Care Quality Commission

Response Organisation

Response

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

We undertook an announced inspection of Response (DCA) on 10 October 2017. We told the registered manager two days before our visit that we would be coming. Response provides personal care services to people who are living with, and recovering from, mental health issues. At the time of our inspection 42 people were receiving personal care from the service.

The service had a registered manager. 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.

We found people, relatives and staff were at the heart of Response (DCA) quality assurance programme. The management team had a wide range of systems to ensure people received safe and good quality care.

Staff told us the home was highly organised and well-led. The provider and registered manager regularly completed multiple auditing systems and acted promptly to address any identified issues.

Staff spoke extremely positively about the support they received from the registered manager. Staff had access to effective supervision. There was a culture of mutual respect and shared values.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines they were supported by staff that had been appropriately trained.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with staff who had a caring approach to their work. People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service sought people's views and opinions. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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. People told us they felt safe.

Where people were identified as being at risk, assessments were in place to manage the risk.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

The service was responsive to peoples changing needs.

Is the service well-led?

Good

The service was well-led.

We found that people living with mental health were always at the heart of the service.

The management team had a wide range of systems to ensure people received safe and good quality care.

There was a culture of mutual respect and shared values from the leadership team and staff.

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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 checked whether the provider was 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.

Response (DCA) was formally known as A G Palmer House. When we last inspected A G Palmer house in December 2015 and we identified a number of failings. As a result the service was rated as requires improvement. There was a change in the service name and address in August 2016 and the service became Response (DCA). There had been no change to the director. However, changes were made to the leadership team. This included a new registered manager and operations manager.

This inspection took place on 10 October 2017 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with six people, three relatives, six care staff, one operations manager, the director of service delivery, the deputy manager and the registered manager. We looked at six people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yeah I feel safe". Another person said, "I would tell the staff if I didn't feel safe". A relative we spoke with told us; "I have no concerns. I know [person] is safe, when the girls are here". One person we spoke with told us that they had a list of contact numbers next to their phone for people to call if they did not feel safe.

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. One member of staff told us, "I would report my concerns directly to my manager and follow this up by submitting a safeguarding report. We always get feedback on any concerns we have raised". Another staff member said, "I would go straight to my manager or use the on call system".

Staff were also aware they could report externally if needed. One staff member said, "I would consider alerting outside agencies like the police, you guys (Care Quality Commission) or social services". Another staff member said, "I would come to you (CQC) or the safeguarding team".

People's care plans contained risk assessments which included risks associated with moving and handling, pressure damage, falls, medication and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability to healthcare professionals. The person's care records also contained guidance for staff to encourage the person to have 'adequate fluid intake'. Staff and the person's daily records confirmed that staff followed this guidance.

One person required a catheter. The person's care record gave guidance for staff to identify potential issues associated with the catheter by carrying out frequent observations. The person's care records also gave guidance on which healthcare professionals they should report concerns directly to. Staff we spoke with demonstrated that they had good knowledge about this person's catheter care and followed the guidance.

Accidents and incidents were recorded and investigated. The manager used information from the investigations to improve the service. For example, following a number of incidents that involved the condition of a person's accommodation who smoked. The service took action by updating the risk assessments to include evacuation procedures. The registered manager also recorded the incidents by taking photographs which were then shared with the housing project where the person was living. The impact of this was that the number of incidents reduced and the person and staff had a contingency plan in the event of an untoward incident.
Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. Comments included; "There seems to be enough staff", "They arrive on time" and "They come all the time". A staff member we spoke with told us, "I feel we have enough staff and we fill in any gaps when needed. We are a good team". Another member of staff told us, "I never feel under

pressure as far as I am concerned staffing is good".

The service had an electronic telephone monitoring system to manage care visits. The system logged staff in and out of people's homes and alerts the service if staff were late. The registered manager told us and records confirmed that the service regularly monitored its visits. Records confirmed that there had been no missed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. One new member of staff told us, "I couldn't do anything, I couldn't even shadow other staff until my DBS came back and they were satisfied with it".

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. One person we spoke with told us, "They help me with my meds each morning". Another person said, "They always give me my medication".

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person told us. "They are cheerful and they know what I need". Another person told us, "They know how to assist me properly with my shower". A relative said, "They know mums needs very well".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; medication, safeguarding, moving and handling, challenging behaviour, professional boundaries, autism, dignity and respect, nutrition and hydration and the Mental Capacity Act.

Staff told us that the training supported them in their roles. Comments included; "The training is really interesting", "I really enjoy the training options that response has to offer", "We are always getting emails offering us different types of training", "The autism training was really good" and "I think the training is good".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "I have been offered an NVQ". Another staff member said, "I am half way through my NVQ, I'm loving it".

Newly appointed care staff went through an induction period which was matched to a national certificate in care. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "I had five days care training and then I was required to shadow another member of staff for two weeks. I found it really informative". Another staff member said, "The induction is good".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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 capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "Any decisions made need to be the least restrictive and in the person's best interests". People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. One staff member we spoke with told us, "Everyone is deemed to have capacity until proven otherwise" and "If I had any concerns about a person's capacity then I would report my concerns to my manager". Another staff member said, "We must always assume capacity. We must respect people's choices and recognise that it's O.K. to make unwise decisions. Any decisions made for someone must be in the person's best interests and be the least

restrictive option".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us, "We discuss concerns, training and support and any weak spots we may have. I feel really supported by the management team". Another staff member said, "They are on top of things when it comes to supervision. They always fit it into your schedule. We discuss any safeguarding concerns, we discuss my confidence levels especially around MCA and any areas where I may need support".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us, "We get regular spot checks. They are nerve racking at first, but you get use to them. If there are any concerns then these are addressed with you immediately but never in front of the client. We always get feedback afterwards".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. One person we spoke with told us, "They are good at helping me with my meals" and "They encourage me to drink and things". Another person said, "Staff encourage me to get up and have breakfast".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and professionals from the AMHT (Adult Mental Health Team) Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care records.

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The staff are alright and nice", "They have a laugh with me", "I always have a laugh with them", "All the staff are pretty good", "I haven't got a lot left in me, but when they are here I feel appreciated" and "My carer helps me a lot. She gives me confidence and encourages new skills". A relative we spoke with told us, "They deliver a standard of care that others would find impossible to achieve. They are truly wonderful". People told us staff were friendly, polite and respectful when providing support. One person told us, "They are cheerful and polite with me".

People told us they were treated with dignity and respect. Comments included; "They give me privacy", "When I have a shower they put a towel on me. They put a towel on the floor as well so I don't slip", "They always sit in another room when I am in the shower" and "They always shut the doors (during personal care)". A relative told us, "They are absolutely brilliant when it comes to dignity and respect"

We asked staff how they promoted people's dignity and respect. Staff comments included; "We close curtains and ensure people have privacy by closing doors", "If we are supporting someone in the bath or the shower then we use a towel to make sure they are covered up when we are helping them to get dry", "If relatives are present then we ask them to leave", "We keep dignity intact by covering people with a modesty towel" and "We treat people as we would want to be treated".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us, "It's really important to let people know what's happening. With our clients it's also important that there are no surprise sudden movements when you are supporting them. People need to know what's happening, why it's happening and when it's happening". Another staff member said, "It prepares people for what's going to happen. If you don't inform people and let them know what's happening then they could hit out. It keeps them safe and us safe".

People told us they felt involved in their care. One person told us; "I get asked questions (about my care), they are useful". Another person said, "I have a care plan and I do (feel involved)".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member told us, "We encourage our clients to do as much as they can for themselves, it's about working with people". Another staff member said, "If someone can do something for themselves that we should always encourage them to do it, it keeps people going and feeling involved in their care". Another staff member said, "Independence promotes self-esteem and self-respect".

People's care plans guided staff on promoting independence. For example, peoples care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it. One person we spoke with told us, "I like to have a walk into town by myself and staff encourage me to do this".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans captured person specific information that included people's personal histories, personal care preferences, food preferences, cultural and spiritual needs, favourite pastimes and people who were important to them.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about how a person liked to spend their time and the importance of not doing certain things when they were supporting the person. Another staff member told us about a person's sleeping arrangements. The information shared with us by the staff members matched the information within peoples care records. One staff member told us, "We are always encouraged to read peoples care plans, it's really good".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records highlighted how they wished to have a decision respected surrounding personal care needs. We saw evidence that staff followed this guidance and revisited the person's decision during care plan reviews. Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process.

One person's care records highlighted that the person would displaying behaviours that may challenge others, if the person became unwell. This person's care records gave guidance to staff on what signs to look out for in the event of the person becoming unwell, this included guidance on which professionals should be contacted. We saw evidence and staff told us they followed this guidance.

People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us, "Yeah we go through things now and again".

People told us the service was responsive to their changing needs. One person we spoke with told us, "They have helped me get to hospital once or twice when I have needed to". A relative we spoke with told us, "They get in touch with the district nurses if they have any concerns".

We saw evidence of how the service responded to peoples changing needs. For example, one person's needs changed and as a result they were required to attend an appointment with a specialist healthcare professional. As a result the service changed the time of the care visit to match the person's needs. We also saw evidence of how the service supported the person to attend their appointment on time.

We saw evidence of the service responding to a person's needs following concerns that the person was not eating and drinking enough. As a result the service allocated more time for staff to support the person with their food shopping. As a result the person's wellbeing and quality of life improved.

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "We get surveys, I find them useful".

Following the responses from satisfaction surveys the service wrote back to people individually thanking them for taking the time to complete the survey. Were people had highlighted areas were the service could improve the service included actions they were planning to take in the individual response letters. We saw evidence that actions were followed up and completed by the registered manager.

People knew how to raise concerns and were confident action would be taken. Records showed there had been 13 complaints since August 2016. We saw evidence that complaints had been dealt with in line with the provider's complaint procedure. One person we spoke with told us, "If I had a complaint I would just tell staff". A relative told us, "I have not complained. If I had to then I would ring the office first, but I have never rung the office because there is nothing to ever ring about".
As part of our inspection we wrote to health and social care professionals asking them for feedback about the quality of service Response (DCA) provided. The responses we received were positive. One professional we wrote to told us , I have worked closely with [registered manager] recently around one client in particular with (medical condition) who wanted to remain in their home, whereas, (significant others) wanted (The person to move). [Registered manager] worked really well with both the client, myself and (significant others) to ensure that not only was the client safe and risks were managed but everyone was reassured and wishes respected. This was a very difficult case to manage as we had to be creative around management of Risks. [Registered manager] and (their) team were proactive, clear, boundaried and professional throughout to the benefit of the client which meant (The clients individual needs were met).

Good

Is the service well-led?

Our findings

Response (DCA) was formally known as A G Palmer House. When we last inspected A G Palmer house in December 2015 we identified a number of failings. As a result the service was rated as 'requires improvement'. There was a change in the service name and address in August 2016 and the service became Response (DCA). There had been no change to the director. However changes were made to the leadership team. This included a new registered manager, deputy manager and operations manager.

Staff we spoke with spoke positively about the changes. One member of staff told us "Since the change we have been constantly encouraged (by the leadership team) to ask questions and seek guidance". Another staff member said "We are million miles away from where we used to be. 100% things have changed for the better. I feel listened to and supported by everyone at the top".

Response (DCA) was exceptionally well managed. The service was very clear about its vision and the values, to deliver a high quality service to people, and these were communicated by all staff. We found the culture within the service to be extremely positive. It was evident that the provider and staff had a passion to provide exceptional care and people were at the centre of everything they did or planned to do.

The provider's values were displayed throughout the service. These were Caring, Safe, Creative and Aspirational. One staff member we spoke with was able to describe what these values meant for them and how they aligned the values to their day to day work. They told us, "We need to ensure we are providing the best care we can. Care is the forefront of what we do", "Safety is about ensuring risk assessments are up to date and regularly reviewed", "Creativity is about ensuring care is person centred" and "Aspirational for me includes inspiring people to be as independent as they can".

Without exception all staff held the registered manager in high regard. Comments included; "She is great, she is very supportive", "[Registered manager] is great when it comes to support", "[Registered manager] is absolutely fantastic. She always says no idea is a stupid idea" and "[Registered manager] is really supportive you can go to her with any questions". The provider told us, "Other managers in the organisation always say, we have so much to learn from [registered manager]".

Staff told us they were well looked after and understood their roles and appreciated what was expected from them. Comments included: "I really enjoy working here. I find it rewarding", "I really enjoy my job, as much as it helps our clients to have a better quality of life it is also rewarding, knowing that someone is happy and you have made a difference" and "I do this job because of the stigmas attached to mental health. Working for Response enables me to tackle and break those stigmas".

We saw evidence of how the new management team at Response DCA were driven by quality. For example, the provider and registered manager had identified that there was a lot of pressure on both staff and the service, due to the size of the geographical area that it was providing care to. As a result they made the decision to reduce the area in which the service was operating. The provider told us, "We decided to scale down the size of the service so we could really focus on getting things right". The registered manager told us,

"We were under so much pressure because of the locations of the care packages being dispensed all over the county. As these care packages have ceased we have not taken any more in those areas", "It has reduced the amount of travel time and the pressure that was on the staff. If you have happy staff then they are happy to pick up extra when needed". A staff member we spoke with told us, "We don't feel under pressure like we used to". Another staff member said, "Rotas have definitely improved".

Since the change the provider had introduced team building days to discuss how to improve the quality of the service that was provided. The provider told us, "We use them to explore and refocus on our mission. We had to ask ourselves can we do this to the best of our abilities. There has been some very honest and open conversations. [Registered manager] has really helped to transform this service" and "We identified the need for stronger managerial oversight". Staff spoke positively about the team building days. One member of staff told us, "I found it very interesting it gave us an opportunity to talk freely about where we were and where we wanted to be". Another staff member told us, "It gave us the direction we needed. It's all about continuously improving".

Staff told us they were extremely happy in their work, were motivated and had confidence in the way the provider supported them. Staff told us, "They have really supported me in identifying progression routes within the organisation", "If you are keen and willing to learn, then they will bend over backwards to support you" and "All of the managers are incredibly perfect and supportive. This company is the best it has ever been".

There was a positive and open culture in the office and the registered manager and provider were available and approachable. Staff who visited the office spoke with the registered manager and provider in an open and trusting manner. There was a culture of mutual respect and shared values. For example, the registered manager told us, "I am so proud of (the staff team). I am proud because I have witnessed the journey that they have been on. It is evident in what they do that they are passionate about what they do and why they do it. I am very lucky to have a team like this".

The registered manager and provider were continually looking to improve the safety and quality of the service. For example, the registered manager had introduced an additional system to ensure that people, who were not in when staff arrived to carry out the visit, were safe and well. This included the use of calling cards which gave information about the care visit and contact numbers for the office. Their calling card stated 'We need to know if you are safe and well'. The registered manager told us, "If we have concerns then we have a look around the outside of the house to make sure people are safe and then leave a card". A staff member told us, "If it is out of character and we have concerns then we contact social services".

The provider and registered manager regularly completed multiple auditing systems and acted swiftly to address any identified issues. They had remarkable oversight of care provision, service quality and everyone's safety. This enabled the service to continuously improve and make immediate referrals to partnership agencies. For example, the registered manager had also introduced a system called 'Cause for concern'. This was used to capture information that did not meet the provider's incident recording criteria but was felt necessary to capture and record. The information obtained through the cause for concern system was then analysed by the registered manager and staff to look at patterns of behaviour for people using the service. This was then used to support referrals to specialist healthcare workers. For example, we saw evidence that following a number of concerns surrounding a change in one person's mood the service made an appropriate referral to a specialist healthcare professional. The outcome of this resulted in the person receiving a review of their care. This had a positive impact on the person's quality of life. We spoke with the registered manager about the new system and they told us, "We identified that we needed the cause for concern system for instances that did not quite meet the threshold of an incident but was

something that we felt we needed to record" and "We all communicate constantly about any causes of concerns and where appropriate we will escalate it immediately to an incident".

Quality assurance systems included care plans, risk assessments medication and the day to day running of the service. Audits were then reviewed monthly by the provider's quality board to ensure that they were fit for purpose. Information from audits were analysed and action plans created to allow the registered manager to improve the service. For example, the registered manager had recently carried out an audit on time keeping and highlighted discrepancies in staff punctuality on care visits. As a result the registered manager raised this with staff in supervision and time keeping improved. The registered manager told us "Whether it is two minutes or five minutes late, that's time we could be sitting with people and delivering person centred care".

The service worked in partnership with key organisations to support care provision. For example, the operations manager and director of service delivery carried out unannounced inspections of the service. These visits were designed to identify shortfalls in the service and take action to address them. A recent inspection had identified shortfalls in staff knowledge surrounding MCA. The provider then approached a local NHS trust for their input and advice. As a result the service was contacted by the trusts lead in MCA and good practice surrounding the principles of MCA were shared. We spoke with provider about the unannounced inspections and they told us, "We do mock inspections to keep us focused. It's about continuous improvement and getting closer to our customer's experience".

Staff were continually asked for any further support needs or any ways the service could improve. This was facilitated by the chief executive who held regular drop in surgery's for staff. Staff we spoke with explained how important these surgeries were and how they felt valued by the provider's approach to hearing and acting openly to their views and ideas. One staff member we spoke with described how they had decided they had more to offer the service, other than what was expected within their day to day role. Therefore the staff member attended the surgery and met with the chief executive. They told us, "I explained to [chief executive] that I felt I had more to give in terms of speaking to people working in mental health about the difficulties people face", "He came across as really interested and as a result put me in touch with a contact at (a local mental health colleague). The direction he gave me was fantastic. It made me feel really supported and listened to. I am now in the process of moving forward with this".

Staff were kept informed and updated at all times. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We have regular team meetings and the minutes always go out to everyone. We recently asked for additional mental health training and [registered manager] is sorting it out. We always discuss professional boundaries, which I think is really important with our client group".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would be confident in raising anything".