United Response

United Response - Derby City DCA 2

Inspection report

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Tel: 01773417793

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

United Response Derby City DCA 2 is a domiciliary care agency that provides personal care to adults with a learning disability living in their own houses and flats. Some people lived in a large building that was divided into one-bedroom flats. One of these flats was used as a communal flat with an office and communal lounge and kitchen area. This communal flat was accessible to people that lived in the flats and to staff. Three other people lived in a house together. Not everyone that lived in the flats received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises that people lived in; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim of the guidance is to assist services in enabling people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

We inspected this service on 2 July 2018. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were nine people in receipt of personal care support at the time of this inspection visit.

There had been no registered manager in post since 25 January 2018. 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. A person was in post to oversee the management of the service but they were absent from work at the time of the inspection and another person was providing management support.

This is the first inspection since the service registered on the 14 July 2015. The service moved their office base in May 2017. At this inspection we found that some improvements were needed regarding the support provided to people that lived in the flats and these were being addressed by the provider and the provider was reviewing people's care packages with funding partners.

For people that lived together in a shared house no concerns were identified at this inspection.

The provider had informed us of the last registered manager's absence but we had not received a notification informing us that the registered manager was no longer in post. This is a legal requirement. The area manager told us they had sent a notification to us, but they were unable to provide evidence of this. The registered manager had not cancelled their registration with us when they resigned from their position.

The provider had identified issues regarding the support in place for people in the flats. They had identified

that the culture in the service that supported people in the flats required improvement to ensure it achieved good outcomes for people. They had taken the appropriate action and were working with commissioners to address these concerns and ensure people received the support they needed. Information regarding these improvements is detailed in this summary.

Sufficient numbers of care staff had been deployed to complete care calls in the right way; however, the provider had identified that some staff were not always following this practice for people that were supported in the flats. This meant that some people were not receiving their support at the agreed time, which meant that the support provided was not always responsive to their needs. The provider was addressing this at the time of this inspection.

The provider had also identified that some staff who were supporting a person that used Makaton had not received training and this was being organised. Makaton is used to support hearing people with learning or communication difficulties using signs and symbols.

Processes were in place to safeguard people from situations in which they may experience abuse. We saw the provider took the appropriate action when concerns were identified. Risks to people's safety was assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People were supported to take their medicines in a safe way. Background checks had been completed before new care staff had been appointed. People were protected by the arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

People received the assistance they needed to eat and drink enough to maintain a balanced diet. People were supported to live healthier lives and access healthcare services and on-going healthcare support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The importance of gaining people's consent to the support they received was understood by the staff team. Staff knew about people's individual capacity to make decisions and supported them to make their own decisions. Where people were unable to make certain decisions, the staff ensured that best interest decisions were made in accordance with legislation.

People were supported to express their views and were involved in making decisions about their care as far as possible. This included access to lay advocates if necessary. Confidential information was kept securely and only accessible to authorised persons.

People's concerns and complaints were listened and responded to, to improve the quality of care. Care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the provider was actively working in partnership with other agencies to ensure people's needs were effectively met. People and their relatives were provided with opportunities to express their views of the service to enable the provider to drive improvement.

The provider's systems to monitor and review the quality of care people received had identified where improvements were needed and actions were being taken to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were enough staff available to support people but people did not always receive support at their preferred times or have a copy of their rota. Actions were in place to address this. Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good

The service was effective.

People were supported in their best interests when they were unable to make decisions independently. People were supported by staff who received the right training and support. People were supported to eat and drink enough to maintain their health, and staff worked with health care professionals and monitored people's health to ensure any changing needs were met.

Is the service caring?

Good

The service was caring.

People felt supported by staff who were kind and caring and were involved in making decisions about their care. People were supported to remain as independent as possible and were treated with dignity and respect. People were supported to access independent advocacy services when needed.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were involved in the development and reviews of their care plan but some people were not always provided with opportunities to spend their time in ways that were meaningful to them. People had access to the complaints procedure that was made available in an appropriate format for their communication needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager in post. Systems were in place to monitor the quality and safety of the service and the provider had identified that improvements were needed to improve the support some people received. These improvements were being addressed at the time of the inspection in partnership with funding authorities. People and their representatives were provided with opportunities to share their views regarding the support they received.

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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 comprehensive inspection took place on 2 July 2018 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak with people who used the service as part of this inspection. The inspection team consisted of one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider.

We visited four people in their own homes, one person could give us their views on the support they received. The other three people, due to their needs were unable to talk with us about the support they received. To enable us to understand the experiences of these people, we observed the support provided to them and how the staff interacted with them.

During the inspection, we spoke with the area manager, a peripatetic manager, acting service manager, a

team manager, and three care staff. Following the inspection, we spoke on the telephone with one person's relative.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the area manager to email copies of their audits so that we could see how the provider monitored the service to drive improvements. These were sent to us within the required timeframe.

Requires Improvement

Is the service safe?

Our findings

There was sufficient staff employed to meet people's care calls at their preferred time; however, the provider had identified that improvements were needed to ensure the staff deployment met the preferences of people living in the flats regarding call times. We saw that actions were being taken to address this but were not always successful. For example, on the day of the inspection one person had received a call earlier than they preferred and planned. They stated that they always preferred afternoons as they did not like rising early. Their support staff had visited them whilst they were still asleep and consequently they had missed their call. The acting service manager took immediate action to address this, to ensure the person received a later call that day to undertake the activity of their choice.

Improvements were being made to ensure people had a copy of their rota in their own flat and that the support they received was consistent. The acting manager told us, "Only two people currently have a copy of their rota in their flat. Most people's rotas have historically been kept in office rather than in person's own flat. We are changing that and introducing a rolling rota so that people don't have to come into the office to see who is supporting them. They will all have their own rota and there will be consistency with the rolling rota; so, they will know who is supporting them on each day." One person told us they were aware of this and said, "There are new rotas coming out and I've got new staff. I have met three of them so far."

The area manager told us of their concerns regarding the model that was in place for people that were supported in the flats. They had identified several areas that required improvement and was taking action to address these. This included working with the local authority. We saw that continuous reviewing and monitoring of staff practices was in place to ensure good outcomes for people could be achieved.

All of the people that lived together in a shared house received 24-hour support from a consistent team of staff. A system had been developed by the team manager that showed which member of staff was supporting each person. Staff that supported people confirmed they were a small team and told us that they worked well together. One said, "It's a lovely place to work, we all work together to ensure people get the support they want and to do the things they want to do."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

The person that we spoke to told us they felt safe when they were supported by staff. They said, "All the staff are nice. I get on well with them all. Even when I'm not being supported in the day and at night if I get worried or scared there is a member of staff around that I can go to. I have my panic alarm, so if I press that they come and check I'm okay." The relative we spoke with told us, "I think [Name] is safe with the staff. They are all very caring and friendly, although [Name] can't tell me I would know if something was wrong and they

seem very happy."

Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the team leader or the acting service manager. Staff understood the procedure for reporting any concerns to the local authority safeguarding team. The provider had effective safeguarding systems, policies and procedures in place and managed safeguarding concerns using local safeguarding procedures. Relevant information had been shared with the local authority when incidents had occurred. Staff confirmed they received training to assist in their understanding of how to keep people safe. Records checked confirmed staff had attended safeguarding training.

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise risk, whilst supporting people to maintain as much choice and independence as possible. Risk assessments had been completed for each person's level of risk, including nutrition, support with medicines and maintaining people's independence when at home and when out in the community. For example, one person had an alarm system on the door to their flat which they had consented to. They had staff support throughout the night and their door alarm enabled them some privacy as their staff member could sit in the communal area of the flats. This gave the person some privacy and independence whilst ensuring their staff support was nearby to provide any assistance when needed.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff received training on how to support people when they demonstrated behaviours that put themselves or others at risk of harm. One member of staff told us, "We have training on breakaway techniques in case we need them but the positive behaviour plans are about knowing how to respond to people and using redirection and diversion techniques." Another member of staff said, "I don't like the term challenging behaviour. It's about communication. When a person is unable to communicate what they want or need they find other ways to express themselves. We need to ensure we can communicate with them." We saw that positive behaviour support plans were in place for people who may display behaviours that put themselves or others at risk of harm. Plans included the person's behaviours and how to support them in a way that reduced the likelihood of them demonstrating these behaviours and guided staff on the support the person needed.

Staff confirmed that people were supported to understand the procedure to follow in the event of a fire. One member of staff told us, "Fire safety is done with each person we support. This includes evacuation and instructions for people on leaving their flats." For people that lived in the shared house the staff confirmed that fire evacuation practices were undertaken with people to ensure they could be supported safely in the event of a fire. We saw that personal evacuation plans were in place for people that used the service to ensure staff had the correct information on the level of support the person needed in the event of a fire or any situation that required them to leave their home. This information included any aids the person used to support them in identifying when fire alarms went off. For example, one person who had a hearing impairment had a pager and flashing lights in their flat to alert them when the fire alarm was activated. The information seen was up to date and reviewed at regular intervals to ensure any changing needs had been identified.

Where people received support from staff to take their medicines, we saw information was recorded in care plans regarding how people preferred to take their medicine. A medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This provided a clear audit trail for staff to follow. Protocols were in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given. People received medication reviews to ensure their prescribed medicines remained effective. One

person told us, "I am having a medication review tomorrow with my doctor and the staff are supporting me."

Staff understood their responsibilities to ensure good standards of hygiene were maintained. Staff confirmed that they could access a supply of personal protective equipment, such as gloves and aprons as required. We saw that people were supported by staff to keep their homes clean.

Good

Is the service effective?

Our findings

Assessments of people's care and support needs were in place. These assessments along with referral information from funding authorities were used to review and update individual care plans and risk assessments. The area manager advised us that some people were receiving more support hours than they were funded for. They confirmed that they had requested people were reassessed by their funding authority to ensure they received the correct level of support.

Where people required technology to support them, we saw that this was in place. For example, one person due to their anxiety had a panic alarm to alert staff if they required support or reassurance. Another person had visual equipment to alert them in an emergency situation as they were hearing impaired.

Staff confirmed they received training to enable them to support people in accordance with their needs. One member of staff told us, "We have training that covers things like fire safety, safeguarding and the mental capacity act. Some training is on line and some is face to face. It depends what the training is. For example, we have face to face for fire safety and we go through all the firefighting equipment. Another member of staff said, "Because we support a person who has epilepsy we have had training so that we know how to support them and understand the condition better." New staff received an induction that prepared them for their role and completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff confirmed they received supervision from their line manager. One member of staff told us, "The support I have had from the management team has been amazing. As well as supervision there is always someone you can go to." Another staff member told us, "The support I get is very good. I get regular supervisions but the manager is available at any time. There is also an on call so we always have someone to go to."

People were supported to maintain their nutritional health and to follow a healthy balanced diet. Where required people were supported to shop and prepare their meals this was provided by their staff support. One person told us, "The staff support me with my shopping and help me to plan what I'm going to buy." Risk assessments were in place where people were identified as being at risk regarding eating. For example, one person required supervision when eating as they ate quickly and required staff prompts to ensure they ate safely. The person's swallowing reflex had been assessed by a health care professional who confirmed there were no issues with their swallowing. This demonstrated that where risks had been identified people were referred to health professionals to ensure they were supported correctly.

Systems and processes were in place for referring people to external services to maintain continuity of care and support. Records checked confirmed documentation from health professionals such as doctors, dentists and opticians were available in people's care files. People had health action plans in place which considered their individual health care support needs. Care files also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 so that they can 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. Some people that were supported with their personal care lacked the capacity to make some decisions. Where people had restrictions placed on them as they needed support for their safety, an application to lawfully restrict their liberty had been made. We saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received which included accessing the community.

Good

Is the service caring?

Our findings

People felt the staff that supported them were caring. They told us, "They are all really nice. I get on with everyone." The relative told us, "All of the staff that support [Name] are very caring." Where people were unable to give us their views we saw staff were considerate towards them. For example, one person was feeling unwell and the member of staff supporting them was very attentive towards them. Staff were seen supporting people to make a drink and undertake activities of their choice. Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they could describe the person's support needs, their preferred communication method and things that were of interest to them. For example, one member of staff told us, "[Name] has a PECS book to support them to plan their day." We saw the person had a pictorial timetable of their activities for the afternoon. The Picture Exchange Communication System (PECS) allows people with little or no communication, a means of communicating non-verbally. PECS are used to create social stories to support people to plan their day and understand the sequence of events in an activity.

We saw that the provider had identified when people's preferred communication methods were not being met and took appropriate action to address this. For example, for one person the staff were not trained in their preferred communication method. Although the staff could communicate with the person they were unable to use their preferred communication to the level this person required. The person was supported by another company whose staff were trained in this communication method. The person was in the process of moving to another provider who could provide staff who had this training.

The provider had also identified that some staff who were supporting a person that used Makaton had not received training and this was being organised. Makaton is used to support hearing people with learning or communication difficulties using signs and symbols.

People's support plans showed they had been involved in discussions about how they wished to receive their support. The person we spoke with told us, "I've got a support file and the staff go through it with me. It has all information in about me, so the staff know how to support me."

People had access to an advocate if they required one. Advocates are trained professionals who support, enable and empower people to speak up. The team manager told us, "We access advocates for people for any big life decisions if they are needed."

People's care plans detailed the ways in which care should be provided to protect their privacy and dignity. One member of staff, "I always knock on people's doors. I would never just walk in. It's their home." We saw staff doing this on the day of the inspection. People were supported to maintain their independence. Staff supported people to maintain their home environment, plan, shop and prepare meals. One person told us, "I am going food shopping this afternoon with my staff support. I need quite a few things so we will make a list before we go."

Staff received guidance about and understood how to correctly manage and maintain confidentiality. We saw that staff understood the importance of respecting people's private information and they confirmed they only disclosed it to people such as health and social care professionals on a need-to-know basis.

People were supported to maintain relationships that were important to them. For example, we saw that people were supported to contact and spend time with their relatives when this was their wish.

Requires Improvement

Is the service responsive?

Our findings

The area manager told us that they had identified that social opportunities for some people supported in the flats was limited. They confirmed they were working with staff to address this. We also identified this when speaking with one person regarding their planned activities for the following day. They told us, "I'm not doing anything exciting tomorrow just washing my hair and doing some cooking." This demonstrated that improvements were needed to ensure everyone that used the service was actively supported by staff to plan activities that they enjoyed and were meaningful to them.

People living in the shared house were supported to spend their time participating in activities the enjoyed. The relative we spoke with told us, "[Name] does more now than they ever did before they used the service. They are out and about and trying different things. I am so pleased, there life has definitely improved."

We saw that where people were able, they had been involved in the development and review of their care plans. One person we spoke with confirmed this.

The provider understood their responsibilities to ensure people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We saw that communication plans were in place within people's support files regarding how people communicated their needs and preferences. People were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them such as pictures and photographs and using objects of reference. Some people used sign language to aid their communication. Where staff did not have the skills required to effectively provide this support, actions had been taken by the provider to address this.

A complaints procedure was in place and this included an easy read version to support people's understanding. Staff confirmed that people were asked on an ongoing basis if they were happy with the support they received. This was also discussed in reviews with people and their families. The relative we spoke with told us, "I don't have any complaints but I am sure if I had any concerns they would be sorted out for me, the manager [the team manager] is very good."

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

Requires Improvement

Is the service well-led?

Our findings

The provider had identified issues regarding the support provided to people living in the flats. They were taking action to address these concerns in consultation with the local authority who funded people's care. However, we saw that that these actions were not always successful in ensuring people received support that met their preferences and needs, as reported under the safe and responsive sections of this report. We saw that additional management resources had been put in place to monitor and address these issues.

There was no registered manager in post. We had been informed by the provider of the registered managers absence from work and the arrangements in place to provide management cover in their absence. The area manager told us the registered manager left on the 25 January 2018 and said they had sent a notification to us confirming this. However, we did not receive this notification and the area manager was unable to provide evidence to demonstrate this was sent.

The relative we spoke with told us that they felt the support provided to their relation was managed well by the team manager who oversaw the management of the staff team that supported their relation. They told us, "All of the staff are very good and the manager is always available to talk to if I need them. They also ring me and involve me in everything. I really can't fault the support [Name] gets."

We saw that people were encouraged to express their views through a range of methods. These included satisfaction questionnaires and reviews. One person told us, "The staff do sit down with me and ask me if I'm happy with everything." We saw that actions had been taken for some people to address where improvements had been identified. For example, one person had recently moved home and another person was in the process of doing this with their staff support team.

Staff we spoke with told us they felt supported by their line managers and confirmed team meetings were provided to enable them to contribute their views and keep up to date with any changes. One member of staff told us, "I feel 110% supported by the management team at United Response they have always been there for me." Another staff member said, "The support from my manager is very good we work as a team." Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the process for staff to raise concerns about poor practice.

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