

United Response

Kuumba Imani Millenium Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 15 December 2017 and 12 January 2018 and was announced.

Kuumba Imani Millenium Centre is the office location of United Response that provides a shared lives service that matches people [supported people] predominantly with a learning disability, with host individuals and families known as shared lives carers living in the local area. There were currently 20 people being supported by 25 carers providing care and support in their homes.

The service had a registered manager who had been in post since 2016.

Care records and risk assessments were well-kept and up-to-date. Each supported person using the service had a personalised support plan and risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that the shared lives carers and supported people were involved in decisions about their care and support. There was an emergency continuity plan in all files we looked at that would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant information. We also saw that medications were handled appropriately and safely.

The shared lives carers who actually provided the service in their homes were all self-employed and had to go through an approval process. This covered similar areas to being employed, for example the completion of an application form, sending for references and obtaining a disclosure and barring check (DBS). We found that all the appropriate records were in place to ensure that they were suitable to work with vulnerable children and adults.

People's GPs and other healthcare professionals were contacted for advice about supported people's health needs whenever necessary. The provider had systems in place to ensure that supported people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff and shared lives carers in relation to safeguarding adults.

The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. The service's policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, finances and recruitment.

Supported people and shared lives carers told us they were happy with the staff and felt that the staff understood the dynamics and support needs. The supported people and the shared lives carers we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'service user guide'.

Further information is in the detailed findings below

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 remains Good

Safeguarding policies and procedures were in place and staff and shared lives carers had received training about safeguarding people.

Staff and shared lives carers had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff and shared lives carers had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service remains Good

Staff were appropriately inducted, received ongoing training and were provided with regular supervision.

Shared lives carers received on-going training and were provided with regular support.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider, the shared lives carers and supported people had good communication links.

Is the service caring?

Good ●

The service remains Good

Confidentiality of all files and personal information was respected.

Supported people live with shared lives carers as part of their family and had private space for privacy predominantly their bedroom, respect and dignity was discussed and observed.

Conversations and records showed how supported people were given the choice of how they were independent and protected by shared live carers and United Response.

Is the service responsive?

Good ●

The service remains Good

Suitable processes were in place to deal with complaints appropriately and supported people's and shared lives carers comments and complaints were taken seriously and investigated.

Support plans were person centred and informed how planning was constantly taking place to ensure the supported people were happy. The shared lives carers with other external services provided activities and ensured that choice was sought and agreed.

Support plans and risk assessments were reviewed regularly and there were good records of communication with staff, shared lives carers and visits to or by medical professionals.

Is the service well-led?

Good ●

The service remains Good

Clear quality assurance systems were in place to ensure the service supported the shared lives carers to provide safe and good care and that the supported people who used the service had opportunities to express their views.

There was a well organised management team that had clear roles and responsibilities.

The service had a manager who was registered with the Care Quality Commission.

Kuumba Imani Millenium Centre

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 15 December 2017 and 12 January 2018 and was announced. The inspection was carried out by an adult social care inspector. We gave the service 48 hours' notice of the inspection visit because the location is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We asked for information from the local authority before the inspection. We also looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the service.

The provider completed a Provider Information Return (PIR). 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.

During the inspection we spoke with two supported people who lived in shared lives homes and three shared lives carers in the community. We talked with three staff members including the registered manager.

We reviewed a range of documentation including four care plans, risk assessments, medication records, records for two staff, records for four shared lives carers, training records, policies and procedures, auditing records, health and safety records and other records relating to how the service is managed.

Is the service safe?

Our findings

The service had effective procedures for ensuring that safeguarding concerns would be appropriately reported. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The three staff members we spoke with were able to clearly explain how they would recognise different types of abuse and how they would report any allegation of abuse. They told us that the shared lives carers received regular training to make sure they were up to date with the process for dealing with any concerns and reporting any type of abuse.

The shared lives carers we spoke with during the home visits confirmed that they had received the appropriate training and if they had any concerns they would report immediately to one of the coordinators or the manager.

The training records we looked at confirmed that all staff and shared lives carers had completed training in safeguarding. They were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse. This informed that people receiving support were being supported by competent carers and by the staff members employed by the service.

Services such as United Response are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that they had done this appropriately when required. They had also notified the Local Authority safeguarding team.

We saw that risks to supported people's health and wellbeing had been identified for areas such as the environment and access to the community and measures were in place to manage these so the people who lived with the shared lives carers were protected from unnecessary hazards. These were reviewed regularly. We could see that the staff members were working closely with the shared lives carers and, where appropriate, the person being supported.

The shared lives carers were all self-employed and had to go through an approval process, this covered similar areas to being employed, for example the completion of an application form, sending for references and obtaining a disclosure and barring check (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. When the recruitment process was completed the individual's application was submitted to a panel appointed by the provider who then assessed it and if successful approved the person as a carer. One new carer had been approved recently so we looked at their records and the records for three long standing carers to check that effective recruitment and approval procedures had been completed. We found that all the appropriate records were in place to ensure that they were suitable to work with vulnerable children and adults.

Medication care plans and risk assessments were in place and a medication administration record (MAR) was in place at the shared lives homes we visited. Shared lives carers completed the MAR when any

medication was administered. Shared lives carers told us they had training for medication administration and were competent in doing so.

We saw that supported people's support files included a 'health passport' which could be taken to any hospital appointments. It also had information about what was important to the person, how they consented, behaviour issues and signs of distress.

The shared lives carers generally took responsibility for liaising with any other services involved in the person's health care and they accompanied people to any health appointments. Shared lives carers discussed any health needs during the home visits undertaken by the co-ordinators.

Is the service effective?

Our findings

One of the supported people we spoke to told us that their carer was very good and they were happy with the care and support provided.

It was clear from looking at staff files and shared lives carers files that all had received a comprehensive induction and training when first employed by United Response. The service had implemented the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification.

Everyone we spoke with confirmed that they were receiving regular training and that it was up to date. The coordinators visited the shared lives carers approximately every six weeks to check and review the placement; both coordinators and shared lives carers confirmed that any issues, including safety were discussed. The staff employed by United Response also spoke to the person being supported by the shared lives carers as part of the review process.

Records showed that staff had an individual supervision meeting four times a year and an annual appraisal. One staff member told us "The manager is very supportive and acts straight away on anything we discuss, it open door".

One supported person and their shared lives carer said that the organisation provided an initial assessment visit where care and support needs were looked at and all were included in assessing and creating a personalised plan. Visits to the shared lives carers' homes took place more frequently at the beginning of the service and when a carer or person required support. The care plans we looked at showed that each supported person's needs had been assessed and reviewed and changed to meet their care and support requirements.

We saw that the supported people using the services were involved in planning and preparing their meals if part of their care plan. Supported people's dietary requirements were catered for with the person's full knowledge and involvement. People's dietary information was available in their support plan including information on diabetic needs or intolerances to certain foods. One supported person told us "The food is lovely the family are good cooks and I help when I want to".

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.

Staff and shared lives carers were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. We saw evidence that when necessary a best interest decision, the process used to ensure a person's rights were protected had been taken to protect one of the people who was receiving a service from United

Response. This was in relation to the person's finances and records were in place that informed that applications had been made to the Court of Protection.

Is the service caring?

Our findings

We asked a supported person if staff were kind and respectful and they said yes. We also asked two shared lives carers and we were told "The staff are very caring, they do care about people". Other comments from shared lives carers included "I know he's [person] happy with the care and support we provide, he is our family and we know he's happy because we constantly communicate. We are immediately aware if there are problems". Staff told us "I really enjoy my role it's my vocation working with people to ensure their care and support is provided effectively and that their carers ensure they are enabled to be independent and go into the community, for example to the college".

We observed that supported people made choices and decisions about their lives and we saw that shared lives carers respected these decisions. One person said "I am very happy, [carer] takes me out and we go shopping and for meals". One shared lives carer told us "If [person] wants to do something different, like go to a show we liaise and sort it out". Supported people and shared lives carers told us that there was good communication between them and the service. A shared lives carer commented "Communication between us is very good and we have a very good relationship to be honest". A staff member also told us "We have a great relationship with the shared lives carers and their families and enjoy visiting them. We involve the shared lives carers and their families in the person centred planning meetings".

During the home visits we saw that the shared lives carers and the people they were supporting were very relaxed with each other. The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. It was obvious that the care was being provided in a family type setting and the people receiving the service were happy living with their shared lives carers and their families. One shared lives carer said of the coordinators "They know her [person being supported] inside out really and liaise to ensure her needs are being met".

We saw feedback that had been received by the service and this included "Thank you very much for everything you do for [supported person]. We do appreciate all you and your team do at United Response and we are very happy with the support you give to us". We observed that confidential information was kept secure in the main office as well as the shared lives homes we visited during the inspection.

United Response had a service user guide in place that gave people a good range of generic information regarding the service that was provided from them. The service had added information regarding their own philosophy of care and support and their own principles and values.

Is the service responsive?

Our findings

One supported person we spoke with told us "My carers are helping me, everything is good".

Two copies of the support plan, risk assessments and placement agreements were completed, one was kept in the office and the second copy was for the shared lives carers. We looked at a total of four care plans in the office to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what care and support was required. All of the care plans we looked at were well maintained and were up to date.

We saw that on-going review of support plans took place and issues identified were dealt with appropriately. The registered manager and staff members explained that they were looking at ways to help ensure the service fitted supported people's needs, this included spending time with the people being supported in order to check that things were alright with their placement.

The care and support plans looked at had information on activities and what the people liked to do. Three of the supported people attended a college on various days. One person told us they enjoyed going. The shared lives carer informed us due to the changes in the person's placement the coordinators from United Response picked the person up for college and dropped them off home which was marvellous as the logistics for them would be really difficult to meet.

United Response had a complaints policy, and procedures were in place to record any complaints received and to ensure they were addressed within the timescales given in the policy. Shared lives carers told us they were aware of the procedure to follow. The home visits undertaken by the co-ordinators were the main method the service used to assess the quality of the care and support being provided and to ensure people were happy with their placement and the carers supporting them. Most of the supported people were unable to communicate directly regarding complaints so this system relied on the coordinator building up a relationship with both the supported person and the shared lives carer to ensure people did not have any complaints.

All of the shared lives carers we spoke with said they felt confident to express concerns and complaints and were confident that the registered manager and coordinators would respond quickly and take any necessary action. Comments received included, "They are [staff] very supportive and deal with anything quickly and effectively", "I often speak to my coordinator from United Response, and totally, honestly have never had to complain about anything. I know the complaints procedure which is on the front of the folder if I should I need it".

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the Care Quality Commission since 2016. The registered manager informed us that she was leaving the service on the 31 December 2017 and a new manager had been recruited.

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.

The registered manager was supported by two coordinators. The coordinators had an allocation of shared lives carers and supported people to manage and support. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. United Response were displaying their ratings appropriately in a clear and accessible format.

We were able to see that the provider carried out audits of the service and the registered manager told us that the communication with their line manager was good and that they were approachable. We looked at the quality assurance records in relation to the shared lives houses we visited. These records included finances, medication, environment, health and safety checks including fire alarm checks.

The views of the people being supported were obtained by six weekly reviews undertaken by the coordinators. The supported people we spoke with and the shared lives carers confirmed that the coordinators also spoke to the person using the service as part of the review process. In addition to the six weekly reviews the manager undertook an annual review with each carer.

We found that the shared lives carers understood their roles and responsibilities well and liaised immediately with United Response if there were any concerns or issues. Comments included; "My coordinator comes to see me weekly at the moment because of the new placement and we all discuss the support required for [person]. Another shared lives carer told us that a coordinator visited every six to eight weeks. They said "He's very supportive, I can contact at any time by phone or email."

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt supported in their role. They told us "The manager is really proactive and supportive" and "Great manager, she is very advanced and deals with any issues effectively".

The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. This ensured the staff had up to date guidance surrounding their practice.