

United Response

# United Response - Durham and Darlington DCA

## Inspection report

Unit 1A  
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Website: [www.unitedresponse.org.uk](http://www.unitedresponse.org.uk)

Date of inspection visit:

30 November 2023

04 December 2023

05 December 2023

Date of publication:

21 December 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

United Response - Durham and Darlington DCA is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults with physical and learning disabilities and mental health conditions.

Not everyone using United Response – Durham and Darlington DCA receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 27 people were receiving personal care from the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. People had an active life which incorporated activities in their local community. Where people had shared interests, they went out together. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service made reasonable adjustments for people so they could be fully involved in discussions. People received their medicines as required and staff worked in-line with recommendations from health professionals. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

### Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided appropriate care and emotional support. There were enough staff on duty to provide safe care to people. The registered manager had a flexible approach to staffing levels to ensure activities, hobbies, individual interests, and outings were catered for. People were supported by a stable staff team who knew them really well. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture

People received compassionate care that was tailored to their individual needs. Staff spoke highly of people and went 'above and beyond' for them to live the best lives possible. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Management led by example and staff empowered people to do all that they wanted to do safely.

The service was committed to a culture of improvement and regularly sought feedback from people, staff and professionals. People were at the centre of the service and staff valued and acted upon people's views.

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

### Rating at last inspection

The last rating for this service was Good (published 15 June 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for United Response – Durham and Darlington DCA on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# United Response - Durham and Darlington DCA

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2023 and ended on 5 December 2023. We visited the location's office on 30 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We visited the registered office location and reviewed records relating to 3 people who used the service, 3 staff files and audits used to monitor the service. We spent some time observing and listening to staff interactions with people. We spoke with the registered manager, a team leader and a senior carer.

We visited 2 supported living services and observed staff interactions. We conducted a visual inspection of the buildings and looked at records relating to medicines and health and safety checks. We spoke with a further 4 staff, which included a service manager, 2 team leaders and a support worker.

Following the inspection site visit we spoke with 4 people who used the service and 5 relatives via telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Systems and processes were in place in relation to safeguarding. Staff had received appropriate training and knew how to raise any concerns.
- People felt safe. One person told us, "Yes, I feel safe here. I am quite safe where I am." A relative told us, "I think [person's name] is safe. The nature of the building, the security, staffing levels, support staff on duty 24/7. All these things make [person's name] feel safe."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were person-centred and provided staff with sufficient information to enable them to manage risks safely. Positive risk taking was embraced. One relative told us, "Staff are really good at identifying trigger points and factors that contribute to any risks. Risks are well managed."
- Staff supported people to ensure their environment remained safe. Regular checks and servicing of equipment was completed.

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- There were well-established teams of skilled staff. The registered manager ensured staffing levels were adapted to meet people's needs.
- People and relatives told us there was enough staff. Comments included, "[Person's name] has a core team of staff who know them very well. [Person's name] sees themselves as one of the Untied Response team."

Using medicines safely

- People received their medicines safely.
- People had detailed medication plans in place and staff had received appropriate medicines training. The use of any psychotropic medicines was monitored and recorded.
- People told us staff provided the support they needed in relation to medicine management. One person said, "They help me with my tablets. They know when I need them."

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.

- Staff had access to all relevant personal protective equipment (PPE).
- Staff provided support to ensure people's homes remained clean and tidy. Where people were able to, they were encouraged to participate in tasks to maintain and improve their daily living skills.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- People and staff told us the registered manager had created a culture where staff and management were open and honest when things went wrong.
- Processes were in place to ensure areas such as accidents and incidents were monitored. Any learning from such events was shared with staff and people to aid wider learning.

#### Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

- The provider was working in line with the MCA.
- Where people had conditions in place relating to their DoLS, these had been followed.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were committed to ensuring there was a positive culture within the service. This helped achieve positive outcomes for people.
- The registered manager led by example. They were passionate about ensuring people were at the centre of the service.
- Staff described an enjoyable working environment where all staff had a desire to ensure people lived their best possible lives. One member of staff told us, "I just love working here; and seeing people achieve their goals is just the biggest reward."
- People and relatives spoke highly of the management teams. One relative said, "[Service manager's name] is very good. They communicate with me in an open and honest way so we can tackle any problems that may come along."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff applied the duty of candour where appropriate. The provider had been open and honest when things went wrong.

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

- The provider had a clear management structure that worked effectively to monitor the quality of care and to drive improvements in service delivery.
- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs, as well as effective oversight of all services.
- Governance processes were thorough and effective. They were used to monitor, assess and drive forward improvements to ensure the service consistently provided good quality care.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff encouraged people to be involved in the development of the service in areas such as recruitment, fundraising and planning holidays.

- Staff were skilled in effective communication and involved people and their relatives in all aspects of their care and support utilising available technology.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with others.
- Strong working relationships had been developed with relevant professionals to ensure people receive timely care and support.
- Relatives were actively involved and kept up-to-date. One relative told us, "We had a 6 week review, and then reviews annually where we discuss everything. But to honest, staff contact is all the time – we always know what is going on and more importantly, we are involved."
- The provider and registered manager were actively looking at ways they could help and support the wider community. Plans were in place to open a sensory room, chat café and crafting sessions which people, relatives and the public could access. The registered manager described how these facilities would benefit people who used the service as well as the wider community who may struggle to access support.