

United Response

United Response - Salford DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

United Response - Salford 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. United Response - Salford DCA provides care and support to people living in 'supported living' settings within the Salford area so that they can live as independently as possible. The service can support up to 24 people across 10 properties. At the time of inspection 24 people were using the service.

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

Right Support

The service and its staff supported people to have the maximum possible choice, control and independence. People had control over their own lives. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to pursue their interests and achieve their aspirations and goals. Staff supported people to take part in activities in their local area and to interact online with people who had shared interests. This had been particularly important when access to day centres and some social venues had been restricted due to the COVID-19 pandemic. Staff supported people to play an active role in maintaining their own health and wellbeing, including managing their medicines and attending medical appointments. Health and wellbeing was championed within the service, this included active participation in local health initiatives.

Right Care

The care people received supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff understood how to protect people from poor care and abuse. Staff received training in how to identify abuse and report safeguarding concerns and worked with other agencies and professionals to ensure and maintain people's safety. The service had enough appropriately skilled staff to provide planned care and keep people safe. Staff understood people's cultural needs and promoted equality and diversity in their support for people. People received kind and compassionate care from staff who knew them well and how they wished to be supported. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals through reviews, surveys and ongoing discussion. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff received enough support and supervision to carry out their roles effectively.

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

Rating at last inspection

This service was registered with us on 4 March 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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 response.

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 - Salford 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection. A medicines inspector was available remotely to support the inspection.

Service and service type

United Response – Salford DCA is a domiciliary care and supported living service. It provides personal care and support to people living in 10 'supported living' settings, so 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 48 hours' notice of the inspection. This was because we did not know if all people living at the service could consent to a visit from an inspector. This meant we had to arrange for a 'best interests'

decision about this.

Inspection activity started on 20 May 2022 and ended on 30 June 2022, at which point we had received and reviewed all emailed evidence we requested following the office and property visits. We visited the office location on 24 May 2022.

What we did before inspection

We reviewed information we had received about the service since they had registered with the CQC. We sought feedback from professionals who work with or commissioned the service. We asked the registered manager of the service to send us information relating to people's addresses, communication needs and asked the manager to gain consent from people for us to visit or contact them. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. To communicate verbally with people effectively we tailored our communication to suit people's preferences, including observing people's body language and facial gestures.

We spoke with seven members of staff including the registered manager, senior service manager and care staff. We also captured the views of four more staff members via emailed questionnaires.

We reviewed a range of records. This included seven people's care records and seven medication records. We looked at five staff files in relation to recruitment and staff supervision. 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 from the provider to validate evidence found. We looked at training and supervision data, quality assurance records, shift planners, policies and procedures, activities information, goals and aspiration records, family and professional feedback

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received training in identifying and reporting abuse, and the service had followed local authority guidance when reporting any safeguarding concerns.
- People had been provided with information about safeguarding and how to report any concerns in a format they could understand. People had also taken part in a local authority initiative relating to identifying and reporting abuse, titled 'Keeping Safe in Salford'.

Assessing risk, safety monitoring and management

- People told us they felt safe living in their homes and being supported by the service. One person told us, "I am happy living here. I feel safe and the staff are nice, they help us out."
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risks to people had been assessed and documented within care files. We found these to be person centred
- Staff actively ensured people's living environments were safe through regular safety checks and monitoring. Checklists to confirm completion had been kept consistently within each property's health and safety file.

Staffing and recruitment

- The service had enough staff. The numbers and skills of staff matched the needs of people using the service, including the provision of one-to-one support to enable people to take part in activities and visits how and when they wanted.
- Shift planners were used to ensure the right support was provided when people wanted or needed it. The service ensured continuity of care by allocating staff to particular properties.
- Staff recruitment and induction training processes promoted safety. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- People's medicines were managed safely by staff who had received training and had their competency assessed.
- Clear guidance was in place about what medicines each person took and why. Medicines records checked during inspection had been completed correctly and consistently.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service had clear systems and processes for keeping people's homes clean and hygienic, with people involved in completing these tasks.
- The service and its staff were aware of and following current guidance around PPE usage, testing and visiting.

Learning lessons when things go wrong

- Incidents and accidents had been managed appropriately.
- Staff knew how to recognise and report incidents or accidents. Each one had been investigated by managers with lessons learned considered and shared, to help prevent a further occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments had been completed with people, and/or those important to them, to ensure the service was suitable and could meet their needs.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, and restrictive interventions.
- The provider had introduced a new 'licence to practice' training programme. New employees were presented with the award upon successful completion of all induction training, observations of practice, competency assessments and initial supervision session.
- Staff skills in a range of areas were assessed to ensure they could provide safe, effective and person centred care. These included medicines, fire safety, health and safety, safeguarding, epilepsy and stoma care. A stoma is an opening in a person's stomach which allows waste from either the bowel or bladder to leave the body where a person is unable to do this naturally.

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

- People received support to eat and drink enough to maintain a balanced diet. People were encouraged and supported to prepare and cook meals, to develop or maintain their independence.
- People were involved in planning their meals and shopping for ingredients. A staff member told us, "We do a weekly menu and agree on what meals people would like for the week, we then do a shopping list from this. Even though people have a menu, they can change their mind and have something different."
- Where people required a modified diet, such as softer food options or thickened drinks, clear guidance was in place for staff to refer to, with food diaries used to document what people had consumed.

Adapting service, design, decoration to meet people's needs

- People were involved in all decisions relating to the interior decoration and design of their home. One of the properties we visited was undergoing redecoration of one of the lounges. People told us they had chosen the colour scheme, wallpaper and all other furnishings. They also discussed the plans they had for

the decoration of other areas of the home.

- The service had good relationships with the landlord of each property, which helped ensure people's care was provided in safe, clean, well equipped and well maintained environments, which met people's physical and sensory needs.
- People spoke positively about the properties they lived in. Some had lived there for over 20 years and had become integrated into the local community. One person told us, "I like living here, it's really nice. I'll show you my room, it's really big."

Supporting people to live healthier lives, access healthcare services and support

- People's health was promoted and supported. People were referred to health care professionals where necessary to support their wellbeing and help them to live healthy lives.
- The service used a health traffic light system. Each day a tool was used to monitor people's wellness with the aim of alerting staff to any health changes to ensure action was taken promptly in accessing primary care services, such as GP, dentist or pharmacist.
- During the inspection, we noted people had been supported to attend the 'Big Health Day', which is a health related event run by the local authority specifically for people with a learning disability or autistic people, where they can learn about different health topics and take part in health related activities.

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. 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.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Mental capacity assessments were used to ensure people's best interests were met in the least restrictive way to ensure a positive outcome. People's capacity to make decisions was assessed and these were retained within their care records.
- People told us they were empowered to make decisions about their care and support. One person told us, "I choose what I do each day."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received kind and compassionate care from staff who knew people well and had formed positive working relationships with them.
- People spoke positively about the staff who supported them. One person stated, "We are so lucky to have such good staff here" Another person said, "I like the staff, they are all lovely."
- During visits carried out as part of the inspection, we observed staff practice. Staff were friendly, patient and encouraging in their interactions with people. They were attentive to people's emotions and supported them accordingly.
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

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

- People felt involved in their care and listened to. People chose how they wanted to spend their time and were supported to plan and achieve goals and aspirations.
- Service meetings were held with people, with the frequency dependent on people's wishes. Meetings covered people's wellbeing, if they were happy with their support, if they had any issues or concerns, activities and events they wanted to attend and their living environment.
- People who shared their homes with others, told us they enjoyed living together and felt like a family. The majority of people in shared accommodation had lived together for many years and welcomed the familiarity of being with people they knew well.

Respecting and promoting people's privacy, dignity and independence

- The service followed best practice standards which ensured people were treated with dignity and their right to privacy, choice and independence in their tenancy was respected.
- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff were confident in advocating for people and challenging others where necessary. One person's Independent Mental Capacity Advocate praised the support staff members had provided to a person whilst in hospital. They commented on staff having to challenge medical professionals, to ensure the person received the correct care and support and had 'Put [person's name]'s needs first and clearly had their best interest at heart.'

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were provided with personalised, proactive and co-ordinated support which was in line with their care and support plans. Care files detailed people's likes, dislikes, what a good and bad day looked like and the best way to support them.
- Staff used person-centred planning tools and approaches to discuss and support people to plan and achieve their goals and aspirations. Each person had a number of set goals they wished to achieve, with clear records kept of progress.
- For example, through ongoing support, encouragement and desensitisation, one person had been supported to access specific social activities in the community, they had not taken part in for years. This activity was now a consistent part of their care plan.

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 communication care plan, which clearly explained their needs and preferred methods of communication. Staff ensured people had access to information in formats they could understand.
- We noted lots of examples where information had been sourced or created in an accessible way. For example, to support a person to consider healthy food choices, a food choices book had been created using symbols and photographs.
- Tenancy agreements were available in pictorial and easy read format and a pictorial guide about COVID-19 had been provided, to help people understand more about the pandemic and the symptoms of the virus.

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

- People were supported to participate in their chosen social, leisure or educational interests on a regular basis. People had also been supported to identify and complete voluntary work, in areas of interest to them.
- The service had been creative during the pandemic, when access to some social environments, such as day centres had been affected. Online social events had been set up, so people across the service would meet up to chat, play games and socialise.
- People spoke positively about how they spent their time. One person told us, "I like going for walks on my

own and enjoy visiting my girlfriend." Another person said, "I'm packing my suitcase today, as going on holiday. I love going on holiday, I am going with [care staff name]".

- People were supported to maintain relationships of importance to them. One person told us, "I am going to visit my [relative] later, which I'm looking forward to." Another person was excited to show us photos of their boyfriend, who they were supported to meet up with regularly.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints process was available in accessible formats in each property we visited. Each person had also been provided with their own copy.
- The service had an up to date complaints policy, with a tracker used to record any complaints received.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. However, systems and processes were in place to support people at this time of their life.
- Staff had received training in end of life care and care files contained a section for capturing people's end of life care wishes, should they choose to discuss these.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and staff put people's needs and wishes at the heart of everything they did. The service provided a culture in which people's individuality was respected and their rights protected.
- People we spoke with were complimentary about the support they received and the staff who provided it. One person stated, "I'm happy here. Staff are good and support me to do the things I want to."
- Staff also spoke positively about working for the service. One told us, "I get a lot of job satisfaction, I love the fact I am helping people live their life how they want it to be."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The provider had employed the support of an independent facilitator and group of experts by experience to gather people's views. Questions were shared with people in advance and workshops held with them, to discuss each question to ensure they understood what the service was asking. People's answers were recorded by scribes and written up.
- Regular tenant meetings were also held, to support people to be activity involved in the running of their home and discuss any issues or concerns.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.

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 was 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.
- The service apologised to people, and those important to them, when things went wrong

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs / oversight of the services they managed.

- A range of audits and monitoring systems were used to ensure people were safe, their rights protected and they received good quality care and support. We noted these had been completed consistently. Provider level audits were also completed to ensure effective oversight of the service was maintained.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.