

## United Response

# Nottingham 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nottingham DCA service provides care and support to younger people living in their own homes and accommodation. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our visit there were 90 people using the service who had a variety of support needs such as a learning disability, physical disability or mental health condition.

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

Support plans did not reflect that people were involved in their reviews and the use of person centred language could be improved. The use of positive behaviour support plans could also be improved to ensure staff were clear on how to support people when they became distressed. We made a recommendation about this.

People and staff told us they felt safe at the service. People received support to take their medicines safely. Risks to people's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe levels that enabled people to access the community when they chose to with support.

People's rights to make their own decisions were respected. People were supported to access healthcare services if needed. Staff received training according to their preferred learning style and had appropriate skills and knowledge to deliver care and support in a person-centred way.

People told us that staff supported their privacy and helped them with independence and we saw staff offering to help people prepare their evening meals.

Systems to monitor the quality of the care provided were effective. The service had recently experienced some upheaval from a re-structure but the registered manager had a clear vision about the quality of care they wanted to provide. The service worked well with other community partners and there was a focus on reducing isolation and loneliness for people in their own homes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was good (published 22 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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?

Requires Improvement ●

The service was not always responsive.

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.

# Nottingham 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

This inspection was announced. We gave the provider 24 hours notice so that someone would be able to meet with us at the office location.

#### What we did

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, two service managers, two team leaders, and five support staff. We also spoke with six people.

We looked at four people's care and support records and three staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- Most people we spoke with said they felt safe. We spoke with one person who had a concern and we shared this with the team leader. The team leader gave the person reassurance and told them they would support them to raise their concern.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessment were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to people using the service to ensure that the service could safely meet the person's individual needs.
- For people who may become distressed the plans in place to guide staff could be improved. For example, one plan said to use "distraction techniques when in the community" but there was no detail as to what these may be. Staff we spoke us could tell us about these techniques but they were not always recorded.
- For those people who required specialist moving and handling equipment, we saw the service ensured this was safe and staff were trained in its use.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw that a new electronic system for rostering staff working in the community was having beneficial effects so people and staff knew when they would be supported.
- Our observations during the inspection indicated that staff were quick to respond to people's needs.
- Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required.
- We saw checks on the competency of staff to administer medicines were undertaken regularly.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them. We observed staff using good hand hygiene techniques.
- People were supported to help maintain cleanliness in their own personal space.

#### Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- The service had reviewed how it received referrals following feedback and so it had implemented a clear lead staff member and a review of its process to make this better. One staff member said, "We have got better at asking for information from people's current service providers."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People's needs were assessed to identify how their care and support should be provided.
- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. The assessment also considered people's religious, cultural or spiritual needs. Staff told us that assessments had improved and the quality of information regarding new support for people was much better.

Staff support; induction, training, skills and experience

- Staff were well supported and received the training they needed. One new staff member said, "I was struggling but was able to ask for help."
- One relative wrote to us after our inspection and said, "Staff understand [Name's] condition, I couldn't ask better qualified people to look after [Name]."
- Training, supervision and appraisals were planned and all staff said they felt they had the skills and support to carry out their roles.

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

- Eating and drinking care plans were personalised; They included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it. We saw staff members supporting people to make their choice for evening meals and offering to assist if they needed help.

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

- Support plans noted any support people needed with their health care and relevant professionals' guidance for staff.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A small number of people using the service were subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA and their responsibilities. Staff understood the importance of gaining a person's consent before providing any care and support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; equality and diversity

- People spoke positively about the support they received from staff, who they described as kind and caring. Comments included, "Yea, the staff here are all spot on," and "I am happy here, there is always someone to help me."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. We observed lots of fun and laughter; when needed people were given appropriate reassurance and support.
- Staff were proud of where they worked. They told us it was a caring service.

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

- The service supported people to maintain relationships with friends and family.
- Staff showed a good understanding of people's preferred communication methods.
- People were supported to express their choices and make decisions. For example, people had communication profiles in their files to show staff how they needed support to make choices.
- Information about advocacy services was available; staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- We asked one person about the experience of living in their own flat with support from the staff team. They said, "I have freedom, to go where I want and do what I want, it feels great."
- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner, and knocked and waited for permission before entering their homes. When we arrived at the service, a staff member asked if a person living at the service wanted to show the inspector round rather than taking over themselves.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential. Staff we spoke with said, "We know that people's private lives are just that."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Support plans were regularly reviewed by staff but they did not demonstrate how people were involved in their review.

We recommend that the provider reviews and records how people are involved in their care and support.

- We saw some daily records were task focussed and positive behaviour support plans did not clearly detail how staff should support people when they became distressed.

We recommend that the provider improves the behavioural descriptors in the Positive Behaviour Support plans, as well as adding more detail about triggers and de-escalation techniques (e.g. what specific distractors work for that person, what motivates the individual, etc.)

- People were supported to access activities they enjoyed and benefitted from. There was clear evidence that people are offered a range of activities, including many community opportunities.

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.

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. People we spoke with knew who to speak with to raise any issues and told us they felt listened to.
- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team demonstrated a commitment to providing quality services and respecting people and staff members. We discussed with the registered manager and internal auditor that the service was already planning to review its lack of user involvement in support plans that we highlighted.
- The service had recently undergone change in terms of staffing structure. The registered manager told us this had been difficult but the staff we spoke with said they felt it was positive and they had been regularly updated.
- Staff praised the support they received from the management and said, "We have support from the managers," and "Yes there is always someone available for support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management were clear about their roles and responsibilities and led the service well.
- Staff performance was monitored during spot checks and discussed at supervisions.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought regularly and acted upon.
- The provider had a proactive community engagement plan. The service shared details of a variety of events in the local community. One staff member told us, "Our community access has improved loads, people are getting out with our support much more."

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of support were audited regularly.

- Actions arising from audits carried out were captured in ongoing improvement plans with target dates for completion.

#### Working in partnership with others

- Managers and staff worked well with external health and social care professionals. One healthcare professional told us in written feedback, "We have developed an open, honest and productive relationship with the organisation and registered manager."
- Management attended local forums that kept them up to date with best practice and any areas for improvement. The service developed key roles and personal development mentors to ensure induction training and new starters were supported for example to learn people's key routines from staff who knew them well.