United Response

United Response - London SLS

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 carried out an announced inspection of London SLS on 5 December 2016. The inspection was announced to ensure management would be available at the office.

The service had last been inspected in August 2014 when it was located at a different address. We found the service to be compliant with all regulations assessed at that time.

London SLS is a division of United Response which provides support and personal care to people with a range of disabilities who live in supported living accommodation. The personal care and/or support people receive is regulated by the Care Quality Commission but their accommodation is not. The service aims to enable people to be as independent as possible. Properties are located in the London boroughs of Kensington and Chelsea, Islington, Camden, Ealing, Merton and Richmond-upon-Thames. London SLS also provides some outreach support to people who live in their own homes.

At the time of the inspection there was a registered manger in post. 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.

People we spoke to told us they felt safe. We saw that the service had appropriate safeguarding policies and procedures in place. Staff were trained in safeguarding vulnerable adults and understood how to identify and report safeguarding or whistleblowing concerns.

The registered manager, service managers and staff we spoke to had knowledge and understanding of the Mental Capacity Act (MCA) 2005 and how this applied to the people they supported. Staff were also knowledgeable of the Court of Protection and its role in legally authorising any deprivations of a person's liberty.

We saw that staffing levels were sufficient to meet the needs of the people who used the service and staff told us that they felt supported through completion of regular supervisions and monthly team meetings.

Recruitment procedures were in place to ensure staff working for the service met the required standards. This included DBS (Disclosure and Baring Service) checks, reference checking and application and interview process. We saw that all staff completed an induction training programme before working with people who used the service and that on-going training was provided to ensure skills and knowledge were up to date.

We saw that the service had both a policy and systems in place to ensure safe medicines management was maintained.

People we spoke with were able to indicate that they were happy with the care provided by staff, either

through direct answers or in other non-verbal ways. Relatives we spoke with were complimentary about the quality and nature of the care provided by the staff. Staff and management were described as being kind, knowledgeable, respectful and mindful of people's dignity.

We looked at three care plans which contained detailed and personalised information about the people who used the service. The care plans also contained individual risk assessments, which helped to ensure their safety was maintained

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

The service had systems and procedures in place which sought to protect people from harm and keep them safe.

Staffing levels were appropriate to meet the needs of people who received support.

The service followed safe recruitment practices, and had safeguarding procedures to prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Good

The service was effective.

Staff were supported to carry out their work through training plans and with regular supervision and appraisal.

People were supported to ensure their nutritional and hydration needs were met.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

People told us staff were caring and friendly and respected their privacy and dignity.

Staff were aware of the importance of promoting independence and providing choice.

Information within individual care plans was available in easy read format, sometimes with pictorial representations which made it more accessible

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and individualised with information about what and who was important to people, what they liked to do and how they wanted to be supported.

The service had a detailed complaints policy. Complaints were logged, managed and responded to in a timely manner.

People were regularly asked to provide their opinions and asked for their views about the standard of care they received.

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the management team.

Team meetings were held every month and every effort made to ensure all staff could attend.

Audits and quality assurance checks were carried out regularly and in a number of areas, to ensure good practice was maintained.

United Response - London SLS

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 5 December 2016 and was announced. We gave the service 48 hours' notice, as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and to provide feedback.

As part of the inspection we spoke to the registered manager, two service managers, two support workers and two people who used the service. We also spoke with a sample of relatives of people who used the service and received feedback from external professionals. We looked at three care plans and two staff files. We also reviewed other records such as training files, audits and questionnaires.

Good

Is the service safe?

Our findings

People we spoke with indicated to us that they felt safe and well cared for. One person used non- verbal communication to express their wishes and views and staff were able to demonstrate that they understood what was being communicated. We observed that the atmosphere and interaction between people and their staff was relaxed and confident.

Relatives we spoke with confirmed that they felt the service provided safe care for people. One relative told us, "I visit my relative several times a week and I have never seen anything that gave me concerns." Another relative said, "The manager of the service my relative belongs to is superb and maintains people's safety."

Staff we spoke with were able to demonstrate how they would respond to any concerns about people's well- being or safety and how, if necessary, they could raise this at any level within the organisation. The service had a clear safeguarding policy and procedure in place which was in line with the Pan-London Safeguarding standards. In addition to a safeguarding "quick guide for staff", which summarised the relevant policy and procedure, there was also an annual "self-knowledge" test for staff on safeguarding, which included positive references to Whistleblowing.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

We viewed two staff files to check if safe recruitment procedures were in place. Each member of staff had a Disclosure and Baring Service (DBS) check in place with the DBS number and date of issue clearly displayed. The DBS check helps prevent unsuitable people from working with vulnerable groups and is a requirement when working in a care setting. All staff also had at least two references on file as well as a full work history where applicable, fully completed application forms and interview documentation.

There were sufficient numbers of staff employed to support people. People were supported in their own homes as well as participating in community activities or voluntary work. We looked at how accidents and incidents were managed. The service had a detailed accident and incident policy and an accident log in place. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Details of how incidents were acted upon and resolved were also recorded. Resolutions were in the form of reviewing the situation with staff and amending routines, where appropriate.

Staff were trained in handling medicines, although most people were supported in managing their own medicines. There was a comprehensive medicines policy in place which provided clear guidance to staff and made reference to relevant legislation and national guidelines as well as reference to Care Quality Commission standards and the organisation's own quality standards. One relative told us that they were

happy that their relative had not had any mishaps with medicines.

Good

Is the service effective?

Our findings

People we spoke with were able to describe the various activities and routines they were part of and how they were supported to take part in them. Other people demonstrated through non-verbal means that they were comfortable and at ease with care staff.

Relatives we spoke with were complimentary about the support provided to people. One relative told us, "In a previous placement my relative had stopped going out and began to exhibit more challenging behaviour. Over the last year, with United Response, my relative has started going out again, is able to make visits home, and the staff work really well with the whole family in order to support my relative."

We looked at two staff files and examples of staff training which was provided. The organisation provided staff with basic mandatory training in all areas of care, including medicines, safeguarding, food hygiene, mental capacity and health and safety. There was also additional training provided for specific areas such as supporting people who had behaviours that challenged the service and supporting people with epilepsy. We saw the service had a training matrix, which showed what training every member of staff had completed and when the next sessions were due.

Much of the training was carried out via online training modules and some via classroom based training. We asked the manager and Area Manager how they felt the training equipped staff with a sense of achievement in their professional development and how staff were enabled to gain qualifications, for example, through the Qualifications and Credit Framework (QCF), which has replaced the National Qualification Framework (NQF) and which recognises qualifications and units by awarding credits. We were told that this was an area the Director was keen to develop. We look forward to viewing the progress made in this area over time.

Staff were supported through an induction process, regular supervision and annual appraisals. There were also monthly staff meetings and regional meetings for managers to exchange views and information.

People's nutritional needs were met. People were supported to plan, shop and prepare their meals with support from staff. One relative told us, "The staff have been marvellous. My relative used to eat nothing but soft food but with staff support is now eating a variety of foods that are healthy and which enables my relative to enjoy being with people and eating out."

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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area.

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. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, this is not relevant for people who receive domiciliary care in their own homes and the people who used the supported living service provide by United Response, are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty must be legally authorised by the Court of Protection. We saw that where necessary this process had been followed.

Good

Is the service caring?

Our findings

Relatives told us that the service was caring. One relative told us, "The thing that stands out with United Response is that they really take the trouble to listen to what people think and provide support and help in a way that suits the character of the individual." Another relative said, "The staff we know really care for their work and for the people they support."

People we visited interacted with staff in a positive manner. Staff were able to demonstrate a good understanding of people's needs. Staff spoke with and supported people in a friendly and respectful manner. People were well cared for physically, with staff ensuring that all appropriate personal care was provided and that people were appropriately dressed and prepared for the activities and routines that lay ahead.

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One staff member told us that it was important to build up good relationships with each person, whilst another said that enabling people to have choices meant that they had a better life. We found information within individual care plans was produced in easy read format, along with pictorial representations, which made it more accessible to the people who used the service and helped them understand the support and care being provided.

There were weekly meetings for people who use the service, with minutes shared with relatives in order to keep everyone informed. Feedback from external professionals who were involved with the service was positive and referred to positive partnership working which enabled people to have more fulfilling lives.

Good

Is the service responsive?

Our findings

Relatives were complimentary about the way the service responded to people's needs, wishes and aspirations. One relative told us, "They consult with us, and listen to my relative and then put in place a programme which all staff understand and work to." Another relative said, "In a previous placement there were few opportunities and as a result my relative's behaviour and well-being deteriorated. Since being with United Response they have really worked hard to understand what works best for my relative and the improvement in their quality of life has been fantastic."

We saw that care plans contained a full personalised needs assessment, which included a detailed breakdown of support received, what the person's requirements were and why support was needed. We saw that where possible people had been involved in their initial assessment and planning of their care package.

We spoke to the manager about the setting up of people's care plans and how they know what people want or like and saw examples of completed plans which contained risk assessments related to the specific routines of the individual person. A shortened summary was also available for staff to quickly understand what they would be required to do on a particular shift and what support people would need.

The people we spoke with within supported living services were able to describe their likes and preferences, and relatives further confirmed the range of opportunities that people were supported to enjoy, according to their own choice and interests. For example, people were supported in carrying out voluntary work in cafes or in parks. Other people were supported in gaining more confidence in choosing what to eat or where to go out. Relatives spoke positively about the way the service discussed things with people and then put a support plan in place which included keeping relatives updated on successes and any changes to the schedule.

People were asked for their views about the care and support received. This was done via house meetings which were held every week and through questionnaires. We discussed the style of the questionnaires with the manager and area manager, where it was noted that the generic wording of the questionnaires for people who use the service may not be applicable to every service and therefore may at times be confusing to answer.

We looked at the most recent satisfaction survey that had been sent to people who used the service. We saw people were asked for their views and opinions about the standard of care they received, if their care and support needs were met, communication and if their safety is maintained. We found that the vast majority of comments made by people had been positive about the service they received. This system ensure that people had the opportunity to state if there was any aspect of the service they were unhappy with and informed management about the changes needed to be made.

We saw that the service had a detailed complaints policy in place. Copies of the policy and how to make a complaint were provided to every person who used the service. We saw that all complaints received had

been fully investigated with detailed documentation covering each stage of the process. There were no formal complaints. None of the relatives we spoke with had any complaints to make about the services provided by United Response. All of the relatives told us they felt communication with managers and staff was very good and effective, and that they would have no difficulty raising any concern.

Good

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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.

Relatives we spoke with spoke very positively about the management of the organisation and the culture of good communication and listening. One relative said, "Over the past year, they have shown themselves to really want to understand what is important for people and how best to support them. They do this by talking to everyone who cares for the person."

Another relative told us, "Communication and feedback from the service is fantastic. The managers meet with people and relatives and they foster an open culture where people are welcomed."

Staff were also positive regarding their work and the culture of the organisations, telling us they enjoyed working with people and that the work was interesting and varied. Regular meetings took place between management, staff, relatives and people who used the service. There were regular audits of care practice and health and quality checks.

The provider developed good working relationships with external organisations involved in supporting people, such as speech and language therapists, community nurses and behavioural analysts. Feedback from these organisations was positive, referring to the "outstanding work" the provider has done on behalf of one person, and praise from another for the way the provider had reduced instances of challenging behaviour.

The service had a range of policies and procedures in place. We saw policies and procedures had been recently reviewed in April 2016 and were due for renewal 12 months later. The service had policies and procedures in relation to equality and diversity, health and safety, recruitment of staff, complaints, safeguarding, staff training, whistleblowing, first aid, infection control and medicines management. This ensured staff had access to relevant guidance and information if they needed to seek advice.