

United Response

United Response - Spire 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 ●

Summary of findings

Overall summary

United Response Spire provides personal care for adults in supported living. This includes people living with a learning difficulty. There were 70 people using the service for personal care at the time of our inspection. Fifty two people were in 'supported living' accommodation. 'Supported living' is where people live in their own homes and can have full time staff support available. Eighteen people were living in their own homes.

This inspection took place on 21 September 2016. The service is run from an office in the Staveley area. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also carried out visits to people using the service on 6 October 2016.

There were two registered managers at the service. 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 service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide people's care.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were being met. People were supported by staff who knew them well. Staff were aware how to promote people's safety and independence. People were provided with information to support them to make day-to-day decisions.

People received appropriate support to plan and manage their meals and nutrition. This was done in a way that met with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People and their relatives were involved in the planning of

their care and support.

There was a complaints process in place. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service were inclusive and identified issues for improvement.

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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed

Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

People's independence was promoted and they were assisted to achieve their wishes.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were

included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good 

The service was well-led.

There were two registered managers at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

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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 inspection took place on 21 September 2016. The inspection team was comprised of one inspector.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with six people in their own homes and two relatives of people who used the service. We looked at three people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with seven staff, including the registered managers.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe using the service. One person said, "I feel very safe. It's where I live." Another person said, "I'm very safe here, even on Halloween. I don't like it Halloween, it's scary"

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit, confirmed the provider made referrals, as required; and was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines, to mobilise safely and to eat and drink. People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and were regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment for the management of their activities outside the service. This was done to ensure they were safe and they could take reasonable risks while carrying out their extensive social activities. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

There were enough staff to meet people's care and support needs in a safe and consistent manner. All people told us staff were available at the times they needed them. They said the staff were there to ensure they lived their lives as they wanted to.

All the staff we spoke with told us staffing numbers were adequate to meet people's needs and that absences were covered within the team. They said they all worked together to ensure that no one missed their outings to day centres, work or other activities outside the service.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. However, on one record we

looked at we saw it was unclear where references had been obtained from, as they were undated and not on any official letterhead. We brought this to the attention of the registered manager who agreed to look into it. People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed. Medicines were stored in people's rooms in a locked cabinet. We saw records were maintained and checked on a daily basis so that if errors were made they could be rectified in a timely manner without causing any health problems. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting with medicines. One said, "Any mistakes should be reported immediately."

Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. This included an assessment of their competency to administer people's medicines safely. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. One staff member told us, "Medicines are given as directed on the chart."

Is the service effective?

Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person said "They look after me." Another said, "I don't know about training but they know what I like to do and help me to do it"

We spoke with two staff who were on their two week induction programme, prior to starting to care for people. They confirmed they were not allowed to care for people until they had completed their induction training. This included completing the Care Certificate. Both were really pleased with the training and were excited about starting to care for people. One said "It's so thorough and you are not left on your own until you are confident, even then there is always someone to call on. Another said, "The training is great, real life."

Other staff described the training as, "High Quality," and one staff member told us, "We have bespoke training to meet people's individual needs." All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential health and safety training. Staff told us they could also request additional training should they feel they need it. For example, the provider's approach to providing care is 'every moment has potential. Staff said the training supports this.

There were regular staff meetings and regular 'house' meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the registered managers ensured that staff maintained the level of skills the provider felt essential, to meet people's needs. The provider therefore ensured staff were suitably trained and supported to provide effective care.

People told us and we saw, that staff asked for their consent before commencing care One person told us, "I can do most things myself but they [carers] always tell me what's happening." Another person said "They always ask, yes always."

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's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, were made in their best interests.

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. The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had not identified anyone who had personal care where this was

applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff told us they had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most staff had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account. This ensured that the least restrictive option was taken when caring for them.

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs.

People using the service who were supported in their food choices had sufficient to eat and drink. One person said "We have a day each week, where we choose what to cook. The staff help us cook. We usually choose our favourite food; the others get a choice if they don't like it." People were supported to manage their individual nutritional needs in a way that met with their needs and choices.

People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a balanced diet.

Is the service caring?

Our findings

People were cared for by caring staff who were kind, and compassionate. A person told us "Of course they are kind." They said their independency, privacy and dignity was respected and promoted. People told us they had a very good life, with opportunities to have a good social life in the community.

People's skills and independence were promoted. People were encouraged to find work both within the service and outside in the community. The service had access to a specialist advisor who helped people find employment and ensured their employment rights respected.

A person told us they were employed by the provider to conduct quality assessment surveys to find out what their peers thought of the service. They said it was easier for people to speak to them than a member of staff.

The provider endeavoured to ensure people were part of the staff selection process. People who wanted to do this were trained appropriately. Other people who did not want to be on the panel were offered the opportunity to have questions asked on their behalf.

We were told that this input was invaluable as people were able to offer their views. Staff who interviewed said they were able to see straight away which prospective staff were able to form a connection with people.

Staff endeavoured to ensure they knew and met people's wishes so that they could have choices about how they lived. At one house we visited, people had been swimming and had been busy all day. They had also planned to eat in a local restaurant later that day; however they decided to change the arrangement and go the next day instead. Staff said this was no problem and made alternative arrangements.

People we spoke with were happy with how other people who used the service were cared for. They were encouraged to meet as a group to plan menus and cleaning rosters. Choice around food was decided by facilitating people to have their day to choose the menu.

We saw staff cared for people with respect. They spoke in a manner that promoted respect and we saw they were aware of the importance of promoting people's dignity. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this. For example ensuring privacy was maintained and personal care was given in the privacy of their room.

The service promoted 'every moment counts.' This meant that staff were constantly aware of people's needs, wishes and abilities. This approach to care meant people's lives were enriched by making choices and decisions pertaining to their lives.

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided, and that the care agency acted on their instructions and advice.

People's individual care and support needs had been assessed, before they began to use the service. Each person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. Choices and preferences were reflected throughout support plans, which enabled staff to provide appropriate personalised care and support. Staff confirmed they had plenty of time to read care records and were able to keep up to date with people's needs and preferences. They said this was expected of them, particularly after been away for more than a few days.

People were supported to plan their holidays. All people we spoke with had the opportunity to have a holiday or break of their choice. For example one person said, "They helped me go to the Labour Party Conference recently and I had a great time. The staff knew this was important to me. I am going to the Houses of Parliament soon and they are arranging this too."

People were given the opportunity to follow their hobbies and interests. These were varied and covered diverse interests such as line dancing and a person who was 'mad about horses', being assisted to attend events. Other people were planning a Ball early in the New Year. This included travelling by limousine to get the full glamorous impact.

People's care plans provided sufficient guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings or with their line manager to help ensure people were supported in a structured and consistent way. Plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances.

The service was inclusive and endeavoured to include people and staff in all aspects of care planning. For example some people were trained to be part of the interview board and another two conducted quality assurance reviews in the service. This enabled people to be part of the decision making process and endeavoured to give people control of their lives. The registered managers told us people sometimes saw attitudes in prospective staff they may have missed and found their contribution to the recruitment process 'invaluable.'

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. The details on how to complain were available in an easy read version. All people told us they had not had any need to make a complaint.

No formal complaints had been received. We were told issues were dealt with as soon as they were raised, so that they never became a problem to be solved.

Is the service well-led?

Our findings

People were included in all aspects of service delivery. There were regular house meetings and people who used the service conducted quality assurance surveys. One person told us, "They are really good and I can't think of anything I need done differently. They're good." Another told us, "At the moment I cannot think of any improvements. It's working well."

There were two registered managers at the service. All the people and staff we spoke with were very positive about how the service was managed and all people felt included in decisions made about their care and welfare.

The registered managers told us they listened to people and staff through the reviews of care, visits to the services and staff meetings. People, their relatives and staff said that the registered managers and senior staff were accessible and approachable. All felt they were listened to and their voices were being heard. One person told us, "They are always here so it's very easy to talk to them. It's no big deal." Another said "They will find a way to make things happen."

There was a clear management structure in place. Each house where people were supported, had a senior member of staff. The registered managers understood their managerial and legal responsibilities, for example, how to support people's legal rights under the Mental Capacity Act. People's personal care records were updated and stored in the central office and in each service. They were updated in the office on a weekly basis. The provider was therefore ensuring that the service operated efficiently and that managers had access to people's records.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities.

There were robust procedures in place to ensure people were getting the service they wanted and that it was delivered in a manner that promoted their independence, dignity and privacy. The people who used the service were represented in all aspects of how the service was delivered. This included employing people to capture information on service delivery. Also people were invited and trained to be part of interview panels. People's independence was promoted. For example people were assisted to attain and maintain employment.

The provider had a thorough quality assurance process in place. In addition to the people employed to gather opinions on the service, a senior member of staff from a different part of the service also conducted a full quality audit. This was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as people's financial records and administration of medicines, had taken place in the last three months. These audits also identified how people's skills were recognised and the efforts made to ensure their talents and skills were used. For example the audit identified how many

people wanted to, or would benefit from working.

Care planning was audited to ensure the records were reflective of people's physical, mental and emotional needs and wishes. This was done on a six month basis. It also covered people's capacity to consent and how positive support plans were in place.

All staff spoke positively about working at the service and praised management and leadership. One told us, "I feel very supported, a good team. Your opinions are valued and managers are reactive," and another said, "Concerns are responded to straight away." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service.

Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. One staff member said, "Some of us attend reviews or the care manager will phone us to ask for our views about people's progress." Staff also felt able to raise concerns or make suggestions about improving the service. They gave an example of how a suggestion had been acted on and improvements had been made to their workload. All the staff we spoke with praised the registered managers and the domiciliary care service organisers. One staff member said, "They are all very easy to contact." The provider was therefore proactive in obtaining staff views and opinions to improve the service.