United Response

United Response - Bury DCA

Inspection report

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Tel: 07970596743

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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

Bury DCA is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided both to individuals and to people living in small group settings. There were 17 people currently using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since August 2017.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

There was a medicines policy and guidance for staff around safe administration. Care givers had undertaken training and competency checks were regularly undertaken.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

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

People received a nutritious diet and were encouraged to plan their diet, shop and where possible were supported to make their own meals.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics such as a diploma.

We visited three people in their own homes and saw staff knew people well and had a kind and caring attitude.

People had a range of activities they could attend which was suitable to their age, gender and beliefs.

There was a relevant complaints procedure. There had been no recent complaints.

There was a recognised management structure. Staff thought the service was well-led and the two people we talked to thought staff were approachable. We observed staff interacting with people who used the service in a friendly and appropriate manner.

There were systems to check the quality of service provision to help management maintain and improve standards.

The service liaised well with other organisations to help meet people's health and social care needs.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

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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 was an announced inspection and was conducted by one adult social care inspector on the 22 May 2018.

We requested and received a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We did not receive any negative comments from the other organisations we contacted.

We spoke with two people who used the service when we visited them and observed how the registered manager and staff responded to their needs.

During our inspection we observed the support provided by staff. We looked at the care and medicines administration records for two people who used the service and care plans of three people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

One person who used the service told us they' "felt safe." We saw from the training records and staff files that staff had received safeguarding training. Staff had policies and procedures available to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Both staff members we spoke with said they would report any poor practice to management or other organisations.

The staff we spoke with said there were sufficient staff to meet people's needs and they would cover for each other if the need arose.

We looked at three staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks ensured staff were safe to work with vulnerable people.

We saw in the plans of care that there were risk assessments for the environment and for any specific need a person had. This was for specific health related conditions such as epilepsy or activities like swimming or going out in the community. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles. We also saw people had access to health and social care professionals to keep their care needs up to date. Each person had an annual health check.

There was a business continuity plan to help ensure the service could function in an emergency such as a loss of electricity and each person had a personal emergency evacuation plan (PEEP) to help people be safely evacuated in the event of a crisis such as a fire. Equipment in each person's home was checked by staff to ensure it was safe

Staff had access to and received training in the prevention and control of infection. Staff also had access to personal protective equipment (PPE) to help reduce the risk of cross contamination of infection.

There was a medicines policy in place and guidance for staff around safe administration. All staff had undertaken relevant training and competency checks were regularly undertaken to help ensure skills and knowledge remained current and relevant. We saw medicines administration records (MAR) sheets within clients' care files. These were all complete and up to date.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce the incidents.

The service was run from an office which contained sufficient equipment to provide a good service. This included computers with email access and telephones to keep in contact with staff. The fire system was checked regularly and office staff had a procedure to follow in the event of a fire.

We asked the registered manager what lessons they thought they had learned since the last inspection. The manager told us that the recruitment procedure had been improved. If people who used the service did not want to meet prospective staff at interview they were introduced to them in a more informal manner such as going for a cup of coffee in a local café. We were told this also helped managers see if the prospective employee was a good match to the person using the service.

Good

Is the service effective?

Our findings

The service used technology to help people who used the service with their communication needs by the use of I pads, pictures, photographs or pens and paper and mobility was supported with the use of hoists. Staff members had a telephone to communicate with management and access to computers for research.

Staff received an induction when they commenced working at the service. Any staff new to the care industry were enrolled on the care certificate which is considered to be best practice training. We saw the training records of staff and saw they received all the training they needed to satisfactorily perform their roles and encouraged to undertake a course in health and social care such as a diploma. Two staff members we spoke with told us they were up to date with their training.

Staff also received regular supervision and an appraisal yearly. Staff told us they could bring up their training needs or any other items they thought important. Staff told us they thought the organisation was very supportive and this was reflected in the management culture.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. Staff had been trained in the MCA and DoLS.

People in their own homes are not usually subject to DoLS. However because the service is a supported housing service each person had a DoLS application awaiting a decision by the local authority to ensure people's rights were protected. Best interest meetings were held with the person if possible, their families and relevant professionals. Best interest meetings look at care and support issues to ensure people receive care in the least restrictive way.

We saw that where possible people agreed to their care and treatment. If a person could they would sign their agreement, some people had staff sign to say they had read out the plan of care to them. We saw that during the visits staff asked people what they wanted and waited for a reply. One person changed their mind and the staff member responded accordingly.

One person we spoke with said, "I go food shopping and like to choose my own food." People were

supported to take a nutritious diet. Each week people chose their menu, went to shop for the food if they wished and for those able helped prepare a meal. We saw that staff had been trained in safe food hygiene. People were able to choose the menu using a variety of communication aids. One person required their diet in a specific way. We saw staff had been trained in how to support this person to take their diet.

One person who had special needs around their dietary intake was given food after they returned from a day centre. Because of the known reluctance of the person to eat the day centre and care service exchanged notes in a daily record to keep track of what intake the person had.

Each person had access to their own GP. We saw people had access to a wide range of professionals and specialists. This included specialist learning disability nurses, speech and language therapists and hospital consultants. We saw people also had access to regular appointments at dentists, chiropodists and opticians. We saw good practice where one person was afraid of visits to the dentist. Arrangements were made to visit the dentist informally and music the person liked played. After several visits the person agreed to the care required.

The service was run from an office near the centre of Middleton and was manned during office hours with a member of staff on an on call rota to cover for out of office hours if needed.

Good

Is the service caring?

Our findings

We visited three people in their own homes. One person who used the service told us, "I know all the staff. They are good to me." We observed the interaction between staff and people who used the service. Staff were friendly and professional. Staff were able to communicate with people in their preferred ways but most staff had been working with people accommodated in each house for some time and responded to body language as well as gestures or the use of communication devices.

Both members of staff said they would recommend the service to others including their own families if a service of this type was needed. Staff also commented, "I like working here. The organisation is very good and I would recommend them to anybody. They have helped me improve and supported me when I needed it" and "I think the job is very rewarding. I know the people who live here very well. We understand people with their actions and gestures."

People had various ways to communicate with people. This included the use of modern computer tablets, the use of pictures or photographs or pens and paper. A lot of the documentation was provided in an easy read format including a person's tenancy agreement and plan of care. Staff also explained to people who used the service what was in their care plans to ensure that as far as possible people were happy with the way their care was delivered.

People were offered choice in using their aids and could choose what they wanted to wear, where they wanted to go, what sex of staff they wished to accompany them and how they wanted their house decorated. Plans of care showed a person's age, gender, sexuality and religion had been discussed and taken into account. People were also able to help choose the staff member who cared for them by being involved in the recruitment process. One person told us, "I have a nice room. I chose my bedroom colours and the wallpaper in the lounge."

We did not see any breaches to privacy and staff were discreet whenever they assisted a person. We saw that where possible people were encouraged to do what they could for themselves. We saw that one person was being assessed for more independent living.

People were given information around what the service provided in an easy read format. This helped the person understand what support they could expect.

We saw all records were held securely and staff were trained about confidentiality and data protection topics including the use of social media. This helped keep people's care and support private.

People were encouraged to maintain contact with their family and friends. On the day of the inspection one person was taken out to buy a birthday present for a relative's birthday and was going to visit a couple of days later.

One person had an advocate who is a person who will act independently for a person to ensure their wishes

are known. This was following a review of the fire safety procedures and the person's mobility. The advocate will help support the person to find the most positive outcome.

Good

Is the service responsive?

Our findings

Plans of care were detailed and contained a person's background history, past family life, their likes and dislikes and any hobbies or interests. The care plans were divided into sections such as needs for communication, mobility, diet and nutrition or personal care. There was a detailed section about a person's daily routine which is usually important to stick to if someone has a disorder on the Autistic spectrum.

We saw that the plans of care took account of a person's diverse needs, for example for certain activities people who used the service wanted staff of the same sex. Although current people who used the service did not have any religious needs we were told they would be supported to attend any religious establishment if this was what they wanted.

A prospective new person was being assessed to live in one of the services houses. Part of the assessment process was matching a staff member to the person. As with the other people who used the service once a good match was achieved this was continued to ensure continuity of care and people and staff soon became used to each other. Because of this part of the care planning process was to highlight any triggers that may cause a person's behaviour to deteriorate and reduce the incidents.

The plans of care were reviewed regularly or updated when required to keep staff informed of any changes to a person's care or support.

There was a complaints procedure located at each house which had been produced in an easy read format. There had not been any complaints from people who used the service, families or professionals since the last inspection.

Each week people who used the service and staff arranged activities. We saw people were offered a wide range of activities which included gardening, swimming, horse riding, going shopping for food or clothes, games, going to the cinema, ten pin bowling and going to places of interest. One person told us they enjoyed going to the pub for a 'shandy' and something to eat. One person had wanted to be more involved in community events and had joined a gardening allotment scheme and had a map of the allotment and other pictures of their activities at their house. They also had recordings of the gardening they could watch at a later time, which we were shown by the person during the inspection. People were able to attend meaningful activities if they wished.

Besides social activities people were taught life skills suitable to their abilities at their home or at visits to day care centres. Some activities were simple but much appreciated by the service user. One person liked to go out for a walk each day and buy a newspaper and when they returned the staff member read the newspaper to the person.

People had and end of life plan although not all had been completed because family members thought it was their responsibility or people did not wish to talk about it. However people were offered to join a funeral plan if they wished.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since August 2017.

There was a management structure staff understood. Staff told us, "Managers are supportive. Most of the time there are enough staff and we cover for each other. There is always someone on call. The registered manager is approachable" and "The registered manager is very supportive. I have regular supervision and appraisal. There is always someone on the end of the phone. There is always enough staff. We have a relief staff bank to help cover." Staff thought that managers were approachable and available when needed. We saw the registered manager knew staff well and when we visited people who used the service knew them as well. The registered manager was welcomed by people who used the service with one person in particular who wanted to show the manager what activities they had attended.

'House' meetings were held regularly to discuss people's support or any improvements that could be made. Managers held regular meetings to discuss best practice, staffing, training and other topics necessary for running a care service. Managers regularly visited the houses and met with staff to discuss care and support or any other topics staff wanted to bring up.

The service sent out annual quality assurance surveys and we saw the results for the last year which were very positive. Improvements from the suggestions included more community based activities for one person. Comments made included, "Staff are always very helpful and open about care. We are made to feel welcome when we visit. Staff help our relative to attend activities and enjoys a good social life"; "All staff are committed to provide a safe and nurturing environment" and "The service manager is excellent. They are always professional in manner and keep us informed any changes. We are invited to reviews."

We saw the service liaised well with other organisations and professionals. Each person also had a 'hospital passport' which gave other organisations the basic details they would need to care for somebody in an emergency. This was ready to accompany the person as required.

We saw there were regular audits of the service. An audit was conducted at each of the houses and covered the care of people using the service, health and safety, infection control and cleanliness, plans of care, medicines administration, a check on people finances, the environment and any servicing of equipment that was due. We saw the audits were reviewed and action taken as required. We saw that as a result of recent audits the 'hospital passport' was updated and people's financial spending plans reviewed. The service were also uploading the audits onto the computer for improved scrutiny by the organisation in future.

The organisation offered an incentive to staff who were thought to go above and beyond normal duties by recognition of their work and a monetary reward.