was going to be used as a case study.
- We noted people's end of life care was personalised and ensured people's wishes were met. One person was a big fan of annual celebrations, such as Halloween and Christmas. Staff supported this person to celebrate each one early, prior to them passing away. This included putting up a Christmas tree and decorations.

Improving care quality in response to complaints or concerns

- The complaints procedure was available in the service user guide. People and relatives told us they would happily speak to staff if they had any concerns or complaints but had not had cause to.
- A log had been used to record any complaints received, along with action taken, outcomes and any lessons learned. This helped staff and the service improve care following any issues.
- The service had a separate log to capture positive feedback. We noted the service had received a compliment from another provider to whom they had handed over a number of care packages. The service had been complimented for carrying out a smooth and successful transfer.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

We identified issues with supervision completion and care records which had not been identified and addressed timely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (2008) Regulated Activities 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 17.

- There was a clear management structure in place, with the registered manager being assisted by four service managers, who oversaw the daily management of the service. They were supported by a group of team managers, who were responsible for one or more properties and the staff who worked there.
- People, relatives and staff told us the service was well-led and managed and they would happily recommend it to others. Comments included, "Yes, it is well managed, definitely, they are very helpful" and "It's well managed, absolutely, I would give it 100%. I would recommend to others, definitely, no doubt."
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.
- The service completed a range of audits to monitor the safety, care and support provided. An annual schedule was used to ensure all areas were covered and completed within set timeframes. The provider's quality audit manager oversaw the process, with all completed audits having to be submitted to them for review.
- A continuous service improvement plan was in place, which was a live document containing all ongoing action points. This was accessible by the provider's quality audit team and the registered manager. We noted actions had been addressed promptly, with changes to practice implemented when required to reduce the risk of a reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The service provided an inclusive environment with people having an integral part in their care and support and which staff supported them.
- Staff told us the service was a positive place to work and they felt fully supported. Comments included, "The management have always been very approachable and supportive" and "The service is open and

honest. I personally am confident in raising any concerns I feel I have. The staff team work well together and are very supportive of each other."

- Staff meetings were held monthly to discuss service provision and address any issues. Staff told us they felt comfortable raising concerns and felt involved. Additional meetings were held for different designation of staff, such as the service managers and team managers, to ensure the smooth running of the service.

Working in partnership with others

- We noted a number of examples of the service working in partnership with others. The service worked closely with the local authorities who commissioned packages with them, as well as Salford Council's Learning Disabilities team, with whom they met on a monthly basis to review the support provided and recognise positive pieces of work.

- The service was also involved with a number of initiatives and accreditation schemes to ensure people received safe and effective care and their homes were suitable, including contractors health and safety accreditation scheme (CHAS) and stop the over medication of people (STOMP).

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 registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and staff had no concerns in this regard. One relative told us, "Communication is good, they let us know everything and are supportive, we can contact them anytime."