

United Response

United Response - Merseyside Supported Living

Inspection report

4 Princes Road
Liverpool
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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 inspection visit took place at United Response - Merseyside Supported Living on 27 October 2016 and was announced. We told the registered manager 24 hours' before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

United Response - Merseyside Supported Living provides care and support services to people with learning disabilities in the Greater Merseyside area and North Wales. People who access the service live in a tenancy and most have twenty four hour support. The office is located in central Liverpool and is close to public transport links. The office is located on the second floor of the building and is accessible by stairs or lift.

There was a registered manager in place. 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 said staff were supportive and helpful. One person said, "The staff are lovely. They are so kind and nice." We saw staff protected people's privacy and dignity and were respectful, attentive and caring.

Staff were aware of how to support people and keep them safe. They were aware of how to raise concerns about poor practice or abuse should they need to. We saw staff received frequent and relevant training.

Staff recruitment was safe and robust so that risks of employing unsuitable people were reduced. Staff had to wait for all required checks before they could start working for the service. There were sufficient capable and experienced staff who provided a flexible service which met people's needs.

Staff supported people to shop for and prepare nutritional and healthy food.

Staff supported people in a person centred way. Care plans were in place detailing how people preferred to be supported.

People were given support and encouragement to develop new skills and interests, including work, social and leisure activities. They told us they were encouraged to make choices and decisions about their care and lifestyles. Relatives were also kept involved where appropriate.

People were supported to take any medicines safely. Staff saw medicines were managed carefully and given as prescribed. They said their health needs were met and staff responded to any requests for assistance promptly.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to

make their own decisions.

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives said their views and preferences were listened to and acted on.

People we spoke with told us they knew how to raise a concern or to make a complaint. One person told us, "If my staff couldn't help I would ring [registered manager] who would sort things out." People said when they had told staff of any concerns they listened to them and took action to help.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views and dealt with any issues of quality quickly and appropriately.

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 told us they felt safe. There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. People were supported to take medicines safely, they were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat healthy and nutritious meals and snacks. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

The service was caring.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life.

Staff knew and understood people's history, likes, dislikes, needs and preferences. They took into account people's individual

needs when supporting them.

People were pleased with the support and care they received. They said staff supported them well, respecting their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed.

Staff encouraged people to develop a variety of social, leisure and educational activities of the person's choosing.

People said any comments or complaints were listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

People supported by the service, their relatives and staff were encouraged to give their opinions about the service. People told us staff were approachable and willing to listen if they had comments or concerns.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

United Response - Merseyside Supported Living

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.

This inspection visit took place on 27 October 2016 and was announced. The registered manager was given 24 hours' notice of the inspection. This was because we needed to be sure someone would be in the agencies office and that people were available to talk with us. The agency provides twenty four hour support to people who lived either alone or in with up to three other people in supported houses.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with seven people who used the service. We also spoke with the registered manager, and five staff. We looked at the care records of three people, training and recruitment records of three members of staff and records relating to the management of the service. We also spoke with the commissioning department at the local authority and other health care professionals. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the care they received in the supported houses. One person said, "The staff make sure I am safe and help me." Another person told us The staff help keep me safe and we talk about whether things are safe or not."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Any issues of concern were reported appropriately by the registered manager. Staff told us they had received safeguarding vulnerable adults training and they knew what to do if they saw or suspected poor care. Records seen confirmed the training had been completed. There was a whistleblowing procedure in place and staff knew the process should they wish to raise concerns.

Risk assessments for individuals and the environment were in place. These identified and reduced the risk of accidents and harm to people who used the service, staff and visitors. They were clear and informative and were regularly reviewed. Any accidents and incidents were noted. The registered manager reviewed these with staff to see where lessons could be learnt and risks reduced.

Staff spoken with were familiar with people's individual needs, likes and dislikes. Staff supported people in the way they wanted and this reduced the risk of behaviours which challenged the service. Where people had behaviour that challenged, staff looked for triggers to behaviour and found activities and support that reduced this. This had made a significant difference to the emotional wellbeing of several people who used the service. For one person when they were upset, staff found the person sitting in their car, even if they did not go out for a drive, helped them relax. Staff found another person was more relaxed if they had a favourite item with them in any situations they found stressful. This reduced their anxiety and agitation so they were able to enjoy more community activities.

We looked at how the service was staffed to make sure there were enough staff to meet people's needs. We talked with people who received support, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels. They said staff were flexible and provided enough support to keep them safe and comfortable. The registered manager and staff team told us there had been some staff vacancies in recent months. This had caused some gaps in rotas but staff had worked additional hours to help as well as the use of the same small group of agency staff to help provide consistent support. Staff said the staffing difficulties were now starting to resolve as vacancies were filled.

We looked at the recruitment and selection procedures for staff. The registered manager told us people who used the service were involved in interviewing staff as much as possible. One person told us, "I interview staff to see if they would be good for us here."

If people in a supported house were unable to be part of the interview panel because of limited communication, they still met with new staff and if possible a relative was part of the interview panel. We saw feedback from recent staff interviews. Interviewees were positive about people who lived in the

supported houses being involved in interviews. Comments included: 'The presence of service users was very welcome. It gave me a better understanding of what working with them might be like.' And 'A positive about the day was being able to ask questions and have information from service users themselves, not just the staff.'

We looked at three staff files. The application forms were fully completed and any gaps and discrepancies in employment histories followed up. We saw a disclosure and barring service (DBS) check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check if potential employees had a criminal record and to assist in assessing their suitability to work with vulnerable adults. References had been received before new staff were able to start in the job. These measures gave senior staff information about previous employment and experiences of new staff and reduced the risk of employing unsuitable staff.

People told us staff supported them with their medicines as they needed. We checked to see if medicines were managed safely. Staff explained the process they followed. Medicines were ordered appropriately, checked on receipt into the supported house, given as prescribed and stored and disposed of correctly. Medicine guidelines and information about the reason for each medicine were in place to inform staff about the safe management of 'when required' medicines. We saw one person partially administered their own medicines. There was clear guidance and checks so the person was safely supported to take their medicines.

Staff were trained to manage and administer medicines safely before they were able to deal with medicines without support. Staff also had regular training to refresh their knowledge of medicines.

Regular medicines audits were completed by the management team to assess people's safety when they were supported with their medicines. Errors were infrequent but where an error occurred staff had been provided with extra training and additional monitoring to ensure they were safely giving medicines.

We saw there were regular checks of the environment in the supported houses and any repairs needed were reported promptly to the landlords of the houses. Equipment was also checked routinely to ensure it was in good working order. There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans so in case of fire everyone knew the help each person would need.

Is the service effective?

Our findings

People and their relatives told us staff supported them well. They told us they were confident staff were well trained and knew what they were doing. People said staff discussed with them how they preferred to be cared for and agreed and reviewed this with them. We looked at three care records and saw people and where appropriate, their relatives had been involved in the assessment. They had also consented to the care provided. The care records were informative, personalised and showed people's personal likes and dislikes and care preferences.

We spoke with people to see if they were able to consent or refuse care or support. They said they could choose and staff helped them decide if they were unsure. One person said, "They tell me about my choices and we discuss what could happen if I do or don't do something. Then I can choose." We spoke with one person who said they no longer wanted the 'flu jab' that was due that afternoon. They told this to the registered manager who explained how it reduced the risk of flu. However if they felt the same when the nurse came to give the injection to people, they could refuse it or ask staff to explain they didn't want it. The registered manager also let the staff at the supported house know the person had said they did not want this.

We asked people if they shopped for their food and prepared their meals. They told us they chose their own food with support as needed and were involved in shopping for some of the food. Staff assisted with or prepared meals for people. They encouraged people to eat a healthy and balanced diet, informed people about good nutrition and supported people to make choices about what they ate and drank. One person told us, "I am losing weight with [staff member]. We got weighed and I beat them." Staff encouraged people to 'own' their food choices. One person said, "I enjoy helping make meals and clearing away."

Care records identified people's dietary needs. They showed people had been assessed, and were supported to eat and drink enough to meet their nutritional needs. There was information about each person's likes and dislikes in the care records. Staff were familiar with each person's dietary need, any allergies or special dietary requirements. This assisted them to meet people's needs and preferences.

We saw specialist mobility and equipment needs had been discussed with people and recorded in care plans. People told us staff supported them with their healthcare needs. They said they had regular health checks and staff assist them to access healthcare appointments as needed. Care records showed staff promptly acted on any health issues and monitored these. Staff looked at ways of reducing the anxiety and distress caused by health care procedures, particularly where people were non-verbal and had limited understanding of the procedures. For example, one person was particularly anxious and agitated when visiting the dentist. In the past this had resulted in the dentist being unable to treat the person. However staff realised if the person had their favourite jacket, familiar staff and some mild sedation they were able to receive important dental treatment.

Each person had an informative health passport. This provided information to travel with them if they needed hospital care about their care and support needs. Staff also usually supported them throughout any

hospital admission to reduce the person's anxiety and communication difficulties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In settings such as supported housing, the deprivation of liberty safeguards cannot be used. Where there are restrictions to people in the supported houses, an application must be made to the Court of Protection who can authorise a person to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We spoke with the registered manager to check their understanding of this. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received MCA and deprivation of liberty training. This assisted staff to assess people's mental capacity and ability to make decisions for themselves and actions to take if they lacked mental capacity. We saw staff had arranged best interests meetings in relation to people's mental capacity in agreeing to sexual relations. They had also made appropriate applications to the Court of Protection where people lacked capacity and could be deprived of their liberty.

We spoke with staff about induction (initial) training following their recruitment to support them in their role. They said they received an informative induction which gave them the skills and confidence to start their new role. New staff completed a six-month probationary period. This was to demonstrate they were competent to support people safely. One member of staff said, "The induction is good and also shadowing other staff. All new staff work a lot of shifts with other staff so they can feel confident about how to support people." Another member of staff told us, "As well as my induction I shadowed other staff for a whole month." This assisted them in gaining skills and confidence in the role.

We asked staff about the training they received. They told us about the recent training they had received including: safeguarding vulnerable adults, Mental Capacity Act and Deprivation of Liberty training, moving and handling, medication training. Most staff had completed or were working towards national qualifications in care. This meant staff had or were developing the skills and experience to care for people. A member of staff told us, "The training here is second to none. One person has [a specific health issue], full training was given to us, so we could support them properly."

Staff received regular one to one supervision and appraisal to discuss their performance, future development and the support they needed in their role. Staff told us they felt well supported through these and frequent informal discussions with their manager.

Is the service caring?

Our findings

People we spoke with said the staff were helpful and kind. They said staff helped them as they needed in a caring way. One person told us, "The staff are really, really good. They are great. They really helped when I first moved in the house." Another person said, smiling at staff, "You're a good lot you are."

People told us staff encouraged them to be as independent as they could be. They said staff helped them to do the things they wanted and supported them to make decisions. We saw staff had a polite and supportive relationship with people. People told us they liked the staff who supported them. One person said how much they liked the staff, "They help us to have loads of fun doing new things."

When we met people in the united response office or in the supported houses, we saw they were relaxed and comfortable with staff. We observed staff were supportive and attentive and listened to people. One person told us, "They are amazing. They have done so much for me." We saw that staff provided people with extra support to people in their own time. One member of staff told us, "It's no trouble. I enjoy our trips shopping." Another member of staff said, "I am lucky to have a job I enjoy and want to give it 100%. Seeing people happy makes it worthwhile to do extra."

Staff had a good understanding of protecting and respecting people's human rights. They understood that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. When we discussed this with staff, they described the importance of making sure they enabled people to hold on to their diversity and individuality.

People were supported to follow their religion by attending places of worship as they wished. The service had visibly showed the office was an environment that was supportive and safe from discrimination for people who were Lesbian, gay, bisexual and transgender (LGBT) by displaying the 'rainbow flag'. We saw staff had supported one person to attend a Gay Pride event, something they had wanted to do for some time. The person enjoyed the event felt staff understood and respected them by supporting this.

The registered manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family, personal and sexual relationships. We saw that staff had supported people in their relationships, while they also assisted them to understand their responsibilities in relationships. Staff supported people's right to make choices about their daily life, even if these were not the best choices as long as they had the mental capacity to make these decisions. However they provided advice and guidance against poor decisions and support and help with any repercussions from these.

We saw staff were mindful of people's privacy and dignity. They were friendly and respectful when they talked with people. They were sensitive to people's needs and reassured people who showed some anxiety about meeting new people. People told us the staff were kind and polite and knocked before they walked into their rooms. From discussions we saw staff remained calm, respectful and empathetic when people

became angry or upset. They gave the person time and space to regain their composure and sensitively helped them to calm down.

We saw people's personal information was confidential but accessible to them at any time. People were supported to make decisions about who they wanted to have access to their personal information and how much information family and friends could be given.

We saw United response had worked in partnership with West Cheshire college to provide a staffed supported housing for a group of young students who were leaving home for college for the first time. Staff had supported people to develop independence and social skills to enable them to live semi-independently while attending college courses. A relative had written about their family member's transition into this service and how pleased they were with their increased independence and resilience.

We checked how people were assisted to access advocacy services should they require someone independent to act on their behalf. We saw people were aware about how to get support from independent advocates and self-advocacy. We found information had been made available to people about this. This was particularly important so people had a 'voice' where there was no family involved.

People's end of life wishes had been recorded so staff were aware of these. They made great efforts to make sure these were met. We saw people were supported to receive end of life care in their supported house where possible. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. For one person this had not been possible. We saw staff had spent a lot of their own time with the person in their new care service, so they had a familiar face with them as they reached the end of life.

We asked external agencies including the local authority contracts and commissioning team and Healthwatch. They told us they had no concerns. The service informed the local authority of any safeguarding concerns and took quick appropriate action on any concerns. Comments received from other professionals were supportive of the service.

Is the service responsive?

Our findings

We spoke with people about their experiences of the service. They said staff supported them in their house and to get out and about doing things they wanted to. One person said, "I can choose to go shopping or to a meal out and staff help me do this." Another person told us, "I get on with the people I live with. We are friends now. We have all learnt to do more for ourselves."

We saw from speaking with people that they experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. They supported people to establish friendships if they wished and to develop skills and independence. One person told us, "The staff have helped me to shop. I can travel on my own now. I couldn't do that before I moved in. I couldn't do most things I can do now."

Staff recognised the importance of social contact, companionship and activities. They supported people to engage in activities and interests in the home and the local community and encouraged people to get work experience. People were involved in social and leisure activities such as gardening, cooking, swimming, cinema and theatre visits, and sports activities. People were also supported to go on holidays of their choosing with staff support. A relative wrote in an article about their family member, '[Family member] volunteers at a local farm, works hard and plays hard. – Fantastic.'

People told us they were supported by the same small group of staff. Staff were matched with people as much as possible to assist the person to relate to the member of staff. One person told us they no longer wanted to live where they were. We saw the registered manager was looking for a more suitable property for the person. This was taking a while as they needed ground floor accommodation but the person was kept up to date with progress.

People had their care and support needs assessed before they were supported, so staff knew they could meet their needs. Staff then planned the support the person needed. We looked at care records of three people. Care plans were personalised, informative and included the person's life events and history, care and support needs, likes and dislikes, wishes, activities and interests. Staff were aware of the support needs and preferences of people they supported. They took into account each person's choices when supporting them.

Care records were informative and personalised and clearly identified people's needs and wishes. We saw people and their relatives where appropriate, had been involved in planning and updating their care records. These were reviewed regularly with people and updated as their needs changed. The records gave staff information about people's care and health support, likes, dislikes, life history and family contacts. Risk assessments were in place to provide information ranging from a person's level of mobility, and risk of falls and nutrition, to management of behaviour that challenges, safe sexual practice, sex and relationship guidance and financial risk management. We saw where there were risks if people ventured out alone or into unsafe areas personalised and informative individual missing person procedures were in place, which guided staff in the actions to take.

We saw people had been given information on how to complain. We looked at the complaints policy which was in both a text and an easy read format. We asked people if they knew how to raise a concern or to make a complaint. They told us they knew how to complain if they were unhappy about something. One person said, "If I have any concerns I talk with [registered manager]." Another person said, "Everything is OK. I would tell [registered manager] if it wasn't." A relative said in a comment to the service, 'Any issues have been minor and quickly and pleasantly dealt with.'

Is the service well-led?

Our findings

People told us the registered manager and senior staff team were kind, approachable and listened to them. They said they could talk with staff easily and staff were willing to discuss any suggestions or concerns. One person said, "The staff always help and talk about any problems." They always listen." People said that the registered manager frequently visited and also worked some shifts in the houses. This gave them opportunities to discuss any ideas, suggestions or issues with her.

The management team sought people's views in a number of ways. There were frequent tenants meetings for people in the supported houses as well as informal conversations with managers on a day-to-day basis. People were involved in various organisational, advocacy group meetings and interviews for new staff.

People were also able to be a 'quality checker'. This was where people who used the service went to other supported houses to talk to people who lived there and find out their views on their staff team and the support they received. They completed an easy read report about the visit raising any issues, which was given to the registered manager. The management team responded to this and reported to the quality checker the action they had taken on any issues.

People who received a service, and where appropriate relatives were regularly asked to complete satisfaction surveys about their support, activities and any changes they would like. The responses we saw were positive and praising of staff and the support people received.

There was a structured management team in place. The registered manager was experienced and had worked in the service for many years. Senior support staff managed the supported houses on a day to day basis and reported to the registered manager. However the registered manager also worked hands on in the supported houses so was familiar with people's needs. There were clear lines of responsibility and accountability within the staff team. There was an on call rota of senior staff which all staff had access to. This enabled them to seek advice and support when needed.

Staff were praising of the support available to them. They told us United response was a good organisation to work for. Staff told us the management team were supportive, approachable and willing to listen to ideas. They said if they asked for support or advice the registered manager responded to them quickly. One member of staff said, "I have so much admiration for [registered manager] who works tirelessly to give everyone a fair and loving life." Another member of staff told us, "I have never had a better manager. You can always ask her any questions and she always makes time for you." Any issues found or they were informed of were quickly acted upon.

Staff told us they received good support from the registered manager and senior staff, with frequent supervision and staff meetings. There was also an external confidential helpline available to staff to provide additional support where this was needed. One member of staff told us, "We have great support. The manager here is amazing, always seems to be available, even though you know she is so busy." Staff meetings and supervision sessions were held regularly. Staff told us they were able to suggest ideas, give

their opinions on any issues or express concerns in meetings or privately, at any time

There were procedures in place to monitor the quality of the service. Audits were being completed by people who used the service and by managers. Audits included monitoring the care records, equipment, medication procedures, falls, staff support and maintenance. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

There was an up to date business continuity plan in place. A business continuity plan shows how the management team had planned what action they would take should an incident or accident that affected the running of the service took place.

Registered providers are required to notify the Care Quality Commission (CQC) about any significant events which take place at the service. The registered manager had taken the appropriate action to keep people safe where incidents had occurred. They had also informed CQC and the local authority safeguarding team.