

United Response

East Cornwall & Plymouth DCA

Inspection report

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03 May 2016

17 May 2016

07 June 2016

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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

The inspection took place on 27 April 2016, 3 & 17 May 2016 & 7 June 2016 and was announced.

East Cornwall & Plymouth DCA provides care and support to people with learning disabilities, acquired brain injuries and dementia. On the days of our inspection the service was providing personal care to 21 people.

There was a registered manager in post. 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.'

People and their relatives told us staff cared, and staff demonstrated through their conversations and interactions compassion and kindness for people. People's privacy and dignity was promoted. People were actively involved in making decisions about how they wanted to live their life.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend care reviews. This helped to ensure the care being provided met people's individual needs and preferences. Care plans were used to help people focus on their future ambitions as well as recognising their achievements.

People's relatives told us their loved one was safe and felt comfortable with staff. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People's risks associated with their care were effectively managed to ensure their freedom was promoted. People were supported by adequate staffing to help meet their needs. The provider wanted to ensure the right staff were employed, so people and their relatives were invited to be involved in the recruitment process. People's medicines were managed safely, staff received training and had their ongoing competence assessed in respect of medicines management.

People received care from staff who had undertaken training to be able to meet their needs. The provider used their pre-assessment process to assess whether staff required additional training, in order to meet people's needs effectively, prior to them using the service. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's care plans to make sure people were eating and drinking enough. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led, by a registered manager who demonstrated the provider's values. There were quality assurance systems in place to help assess the ongoing quality of the service people received, and to

help identify promptly areas which required improvement. The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

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 protected from abuse.

People's risks associated with their care were managed effectively to help ensure their freedom was supported and respected.

People were supported by enough staff to meet their individual needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken training to meet their needs.

People's consent was sought in line with legislative frameworks to ensure their human rights were protected.

People's nutritional needs were met to help ensure they had enough to eat and drink.

People were supported to access health and social care services to ensure their ongoing health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind.

People were involved in making decisions about their care and how they wanted to live their life.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care which was responsive to their needs.

People's complaints were listened to, valued and used to help improve the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a positive and caring culture.

The registered manager demonstrated good management and leadership of the service.

There was organisational senior management support in place, enabling the registered manager to seek advice, guidance and reflect on their own practice.

There were governance systems and processes in place to help assess whether the service delivered high quality care to people.

East Cornwall & Plymouth DCA

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.

The inspection took place on 27 April 2016, 3 and 17 May 2016 and 7 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of one 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 service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and our previous inspection reports. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority service improvement team and Healthwatch Cornwall.

During our inspection we spoke with two people who used the service, visited five people and spoke with eight relatives. Some people were not always able to verbally share their views with us because of their disability, so where possible, we ensured we spoke with their relative. We also spoke with five members of support staff, three team managers, the area bookkeeper (accountant), a member of the recruitment team, the registered manager and the area manager.

We looked at five records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service including policies and procedures, complaints and quality monitoring.

Is the service safe?

Our findings

People and their relatives told us they felt safe and comfortable with the staff who supported them or their loved one. Comments included, "He has regular carers about five...they understand (...) and we are happy that they keep him safe", "We are very happy with it, (...) is safe and we are confident in her care" and "They are very kind and nice, they are very good...they understand him and we are happy as that keeps him safe".

The consistency of staff was important to people and their relatives, as this helped staff to have meaningful relationships and to meet people's individual needs effectively. We were told, "We do have a rota so we know who is coming, if the regulars (staff) change or leave that can be difficult but that's like all the care agencies, the staff turns over a bit", "We have every confidence in them...we have regular carers, maybe the odd new one if someone is off" and "The staff are regular and there are lots of them".

The registered manager explained time was spent to help ensure the rota's created met people's needs, telling us "One size does not fit all". In the event of a staff shortage or an increase in support hours of people, there was an emergency staffing contingency plan. The organisations "rapid response team" (a group of relief staff) filled staffing vacancies. This helped to ensure continuity of care, as the registered manager told us the team "Know people".

People were supported by staff who were safely recruited. Safe recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The registered manager assessed an applicant's previous experience in determining whether they were suitable to work with people who used the service. Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take if they felt at risk. Staff, also had access to a 24 hour on call service and were provided with mobile phones.

People were safeguarded from abuse or harm because the registered manager and staff knew what action to take if they suspected someone was being abused or mistreated. Staff told us they were confident any concerns would be listened to and taken seriously by the registered manager. Safeguarding processes were also discussed with people who used the service, to help ensure they knew who they could speak with if they had any concerns or if they felt vulnerable.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

People's risks assessments were linked to their care plans to help ensure a joined up and safe approach to their care. For example, people had positive behavioural support plans in place, these plans helped to support people with behaviour that may challenge the person or staff. The risk assessments and care plans provided guidance and direction about how the person should be supported; helping to keep everyone safe.

A team manager explained, risk assessments and care plans were regularly reviewed which helped to "Prompt staff thinking", about how people could be supported better.

People who used moving and handling equipment to help them to mobilise, such as hoists had their equipment checked on a monthly basis to help ensure it was safe to use. Staff were also expected to make visual checks of people's equipment and report any faults.

People were supported with their finances, and when people shared accommodation they had been provided with lockable storage. Monthly checks of people's money were carried out to help ensure people were being correctly supported with their finances. People who had financial appointees were correctly involved. One relative told us, "I am the deputy (court appointed) so they consult me about money and permissions and stuff, they are very good with all of that" and another commented, "I am the financial deputy so all the requests for money come to me".

People when required, were supported with their medicines and had care plans in place which detailed the medicines and the role staff were required to take. For example, people who had medicines for diabetes or epilepsy had detailed care plans in place describing the medicines and the role of the staff in administering it. Staff who were responsible for administering medicines received training and their competency was checked on an annual basis to ascertain whether additional training was required.

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. Comments from relatives included, "They are all very well trained, exceptionally so", and "They are always being sent on training".

When staff joined the organisation they received an induction which incorporated the care certificate. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. The organisations induction, introduced new staff to the ethos of the organisation, important policy and procedures and senior management. A new member of staff, currently completing their induction told us they were being well supported.

Staff were provided with essential training such as moving and handling, autism and dementia care. Staff were then observed following training to help ensure their knowledge was being embedded into practice. One member of staff told us, "I think the training we get is pretty in depth". One to one supervisions and appraisals helped to ensure staff were supported and their skills developed. The registered manager explained "We look at how they (staff) could do something better".

People were encouraged to participate and make their meals when they were able to. People who found it difficult to communicate their likes and dislikes were visually shown different options enabling them to make their own choices, by facial expression. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Care plans also described if people required help or support with eating and drinking so staff were informed about what action they needed to take. One relative was complimentary of the nutritional support and told us, "They are very good at looking at (...) diet, very hot on that, they try and keep her at an even weight".

People were supported to access external services such as GP's and district nurses. One person had been struggling with their mobility so had been encouraged to see their GP, and subsequently had been referred to the hospital for an x-ray.

People's care plans made reference to the Mental Capacity Act 2005 (MCA). For example, when someone did not have the mental capacity to make decisions, the legislative framework had been followed to help ensure their human rights were protected. One relative told us, "They are very good at helping (...) decide things; the staff are very good at that". The registered manager and staff understood their responsibilities in relation to the legislative framework and had undertaken training. 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 the least restrictive option available.

People's care plans detailed their consent to the care and support staff were providing and staff were seen to gain people's consent prior to supporting them, for example a member of staff was heard to ask one

person if they could help them with their napkin. One relative told us, "They offer her little choices, what do you want to do, what you want to wear or where would you like to go".

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us, "They look after me, they take me out, they ask me what I want, I like them". Relatives commented, "I am very pleased at the way they look after (...) very kind and helpful", "We are very happy with it, the care (...) gets it has been marvellous", "The care she gets is very good we are very satisfied with it" and "They look after (...) wonderful, it's as if he were with family, no worries at all", "It's outstanding" and "We couldn't ask for better care".

During our observations, we saw staff were kind and caring when they interacted with people. They communicated with people in ways to suit their needs and demonstrated a familiarity and knowledge of people's preferences and dislikes.

People's privacy and dignity was respected and staff were discrete when people required personal care, for example one person had not managed to get to the toilet on time. The person was sensitively supported to their bedroom to be assisted.

People's social interests and preferences were recorded and used to help employ the right staff. For example, each person had a personal profile detailing their likes and dislikes. The profile was then used when interviewing new staff to help ensure people could be matched with staff who had similar interests. The registered manager explained, people "Like different things" and told us the importance of recognising this when recruiting staff. People were also asked if they would like to participate in the interview process to ask any questions that they may have.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics, enabling them to be involved as they wished. People and their relatives were encouraged to be involved in their care, commenting "They involve us in everything, they are more like family than carers" and "We get round the table from time to time to discuss things".

Is the service responsive?

Our findings

People and their relatives confirmed the care and support provided was individualised and met their needs. Comments included, "They have to be on top of what (...) is up to, but we have good clear routines and good guidelines and the staff keep to that" and "It's been a wonderful service and she has come out of herself since United Response took over".

To help ensure people's care was personalised, people were involved in their care reviews with the support of staff and their family. Relatives were complimentary about how they were involved telling us, "They let us know what's going on...we go to the reviews" and "We go to all the care meetings, they are very good at telling you what goes on...they are good at calling us about things".

The provider had a pre-assessment process which helped ensure staff were able to meet people's needs. This pre-assessment process also helped to identify when staff required further training before they were able to support people. For example, one person had dementia care needs, so training was being organised for staff and staff were spending time with the person prior to them using the service. This helped to ensure staff got to know the person better and established how to effectively support them, in order to meet their individual needs.

People had care plans in place which were individualised, and provided guidance and direction for staff about how to meet a person's needs. For example, how people wanted to be supported with their personal care, mobility and social interests. People's care plans focused on what they had achieved and what their aspirations were for the future, this demonstrated people's care plans were active documents, which enabled people's care to be personalised.

People's care plans were regularly reviewed and updated to ensure they accurately reflected people's current care needs. Relatives told us, "They have been excellent in involving us and (...) in the care package, they let us know what's going on" and "We were involved in the care plan". People were supported to complete a "Life star" document, which was used to facilitate their care review and focus on the future. The registered manager told us, "Some people like to write their own notes, these feed into changes to the support plan". One person had written they would like to improve their skills in managing money and to attend new social clubs. So this had then formed part of the person's care plan.

People's complaints were listened to, valued and investigated thoroughly. Staff were asked as part of the provider's monthly quality check if they all knew what to do if someone wanted to raise a complaint. This ensured the provider's complaints policy was being implemented effectively.

People and their relatives were given a copy of the complaints policy in a welcome pack when they started using the agency. The policy was given to people in the most appropriate format for them to be able to understand the content, for example some people had a pictorial version. Relatives were impressed with the way in which complaints were dealt with telling us, "If there is anything we just ring up and it's dealt with", and "We talk all the time, I find that is the most important thing, but they listen to you and we work

together...I have never had to complain about anything but if (...) doesn't like a new carer it only takes a phone call and that's it". One relative explained, "There was an incident with a member of bank staff and United response were on it immediately, we couldn't have asked for it to be dealt with better".

Is the service well-led?

Our findings

People's relatives told us the service was well managed, with one person commenting, "The management we have at the moment is a bit of a dream team, they are exceptionally good...my view is if you value your staff you will retain them and they certainly do that."

The provider's values of ensuring "That individuals with learning disabilities, mental or physical support needs have the opportunities to live their lives to the full" was demonstrated through our discussions with the registered manager and area manager. The registered manager and area manager showed passion for ensuring people who used the service were treated with respect and had equal access to the same opportunities as others.

The registered manager told us they felt well supported by their line manager and received regular supervision to discuss their role, as well as training and development. This had been the registered manager's first inspection, so an area manager had been present to give support and provide assistance when necessary. This demonstrated a supportive culture.

The registered manager worked in partnership with other agencies, such as community health teams and the local authority, ensuring a collaborative and transparent approach.

The registered manager promoted a strong ethos of striving to improve through their monitoring systems. Managerial audits helped to identify when improvements were needed to be made, such as with care planning or training. As well as manager's auditing the quality of the service, the provider was keen to involve others. For example, there was a "quality checker" scheme. This gave people who used the service an opportunity to audit their service from their perspective and feedback to the provider to enable improvement. There was also a learning disability specialist advisor who carried out quality checks. Ideas and suggestions for improvement were shared with people and staff to help improve the quality of the service. For example, a visit which had taken place in February 2016 had identified staff required further training, so this had been arranged.

The provider had organisational policies and procedures which also set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice. It defined how staff who raised concerns would be protected.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. For example, people and their relatives were asked to complete surveys, the results of which were shared with people and displayed on the provider's website. Relatives told us the provider was keen for their views

regarding recruitment with one relative telling us, "We sit in on the interviews when they look for new staff".