

United Response

United Response - West Sussex 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

This service provides support to people who require help with personal care. They specialise in supporting younger adults with a learning disability to work towards becoming more independent. People supported by the service lived in one of two supported living services which were located in close proximity to each other in an urban area on the outskirts of Crawley. There were 8 people using the service at the time of our inspection.

We inspected this service on 23 and 29 February 2016 and the inspection was announced. This was to make sure there would be someone available in the office to facilitate our inspection.

The service had a registered manager who had worked at the service for many years. However they were not at work at the time of the inspection and we were told they had handed in their notice. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A senior member of staff facilitated the inspection with support from the area management team.

People were supported by kind, caring staff that knew them well and understood the importance of supporting people to lead the lifestyle of their choice. People's independence was promoted and they participated in a range of activities of they had chosen. People could choose and were supported to plan and prepare their own meal and help themselves to drinks when they wanted. One person told us "I can do most things myself but I get support from staff when I need it. I like to be independent". Another person told us "It's the best thing I ever did moving here. I like living here and I like the staff".

People's needs had been assessed and planned for with the person. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation. People were supported to make their own decisions. One person told us "They (the staff) never make me do anything, it's my own choice, I decide".

People were supported to maintain relationships with people that mattered to them such as their friends, family and people from the local church. Each person had a named key worker who helped them to coordinate their support needs and plan for their future. One person told us "It's a wonderful place, I love it here the staff support me to be independent". People were supported to access the service of medical professionals and make and attend health care appointments when needed.

Care was centred on people's individual needs and that principle governed the day to day management of the service. One staff member told us "The main thing is being person centred and we are. We put people first in everything we do. We look at their values, their rights, support them to make informed choices and develop their skills".

Staff received the training and support they needed to undertake their role and were skilled in supporting people to become more independent. Staff had a good understanding of each person's needs and of how some people their feelings. They were able to recognise when a people were feeling anxious and took appropriate action to offer reassurance and emotional support. Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. Risks to people were identified and managed in the least restrictive way so not as to unnecessarily impact on their freedom.

People and staff spoke highly of the management and the support they received from them. A member of staff told us "We are surrounded by very good managers who are very helpful, caring and supportive." The management of the service were was open and transparent and a culture of continuous learning and improvement was promoted. The provider had ensured there were robust processes in place for auditing and monitoring the quality of the service and complaints were responded to appropriately.

The service followed safe recruitment practices and staffing levels were sufficient to meet people's assessed needs, including spending one to one time with people. Medicines were ordered, administered, stored and disposed of safely by staff who were trained to do so.

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.

Staff were trained to recognise abuse and knew what action to take if they suspected abuse had taken place.

Risks were assessed and there were robust plans in place to protect people, whilst promoting their independence and choice.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

Medicines were managed appropriately by trained staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and were involved in the planning and preparing of their food and drinks.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent.

People's health care needs were monitored and they had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were looked after by kind and caring staff who knew them well.

People's preferences were accommodated and people were supported to express their views.

Is the service responsive?

Good ●

The service was responsive.

Care plans were centred on the person and provided comprehensive information to staff about people's care needs and how people wanted to be supported.

People knew how to make a complaint and complaints were dealt with in line with the provider's policy.

Is the service well-led?

The service was well led.

Staff were involved in developing the service.

The management team looked for ways to drive improvement in the service by listening to, and seeking feedback.

The provider had quality assurance systems in place to identify shortfalls in service provision.

Good ●

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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 was undertaken by one inspector on 23 & 29 February 2016 and was announced. This was to enable the provider to arrange for sufficient numbers of staff to be available to facilitate the inspection without disrupting the daily routines of the people who used the service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. We also contacted professionals involved in delivering people's care for feedback.

As part of our inspection we observed staff supporting and interacting with people and spoke with three people, a senior support worker, a support worker and two relief support workers. We also looked at records including four people's care records, four staff recruitment records, medication administration record (MAR) sheets, staff duty rotas, staff training and supervision trackers, accident and incident records and documents relating to the quality assurance processes and management of the service.

No concerns were identified at the last inspection of the service which took place on 12 November 2013.

Is the service safe?

Our findings

Everyone told us they felt safe and appeared comfortable in the company of staff. One person told us "I'm safe here. I've got a key for my door and there's staff here if we need them". Another person told us they had done role play with staff who had pretended to be unresponsive to see if they knew what to do in those circumstances. They told us if this happened in real life they knew how to raise the alarm and had the relevant phone numbers in their phone such as the emergency services and staff contact details. A member of staff told us "I think people are more than safe here. People would let us know if something was wrong, they are all quite out spoken".

Risks to people had been identified, assessed and managed appropriately. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned for to ensure people remained safe whilst still promoting their independence. For example one person who was new to the area liked to go out for walks independently. Initially staff had supported the person to go for walks in the local community so they could familiarise themselves with the area. Once the person was confident and they knew the area well enough they started to go out for walks on their own. Staff told us they supported the person to set an alarm on their phone so they knew when they had been walking for a certain length of time and so they would know it was time for them to start heading home. Staff also phone the person whilst they were out to check on their wellbeing and that they were confident they knew the way back. Other people were supported to book taxis to enable them to travel safely and independently.

People were protected against the risk of potential abuse. Staff was trained in safeguarding adults at risk and were aware of the different types of abuse they might encounter, such as verbal, physical or financial abuse. They knew who to report to and what action to take should they suspect abuse and followed the guidelines of West Sussex County Council's pan-Sussex multi-agency safeguarding policy. Incidents of suspected abuse had been taken seriously and responded to appropriately. Any such incidents had been recorded and referred to the local authority for consideration under their safeguarding procedures.

Accidents and incidents were recorded and analysed to help the staff team understand patterns or trends, and to enable them to think about anything they could do differently in the future. They also used this information to help them to identify patterns in people's behaviour and to introduce ways of working to reduce the risk of them re-occurring. Staff used appropriate techniques to keep people safe. For example, by using verbal prompts to divert potentially challenging behaviour and offering emotional support. Staff told us that they had a good understanding of people's emotional needs and of how to recognise if people were becoming anxious or distressed and they acted on this by providing appropriate support to the person when this happened.

Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. There

was one person on duty at each of the supported living services at all times. In addition to this senior staff were allocated office hours in which they completed paper work and provided support to people and staff. The service also had access to an on-call service to ensure management support could be accessed whenever it was required.

People's medicines were managed so that they received them safely. Medicines were ordered, stored, administered and disposed of in line with current legislation and the provider's medicines management policy. Staff had been trained to administer medicines and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed appropriately. People told us they received their medicines on time. One person told us it was very important to have their medicines at set times during the day and that they always received them at those times.

The provider had systems in place to make sure staff were protected from working in an unsafe environment and to respond to foreseeable emergencies. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.

The provider followed safe recruitment practices and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service.

Is the service effective?

Our findings

Feedback from people about the support they received was positive. One person told us "I can do most things myself but I get support from staff when I need it. I like to be independent". Another person told us "It's the best thing I ever did moving here. I like living here and I like the staff".

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people. One commented, "The training and induction is very good no one works with people on their own until they are confident to do so." Another staff member said the managers had been very supportive in helping them to develop their skills. They also told us they felt the staff team worked well together and supported each other.

People had their assessed needs and preferences met by staff with the necessary skills and knowledge to undertake their role. Staff received training in areas such as equality and diversity, fire safety, first aid, health and safety and medication. Additional training was provided to staff to meet people's other specialist care needs for example epilepsy.

Staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. Staff attended team meetings at which information was shared and people's needs were discussed. All staff reported that they were well supported by their manager and the organisation. One staff member told us their experience of working for the company was positive and commented they felt "very supported".

Communication was effective. There was an overlap between shifts to allow for handover meetings to take place. At these meetings staff from the earlier shift met with the staff from the oncoming shift to share information about how people had spent their time and pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of what their likes and dislikes were.

People's physical, emotional and psychological needs and how these needs could be met were discussed at team meetings. Staff told us, and meeting minutes confirmed, that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked so well.

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

Staff told us, and records confirmed, staff were working in accordance with the MCA. They explained they were aware of the process they would need to follow should they assess that a person did not have the capacity to make their own decisions and who would need to be informed and included in this process. People told us they made their own choices and decisions about their everyday life. One person commented "Staff never tell me what to do". Another person told us "They (the staff) never make me do anything, it's my own choice, I decide".

People were supported to have sufficient to eat, drink and maintain a balanced diet and to choose what they would eat and when. People told us they planned and prepared their own meals and helped themselves to drinks as and when they wanted. Staff told us they had supported one person to change their diet following advice from a health care professional. This person confirmed this and told us they knew the foods they should not eat and were aware of why this was important.

People's support plans included information on their health conditions. Records contained actions for staff to take so that people received the help and support they needed and were reviewed on a regular basis. Staff had a good knowledge of people's health issues which had been clearly documented. People were supported to maintain good health and had access to healthcare services such as their GP, chiroprapist, optician and dentist. People told us they were supported to make appointments with healthcare professionals when needed and those that needed support to attend the appointments were accompanied by staff or family members.

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. People looked happy and were relaxed and comfortable with staff and we observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality support that promoted independence. People told us they could do things for themselves and that they cleaned their own room, prepared their own meals, and did their own shopping and laundry. One person who was doing their ironing told us when they first started using the service they had needed staff support to do this but now they had the confidence to do it on their own which was something they were clearly proud of.

People were supported to maintain relationships with people that mattered to them. Support plans contained information about people's wider circle of support such as family and health or social care services. People told us staff supported them to book taxis to meet family and friends and to arrange social evenings at their home where they invited friends round to eat or have a cup of tea and spend time together. Another person was supported to book transport to go to church each Sunday.

People's well-being and happiness were promoted. Staff told us they had formed good relationships with people and had become skilled in recognising when people were upset or feeling in a low mood; for instance, they told us one person is usually quite talkative when they returned from being out and liked to tell people and staff what they had been doing. They told us that if this person shouted "I'm back" and went straight to their room when they came home then they knew that they should leave them for a while and not pressurise them by asking straight away what was wrong. A member of staff told us "We give him his own space then after a while we go and check he's ok and see if he wants to talk about how he's feeling and find out what's happened". Staff told us that people had been offered the use of counselling service when a fellow tenant had passed away. They told us although no one had taken up the offer of counselling they had supported people to express their feelings of loss at that time by spending time talking with them about the person and the good times they had spent with them. Staff told us that by doing this they felt it had helped people come to terms with the person's death and to understand it was alright to speak about them and the subject was not 'taboo'.

Staff used positive behaviour support which is a proactive approach for understanding the cause or 'triggers' of a person's anxiety and consequent behaviour and reducing the risk of this occurring. The primary aim of using this approach is to improve the quality of a person's life. Staff were skilled at recognising the signs people displayed when they were becoming anxious and took action to reduce or remove the source of the anxiety. Staff explained the importance of providing consistent support and being able to recognise what can trigger certain behaviours in people.

People's privacy and dignity were respected and promoted. Staff explained it was the provider's policy that they should never enter a person's room without them being there unless they had prior permission to do so. They told us, and we observed, that they knocked on people's doors and waited for people to respond and open the door before they entered their room. Staff communicated with people effectively and respectfully. People had keys to their own rooms and told us staff respected their personal space.

People's and staff records were stored securely within the staff base at each supported living service or location office. Staff had a good understanding of the need to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

People were valued as individuals and received active, positive and structured support. People's needs were central to the delivery of the day to day running of the service and people received personalised care that was responsive to their needs. Each person's needs had been assessed before they came to live at the service. People's initial assessments and risk assessments had been used as a basis on which staff had developed detailed care and support plans to guide staff in how the person wanted and needed to be supported. These plans provided comprehensive, detailed information about people, their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. People told us they were involved in writing and reviewing their support plans and had signed the records to show this. Staff told us they had read people's assessments and support plans and told us that people were able to tell them how they wanted to be supported and when.

People were supported to make their own decisions as how they wanted to spend their day, what time they got up and went to bed, where and when they ate their meals. People and staff told us that people were independent and only needed verbal prompting and supervision of some aspects of their daily living. One staff member told us "We only need to prompt people occasionally about their personal care. We do help (person's name) to wash their hair but they can do everything else themselves. We observe some people when they are doing their cooking and cleaning just to make sure they are safe and sometimes we prompt about portion size or help them with using the cooker but that's about it they can do most things themselves".

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff who supported people to co-ordinate their care. People met with their keyworkers on a monthly basis to discuss all elements of their care, including their long and short term goals. Keyworkers completed monthly reports for people which showed people's involvement in the review of their care plan and a review of their goals. People confirmed these meetings took place and that they enjoyed this time with their key workers. One person told us "We do a form; we talk about all sorts of things like my hospital appointments and everything I've been doing". Another person told us "(key workers name) is sorting out some shelves for me for my room".

People were supported to participate in activities and life style of their own choice such as going to the pub or a café for lunch, going shopping, watching football on tv and visiting family and friends. Records contained feedback on the activities people had participated in and specified whether they had enjoyed them. One person told us "I've been talking to (staff members name) about where I want to go on holiday and I want to go to a museum they're going to help me organise it".

Staff kept daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

People told us they knew how to make a complaint and who to speak with. They explained that they felt they would be listened to if they did need to complain. Staff told us that the people they supported would be able to make it known if they were unhappy with something and that they would act on this. The complaints policy had been made available to people in an accessible format and the issue of how to raise a complaint had been discussed at a recent meeting that people had attended. Staff had also acted as an advocate for one person who had wanted to raise a complaint with an external agency.

Is the service well-led?

Our findings

People and staff spoke highly of the support people received and commented they felt the service was well managed. One person told us "It's a wonderful place, I love it here the staff support me to be independent". Another person told us they were very happy with the support they received and told us "I've lived here a long time now. I like it here". A member of staff told us "The area manager is a lovely and very helpful lady. We are surrounded by very good managers who are very helpful, caring and supportive." Another member of staff told us "If we need any clarification about anything we can go to a senior or manager. We have brilliant support from seniors, anytime you need support you can just get on the telephone and there is always someone to talk to". Everyone we spoke with spoke fondly of the registered manager who they said they were going to miss.

Staff had a good understanding of the support needs of the people who used the service. For example, they were able to describe to us people's personal histories and were aware of which other professionals were involved in people's care. All staff reported that they felt the service provided person centred care and that principle governed everything they did. One staff member told us "The main thing is being person centred and we are. We put people first in everything we do. We look at their values, their rights, support them to make informed choices and develop their skills". Another staff member told us "People are included in everything, the paperwork is set up for that and for things to be written with them. We work with people to do their support plans, they sign and we sign, we do things together".

The arrangements for the management of the service were effective. Staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. Everyone we spoke with knew who the senior staff members and area manager were and confirmed they felt they were approachable. People told us they would have no hesitation in raising any concerns with any of the management team and staff had access to an on-call service to ensure management support could be accessed whenever it was required. One member of staff told us "Everyone gets on well and that makes a big difference. The management are good and supportive and have time if you need to speak with them about anything".

The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed to ensure that they continued to reflect people's needs and health and safety audits were completed on a regular basis. There were quality assurance and governance systems in place to drive continuous improvement including provider visits to the service. Where shortfalls were identified an action plan was devised specifying what action had to be taken. The completion of the action plan was overseen by a senior manager and checked at the next visit to the service. There were processes in place for regular audits to assess the quality of care provided. These included audits of people's care records, health and safety and medication records. We saw that where any issues had been identified by audits or brought to the attention of the management, plans were initiated for these issues to be dealt with and resolved promptly.

Incidents and accidents were appropriately documented and investigated. Systems for the recording of incidents were in place and staff were aware of what needed to be recorded. The service had procedures

and policy documentation to guide staff and staff knew how to access this information. Learning was taken from incidents and accidents. Records of all occurrences were audited to make sure the providers' policies and procedures had been followed and the appropriate action had been taken. They used this information to help identify triggers to people's behaviours and make relevant amendments to people's support plans to help reduce the likelihood of the incidents reoccurring.

Staff told us they were motivated and enjoyed their work. They told us they were actively involved in developing the service and encouraged to contribute to discussions at team meetings about what was working well at the service and what could be improved. They reflected on accidents and incidents that had occurred and discussed how improvements could be made and what could be done differently to prevent them reoccurring. This was also a focus of staff supervision meetings. Where poor staff performance had been identified this had been discussed in supervision and action had been taken to ensure that the standards the provider required of their staff were met.

Learning through reflective practice was encouraged. People attended meetings at the service. A recent meeting that was held showed that people had shared with each other the things they had been doing and what they had enjoyed. There were daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently.

Management and staff used a variety of methods to learn about good practice and new ideas. Management attended regular meetings within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service which was then cascaded down to the staff team.

Staff were supported to question practice. The provider had a whistleblowing policy which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.