

## United Response







# Leeds-Harrogate 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	

### Overall summary

We undertook this announced inspection on the 18 November 2015. At the previous inspection, which took place on 8 August 2013 the service met all of the regulations that we assessed.

Leeds-Harrogate DCA provides supported living, or community based support in people's own homes. The service supports people who live in the Leeds, Harrogate and Knaresborough area. The service supports people from a few hours a week, to 24 hour support and management of the support is delivered through an office

in Knaresborough. At the time of this inspection the agency was providing support for ten younger people who had a learning disability and other associated conditions. Leeds-Harrogate DCA employs twenty seven support staff and also a registered manager.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 told us they felt safe when receiving support from staff. The service recruited staff in a safe way making sure all necessary background checks had been carried out. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were risk assessments in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. There were records that showed staff received the training they needed to keep people safe.

Care plans were comprehensive and had associated risk assessments. Medicines were managed safely. People were protected because staff at the agency were aware of and followed the principles of the Mental Capacity Act 2005.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

People who used the service were positive in their comments about staff and they told us they were supported to engage in activities which were meaningful to them.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current legislation.

The service was well-led. The management team were committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Relatives told us that they felt their family members were safe with staff from the service.

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Good



### Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People who received a service and their relatives were included in decisions about how care and support was provided.

Staff liaised with other social and healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good



### Is the service caring?

The service was caring.

Relatives of people who used the service told us they valued the service they received. People were supported to maintain their independence and received support from a consistent team of care staff.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Good



### Is the service responsive?

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

There was an effective complaints procedure in place and people's complaints were dealt with promptly and where improvements were needed this was acted upon.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The registered manager was open and transparent and was able to answer all of our questions during the inspection.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives when supporting them in their own home.

Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from relatives of people who used the service and staff was very positive about how the service was managed and organised.

# Leeds-Harrogate DCA

## 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 took place on 18 November 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

The inspection team consisted of one inspector and one expert by experience. The expert by experience carried out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR)

as one had not been requested for this service. The PIR 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.

During the inspection visit we looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included two recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the registered manager and three staff who managed the supported living, or community based support the service provides. We telephoned a person who used the service but were unable to speak with them. We telephoned and spoke with five relatives of people who received a service from United Response – Leeds Harrogate DCA. We also telephoned and spoke with four members of staff from the service.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

# Is the service safe?

## Our findings

All of the relatives we spoke with of people who used the service told us that they felt their relatives were kept safe. Relatives told us that their relatives were supported by a consistent staff team who knew them well.

One relative told us, “There has been a fantastic team for many years. We are one team member short at the moment.” Another relative said, “There is a consistent staff team. There are agency staff but they are long term and my relative knows them. My relative knows their keyworker” another relative said, “One to one staff know my relative well. There are agency staff now but they are regular not ad hoc” and another relative said, “There is a good core of permanent staff. Over the weekend there may be agency staff.”

The rotas we looked at showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. Staff rotas were based around people’s needs. The support living services had individual staff rotas for each of the houses which included a manager. All the staff we spoke with felt that there were enough staff to provide a safe service which met the care needs of the people they supported. One member of staff said, “We are short staffed at the moment but it is improving as they (organisation) have recruited new staff recently.”

The service had an ‘on call’ system which staff told us meant a senior member of staff was always on duty to provide support and guidance out of ‘normal’ working hours. Staff we spoke with confirmed that they would use the ‘on call’ if they felt they needed support out of hours.

Staff had been recruited safely with checks carried out with the Disclosure and Barring service (DBS) and two references in place. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. One relative told us, “My family member interviews their new staff and I also sit in and listen when I can.” One new member of staff we spoke with confirmed that all the necessary checks had been carried out prior to them commencing to work for the organisation.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and that this provided them with the skills and knowledge to support people with their medicines. Records showed that staff involved in the administration of medicines had been trained appropriately. All the relatives we spoke with said that staff from the service managed their relative’s medicines well. One relative told us, “Medication is very important for my family member and staff get training on this straight away.” Another relative said ‘I think staff give medication on time. The staff cope with the PRN (prescribed as necessary) drugs very well.’

When we looked at people’s care and support plans we could see that the risks to them and others had been identified and management plans with clear guidance for staff were in place. In one person’s case there was clear information about epilepsy and what staff should do if the person had a seizure. This enabled both staff and people who used the service to be kept safe.

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff we spoke with told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. Training records confirmed that staff received relevant training to do their jobs well, which also included safeguarding training.

Accidents and incidents had been recorded and there was a health and safety policy for the service and within that were individual policies and procedures for activities such as manual handling and infection control. This meant that staff were aware of best practice when working in people’s homes.

Staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. One member of staff told us, “We always have plenty.” Another member of staff said, “Whatever we need we get.” This meant that staff had access to all the equipment they needed to reduce the risk of the spread of infection.

# Is the service effective?

## Our findings

Relatives we spoke with told us they were confident about staff who visited from the service and they also told us they knew what they were doing. One relative said, “The staff always inform me if my relative goes to any medical appointments. When they had to go into hospital staff called me. The carers stayed all day at the hospital with my relative. We couldn’t ask for a better team.” This relative also spoke about another time their family member was unwell and said, “Staff sat with my relative all night in their room.” Other relatives made comments such as, “I feel part of the team. I go on training with the staff. We are all doing the same thing. When my relative comes home I can support them the same as the staff.”

There was evidence that people had good access to appropriate health services. We saw that people were supported to attend various appointments with health care professionals such as a community psychiatric nurse (CPN), dietician and their GP. We saw in the care records we looked at that people had records of ‘My yearly health check’ which for some people was in a picture format and detailed all areas of their health and wellbeing. Relatives we spoke with also confirmed this and told us that people’s health care needs were being met. Although two relative told us they were not informed of appointments with health care professionals and went on to say, “I am not informed if there are GP appointments. There are no major health concerns.” Another relative said, “No not usually, no need to, as they are very well looked after.” One member of staff we spoke with told us, “We have a great support network with health and social care professionals.”

Relatives told us how people were supported where necessary with their meals described the different ways that staff from the service communicated with people. For example one relative said, “My relative uses a Bliss board (communication aid) and tells the staff what they want to eat. We all go out to a restaurant and again my relative is able to indicate what they want. If they want to organise a barbeque the staff will do it.” Another relative said, “The carers can all cook.” And another relative said, “My relative plans their weekly menu and is able to cook with supervision.”

All the staff we spoke with told us that they received the training and support they needed to carry out their roles effectively. Comments included “Yes we receive all the

training we need. For example I have recently completed some mental health training which was specific to some of the people we support.” Another member of staff said, “Yes we get plenty of training. If I have requested any further training you get it.”

We looked at records of induction, training and supervision for two staff. Both staff received an induction when they began work. One new member of staff told us, “I have received the best induction training ever from United Response in all the time I have worked in the industry.” All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. One member of staff said, “United Response offers staff good training. The organisation is very professional towards staff, service users and the legislation.” We saw in staff records that they had received supervision from their line managers. We saw a copy of the staff manual which is available for staff on the organisations web site. This contained information of key policies and procedures such as staff code of conduct, training, whistleblowing and lone working. Staff we spoke with confirmed they received regular supervision and support from their line managers. One staff said, “We receive supervision every four to six weeks and appraisals are held annually.” Another member of staff said, “We receive good support from the organisation.”

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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 and found that they were.

We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The registered manager told us that they had made

## Is the service effective?

applications via the local authority to the Court of Protection for an authorisation for three people who used the service. This meant that people were protected because the service was aware of its responsibilities relating to the MCA and DoLs when working with people in the community.

We saw that capacity assessments had been completed where necessary and best interest decisions made on

people's behalf with the involvement of health and social care professionals and families. We noted when we looked at care and support plans that consents had been sought. Staff told us that they had been trained in MCA/DoLs and could explain how they sought consent from people. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.



# Is the service caring?

## Our findings

All of the relatives we spoke with were happy with the care that their relative received. They told us staff were kind and compassionate. One relative said, “Staff know if something is wrong. If my relative worries the carers notice it.” Another relative said, “On the whole it is excellent, the staff treat people as adults and try to support them.”

Some relatives talk to us about the supported living schemes where their relatives were supported by staff to live independently. One relative told us, “I see my relative every week but I could visit at any time. But when I ring the staff put the speaker phone on so my relative can hear what is being said.” Another relative said, “I can visit at any time. Go when I want and call in unannounced.”

Staff we spoke with were knowledgeable about people’s needs, preferences and personal histories. They told us they had access to people’s care plans, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. One member of staff told us, “Communication between the team is very good. It has to be for us to be able to provide good support to people using the service.”

Relatives told us that staff were caring as one told us that, “Staff organised a birthday party for my family member.”

Care staff spoke passionately about wanting to provide good care for people. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of care staff said, “This is a very well run and caring service and I would recommend it to anyone.”

Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The registered manager demonstrated a very clear understanding and commitment to providing good care. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wished to be treated.

# Is the service responsive?

## Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were very detailed descriptions about people's care needs and how staff should support those needs. For example one person had outlined 'How I like and need my support' which detailed how staff supported them with their dental hygiene. We saw from people's care and support plans that they were supported to do activities which would enhance their social lives where appropriate. One person had details in their care plan about how their religious needs were to be met, which was important to them. The care plan detailed how staff supported them to fulfil this. Another person's care plan described how staff supported them to attend various clubs and activities in the community.

One relative we spoke with said, "My relative loves music and loves to go out. We went to the theatre to see War Horse. They also love football and has been taken to see a match of the team they support." Another relative said, "Staff support my relative to do what they want to do. Staff take them to the gym. Staff are very good at listening to their needs." Another relative said, "My relative belongs to a football team and goes to football practice." We were also told by relatives how staff supported people to attend various courses including cooking and baking, film course and music course. We were told staff also supported people to carry out paid work, personal banking and shopping.

Each care plan we looked at clearly outlined what was important to the person who used the service so that the care plans reflected the person's wishes and preferences. This information helped staff who were caring for them to know more about the person. Care plans had been

reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. The care plans were written in the first person and some were pictorial too which made them more personalised.

Staff completed daily notes and we saw that they also used these forms to monitor previous visits and comment on any areas that needed further clarification or improvement. There was evidence of ongoing assessments such as moving and handling assessments. Staff explained they encouraged people to improve and maintain their skills. This meant that care and treatment was planned and delivered in a way that met people's individual needs.

Relatives we spoke with confirmed that they were involved with their relative's care. One relative told us, "I go to the review once a year. Planning meetings I am not informed about." Another relative said, "I am involved with the review and planning. I am listened to and I feel part of the team." One relative said, "My relative conducts their own review with support of keyworker. They use power point and it is very impressive. If I had suggestions I would make them freely. I talk to the keyworker."

The complaints record showed that there had been no complaints since the last inspection in 2013. We asked relatives what would they do if they wanted to complain about something. One relative said, "Oh yes if there is anything not right you can go to someone and there is a book to write any complaints." Another relative named the service manager from the organisation that they would approach and said, "If I had a complaint the staff would listen to you." Another relative said, "I haven't had a complaint. I meet with the manager every 4-6 weeks about my relative as they have very complex needs and they are very poorly." One relative told us, "I have never had to complain I think there is something in the file I have here about complaining."

# Is the service well-led?

## Our findings

The service was well-led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

All of the relatives we spoke with told us that they felt listened to. With one relative telling us, "I feel part of the team" and another relative said, "I have never heard anything but good things about the service."

Relatives we spoke with made no negative comments about the service. Relatives said they were pleased with the care given to their family member. Some relatives told us they recognised that their family member had complex needs and the staff were doing a good job dealing with the persons need.

There was a registered manager at the service. People we spoke with knew who to contact if they needed any help or further information. They told us that if they had a problem or query they would speak to one of the care staff or the registered manager. They felt confident the issue would be taken to the most appropriate person. Staff we spoke with told us they felt well supported by the organisation. One member of staff told us, "It is a very good organisation they care about us and the people we support." Another said "It is a good service." And another said, "I really love working for them."

During the inspection the registered manager and three staff who managed the supported living, or community based support the service provided were present and were able to answer our questions in full.

When we talked to care staff it was clear they enjoyed working for United Response, and shared a common understanding of the service's ethos and values. One member of the team told us they had worked in the care sector for a number of years, and felt this was by far the best service they had seen. When we asked why, they said, "They (organisation) treat you with respect and listen to you and to people who use the service. Staff working for the organisation are all aware of direct and indirect discrimination and everyone is treated the same."

Staff received regular support and advice from their line manager by telephone or face to face meetings. Staff felt that managers were available if they had any concerns. One

member of staff said, "We have on call arrangements in place and staff are notified each week what the management arrangements are if we need support." Another member of staff told us, "My manager is always available for me to contact." Another member of staff gave us a good example of contacting their line manager on a weekend and said, "I thought it was urgent and I was able to contact (name) although it was a Sunday it was not a problem at all. The managers are always contactable."

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held monthly, which gave opportunities for staff to contribute to the running of the service.

The service used information gathered from people who used the service, families and staff to continually improve the service. Questionnaires had been sent out at the beginning of October 2015 to gather their views about the service. We were not able to see the action plan following this survey as it had not been completed. However we received a copy of some of the responses from the questionnaires the service had sent to health and social professionals. One professional said, "In my experience you have a very good service supporting some complex needs in more difficult financial climate. This will have an impact on your clients as well as your staff and my experience is that you are working well with them."

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month this helped to minimise re-occurrence.

Audits of people's care records including medicine records had been completed. There were also audits for areas such as infection control. These recorded any areas for improvement. In addition quality assurance proformas were completed quarterly and the last one had been done on 16 September 2015, which included spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines. This demonstrated the commitment of this service to improving and developing the service.