United Response

United Response - East Cornwall & Plymouth 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

East Cornwall & Plymouth DCA provides care to people with learning disabilities, acquired brain injuries and dementia. On the days of our inspection the service was providing personal care to 21 people, some living in shared housing.

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

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Why the service is rated good:

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.

People's safety was promoted through safe staff recruitment, training, supervision and staffing arrangements.

Staff fully understood how to safeguard people from abuse and discrimination. The registered manager worked closely with the local authority safeguarding adults team.

An attitude of positive risk taking meant people were not overly restricted in their daily lives.

People received their medicines as prescribed, with staff assistance.

Staff understood hygienic practice and had the equipment to protect people from infection and cross contamination.

People received a varied menu which they were able to influence.

Each person had a comprehensive, well organised care plan, based on their needs and wishes. Where the person was unable to take part in decision making, their representatives, or independent advocacy, was arranged for them.

Staff knew people well. A health care professional said, "Staff certainly know people very well and have made good relationships."

People were treated with dignity and respect. Staff understood the importance of equality and diversity and worked hard to remove barriers which might restrict people's lives.

People were supported to follow meaningful activities, make and benefit from relationships and enjoy time in the community.

Staff spoke positively about the management and provider organisation. They felt their views were listened and responded to and had not been afraid to speak up if not happy with any aspect of the care. Concerns and complaints were robustly investigated and followed up.

There were effective systems in place to monitor the quality of the service, including listening to people's views.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. This inspection took place on 14 December 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We also needed to be sure the registered manager would be available.

The team consisted of two adult social care inspectors. One spent the day visiting three locations where people lived. People were living with a learning disability, some with complex mental health, physical and other health needs. All three locations were staffed twenty-four hours a day.

Before our inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return, dated 31 October 2018. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

The inspector spoke with and met seven people using the service and interviewed four support workers and a service manager. The second inspector spent the day at the agency office with the registered manager, provider representative and a second service manager. Service managers oversee particular locations where people reside. In total 4 care plans were examined, two staff recruitment records, three staff training files and other records pertaining to the safe running of the agency. We spoke with one health care professional

with knowledge of the service.

Good

Is the service safe?

Our findings

The service continued to be safe.

One person said, "I love these staff." People were relaxed in staff's company, demonstrating they felt safe and comfortable having the staff around. Records showed that there had been no need for any form of restraint or restrictive practice in the past 12 months, also indicating people felt safe and were relaxed.

Detailed risk assessments ensured risk was part of each person's care planning. The registered manager said that health and safety was "All about positive risk management." Risk management included health conditions, time in the community and activities, for example.

Staffing was arranged in line with each person's assessed needs. In the event of a staff shortage or a need for increase in support hours, there was an emergency staffing contingency plan in that the organisation's "rapid response team" (a group of relief staff) filled those vacancies. This helped to ensure continuity of care because those staff knew people well.

The staff told us that they were well supported by the management team and they felt there were enough staff on duty to meet the needs of people.

People received their care from a consistent staff team. Staff were recruited to work in a specific location and people receiving care in that location were involved in decisions around which staff were recruited. The registered manager said, "They have the final say."

Recruitment arrangements protected people. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people.

People were safeguarded from abuse, harm and discrimination because the provider organisation had relevant policies and procedures in place to protect people. The registered manager and staff knew what action to take if they suspected someone was being abused or mistreated. Staff could fully explain the role of safeguarding and were confident any concerns would be listened to and taken seriously by the registered manager. The registered manager described their close working relationship with the local authority safeguarding team, where they sought regular advice. For example, when a staff member raised a concern. The registered manager said, "I learned a lot from this."

People received their medicines as prescribed and in the way they required. There were suitable arrangements for ordering, receiving, storing and disposal of medicines on people's behalf. However, we discussed with the registered manager the benefits of reviewing risks in relation to medicine storage.

Hygienic practice was maintained to prevent infection and cross contamination. Staff confirmed that they

had personal protective clothing, such as gloves and aprons, for delivering personal care. Each staff member received training in infection control.

Good

Is the service effective?

Our findings

The service continued to be effective.

People's family members had recorded in a 2018 survey, "(The person) is very happy and relaxed in their new home and receives excellent care" and "The staff do an excellent job."

New staff received an effective induction, which included the Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. Ongoing staff training included mandatory subjects, such as infection control, fire safety and safeguarding adults from abuse. Subjects directly relevant to the specific needs of people were also included, such as autism awareness, end of life care and the use of emergency medicines. This ensured staff had the knowledge and skills they needed for the people they cared for.

Staff were encouraged and supported to progress their career through training. One member of staff was pleased to tell us that they had achieved their diploma in health and social care level three. They said, "I like it here".

Staff received regular one to one supervision of their work so they could discuss any issues and receive feedback about their work. Staff said, "The management make time to listen to you."

Staff spoke confidently about people's specific needs and how they liked to be supported. Staff demonstrated responsive practices on how people were supported in their daily lives. This was responsive to their needs, choices and wishes. Staff had been trained to deliver positive behaviour support which supported people emotionally and practically looked at triggers and previously known behaviours. They worked with people in response to their needs so that people were supported in the least restrictive way.

Staff worked closely with external health care professional to ensure people's health care needs were met and best practice was used. For example, with community nurses to reduce risk of pressure damage. Where specialist equipment was required this was arranged. When a person was admitted to hospital, or attended health care visits, staff remained with them throughout to assist with communication and reduce the person's anxiety. A health care professional said, "Staff always seem very knowledgeable and people are well looked after. They know what appropriate pieces of equipment are needed."

We checked whether the service was working within the principles of the Metal Capacity Act 2005 (MCA). The requirements of the MCA Code of Practice and the Deprivation of Liberty Safeguards (DOLS) was fully understood by the staff we spoke with.

People were supported to consent to their care and treatment but no people using the service had the ability to make all necessary decisions. Records showed how consent to care was made in people's best interest, such as with people who knew them best. This could include the involvement of family or advocates, such as appropriate health care professionals.

People chose what they wanted to eat and planned their own menus for the week. One person was pleased to show us the plan for the week which they recorded on a white board. Where people were at risk of choking, their needs had been assessed by the appropriate external health care professional. However, there was no individual plan in place to direct staff if a person suffered a choking episode. The registered manager said this had not been felt necessary as the information in place was relevant to each person. However, they said this would be reviewed.

Good

Is the service caring?

Our findings

The service continued to be caring because staff respecting people's privacy and the interactions between people and staff was extremely positive.

People's views were sought and responded to. One person said, "I decide what I would like and I help to do things".

People were supported to be involved in decisions and maximise their independence. For example, one person said, "I am involved in my care and support plan". The person was pleased to tell us how they were supported to manage their finances and responsible for their housekeeping, where possible.

Some people were not able to say how well they were being cared for but we saw that it was a fundamental part of the service that staff were supportive and caring. Interactions between people and support staff were extremely positive. For example, one person showed affection towards the staff. This allowed them to feel confident in approaching staff and expressing their needs.

People were well cared for because their views about the service were under regular review. Each person had a 'life star' chart. This used pictorial images of activities which would promote people's wellbeing, how they spent time, living skills, being safe and feeling good, for example. A score of one indicated feeling bad and a score of 10 indicated the person was happy. This showed how well people felt and if a person indicated things were not good, ways to make improvements were sought.

Relationships had been formed based on trust and mutual respect. One staff told us that even when they were off duty they were prepared to come in at short notice if other staff need help. They said, "I am committed to my work and love it."

With the knowledge and training staff received they knew how to support people in a way which considered their mental health needs and disabilities. This support and caring helped people to maintain positive wellbeing and feelings of worth.

Staff respected people's privacy. One person said, "Staff respect my privacy and dignity." A health care professional said, "(The staff) certainly know people well and have good relationships with them."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

Each person had a comprehensive care plan in place, based on the person's needs and wishes and which informed care workers how to meet those needs. Reviews took place every month and it was noted that reviews reflected the month experienced by the person in a person-centred way. This meant that the plan would become the yardstick for judging whether appropriate care was delivered to the individual person.

The plans were well organised with information clear and easy to find. Each of the person's needs were included, financial support, health support and clear communication plans explaining how people communicated, for example. Each plan included who had been involved in the planning. Where a person was unable to understand a decision, independent advocacy was arranged to support them towards achieving good outcomes.

People were supported to enjoy meaningful activities and explore opportunities. Records from families showed how people had enjoyed activities including going to the beach, a weekend at a holiday park and, with close support from staff, all had attended a Christmas party the day before our inspection. Where people wanted to push their personal boundaries, this was also supported. We saw photographs of one person bravely using a Zip wire and having fun, for example.

Staff knew the importance of respecting people's diverse needs and choices. They gave us examples of how they respected peoples' diverse needs, including how people would be supported to continue with the interests of their choosing. Some people had limited verbal communication skills and were unable to tell us about their daily lifestyles. However, we observed that each person was doing what they wanted to do, such as visits in the community, one to one support, and staff talking with and supporting people with the interests of their choosing.

People were supported to personalise their accommodation. One person befriended a cat, and there were bird feeders. One person said, "I love watching the birds" and had a book that would tell them what bird had visited the feeders.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving care and support had a learning disability and varying communication abilities. Staff were responsive and communicated well with people, establishing their needs and preferences. The service also explored technology to help people's communication and access to information. Two people used tablets, for example, and social stories, using accessible pictures to achieve better understanding of a situation.

People were supported to raise concerns or make a complaint. One person, asked what they would do if

they had any concerns or wished to make a complaint said, "I would speak to the management who would support me". A complaints policy was available and any complaint was investigated by a person outside the immediate service. This showed a desire to be open and use complaints as a way to improve. There had been two complaints received by the service in the previous 12 months. Both had been made by staff and concerned staff practice. They had been resolved so that the wellbeing of people using the service was prioritised.

The service provided end of life care with support from community services. There had been one death in the last 12 months. We were told that when people become ill, end of life plans would be put in place to care and support the person in a dignified and caring manner. Records showed that external health care professionals were closely involved and the person's wellbeing and dignity had been promoted.

Good

Is the service well-led?

Our findings

The service continued to be well-led. One person's family had written to compliment the service saying, "We would like to thank you…the changes are remarkable…the staff are doing a great job…(our family member) is progressing in all ways."

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 manager had registered on 6 November 2015.

The registered manager said the service aimed to be "Completely person-centred enabling the person to lead the life they want to lead." Staff had a positive, open and transparent approach to care planning that was about "doing with people" as opposed to "doing to" people. Some people were unable to explain to us how well they were being cared for but we saw they were being cared for well and were included and valued as individuals.

All the people we spoke with and met told us that they were supported to become part of and participate in the local community (in accordance with their assessed needs and individual care plan).

The registered manager and provider reflected on the service provided and looked for ways to improve. They said that, following a concern raised by a staff member, they "looked at whether (that staff member) with concerns could also be part of the solution." This showed a continuing appraisal of systems and processes.

People's rights were protected under the service equality, diversity and human rights policies and procedures. For example, in relation to the protected characteristics of age and disability, where an older person had been supported to regain mobility and independence in the community.

The registered manager fought for people's rights, to get the necessary professional assessment toward a person receiving the equipment they needed, and helping a person to find out about their family history, for example.

Staff told us that the provider organisation was good to work for and that they felt well supported. For example, senior staff were approachable and available for them if they wished to speak with them. The registered manager said they had a "completely motivated team" and they were proud to lead them.

There were arrangements in place at all levels to monitor the safety and quality of the service. Divisional management meetings, liaising with commissioners of services and regular auditing through the service reviewed the service quality. This included registered managers auditing each other's service. Each location had systems to monitor the quality and safety of the service. These were effective and people were safe as a result. For example, medicine, fire, legionella, safety of equipment, infection control and care plan audits. A

yearly provider led questionnaire sought people's views about the service. This meant that the management robustly monitored the safety and quality of the service, which could result in better outcomes for people.