

United Response

Richmond and Kingston

DCA

### Inspection report

Rowan House  
Field Lane  
Teddington  
Middlesex  
TW11 9BP

Tel: 02037270602

Website: [www.Unitedresponse.org.uk](http://www.Unitedresponse.org.uk)

Date of inspection visit:

28 February 2023

01 March 2023

Date of publication:

30 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Kingston and Richmond DCA is a domiciliary care and 'supported living' service and registered to provide personal care and support to people who have a learning disability or complex needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were 26 people receiving personal care in 8 different supported living settings and also in their own homes. We visited people who lived in self-contained flats, adapted houses where people had their own bedroom and sometimes individual or shared bathrooms and as well as shared communal areas.

### People's experience of using this service and what we found

At the last inspection the service provided was not always safe for people to use as their medicines were not always managed safely and there were poor hygiene practices. Support visits did not always occur at the agreed time or last for the agreed duration and learning from incidents and accidents was not always done in a timely way. The service was not always well-led as the quality assurance system was not always used appropriately to assess and monitor the quality of the service and some audits were incomplete. The provider did not always demonstrate a strong focus on capturing learning to improve the service. The analysis of incidents and accidents was not always robust and there was inconsistent oversight of the operations at the various settings.

At this inspection people's medicines were managed safely, good hygiene practices were in place, support visits took place on time and lasted the agreed duration and accidents and incidents were learnt from. The quality assurance system identified, monitored and addressed service shortfalls, audits were completed and operations at the various settings were appropriately overseen.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

People received a service that was safe for them to live and staff to work in. The quality of the service provided was regularly reviewed, and changes made to improve people's care and support as required. This

was in a way that was best suited to people. The service had established working partnerships that promoted people's participation and reduced their social isolation.

#### Right Care

Enough, well trained and appropriately recruited staff supported people to live safely, whilst still enjoying their lives. People and staff had risks to them assessed, monitored and reviewed. Complaints, concerns, accidents and incidents and safeguarding issues were appropriately reported, investigated and recorded. People's medicines were safely administered by trained staff.

#### Right culture

The service leadership and management were identifiable, transparent and there was a culture that was honest, open, and positive. The provider's vision and values were clearly defined, and staff understood and followed them. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they may have.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 29 June 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, and Well-led which contained a requirement. A decision was made for us to inspect and examine the risks associated with these issues.

CQC has introduced focused inspections to follow up on previous breaches and to check specific concerns.

As no concerns were identified in relation to the key questions Effective, Caring and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was Safe.

Details are in our Safe findings below.

### **Is the service well-led?**

**Good** ●

The service was Well-led.

Details are in our Well-Led findings below.

# Richmond and Kingston

## DCA

### **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

This inspection was carried out by 1 inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 February 2023 and ended on 14 March 2023. The inspection visits took place on 28 February and 1 March 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke in person with the registered manager. We spoke with 10 people using the service. They did not comment directly on whether the service was safe and well-led. We spoke with 8 relatives or advocates, 10 staff, and 6 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 5 people's care plans and risk records. We looked at 7 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. After the visit we continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not comment on whether the service was safe. Their body language during our visits was relaxed and positive, particularly towards staff, indicating that they felt safe. A relative told us, "A very safe service, we are so lucky to have found them." Another relative said, "[Person using the service] is very safe with staff and I'm happy and impressed with the level of care." A staff member told us, "A very safe place for people to live and us to work."
- Staff were trained how to identify signs of possible abuse and appropriate action to take if required. They knew how to raise a safeguarding alert. The provider safeguarding procedure was available to staff and they were required to confirm they had read it.
- Staff advised people how to keep safe and if there were areas of individual concern regarding people, this was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- People were enabled to take acceptable risks by staff following their risk assessments. The risk assessments covered all aspects of people's health, daily living and social activities. People were kept safe by risk assessments being regularly reviewed and updated as people's needs, interests and pursuits changed.
- The staff team was well-established, understood people's routines, and preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "They [staff] really know what they are doing."
- The general risk assessments were regularly reviewed, updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received de-escalation techniques training and appropriately dealt with situations where people displayed behaviour that communicated distress. There were personal behavioural plans if required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People or their representatives also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

#### Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with reviews.
- Enough staff provided people with flexible care to meet their needs. During our visit, staffing levels matched the rota and enabled people's needs to be met safely. A relative said, "The staff are excellent, and nothing is too much bother."

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that relatives said reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- Staff said they would be prepared to use the provider whistle-blowing procedure. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing was reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

# Is the service well-led?

## Our findings

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

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

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

At our last inspection we found no evidence that people had been harmed however, there were issues about the governance of the service. The provider's assessment and monitoring quality systems were not always used effectively and did not ensure people received a consistent high quality of care. These issues are a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 17.

- The registered manager and staff understood their roles, the quality assurance (QA) systems and there were clear boundaries and lines of communication in place.
- Staff had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives. The QA systems contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The QA systems were now being used effectively to monitor quality of care.
- The provider, registered manager, and staff carried out thorough, regularly reviewed audits, that were kept up to date. There was an internal audit that checked specific records and tasks were completed. These included finances, staff training, staff observations and health and safety. There was also a service development plan. This meant the service people received was focussed on them and efficient.
- The provider records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The provider had a culture that was open, positive, inclusive, empowering, person-centred and people experienced good outcomes.
- People did not comment on whether the service was well-led. Their relaxed, positive body language

towards the registered manager and staff demonstrated that the service was well-led and met people's social as well as health needs. A relative said, "UR [organisation] have allowed [Person using the service] to develop into his own person. I see him in a new light, a new personality growing and thriving. He is a person in his own right." A staff member told us, "A very good company to work for, a great job and the managers are very supportive. Always there when you need them."

- Relatives told us the service was well-run and the registered manager and other managers were approachable, and they and staff worked hard to make people's lives enjoyable and to meet their needs. This reflected the provider's vision and values. A relative said, "Never had a problem and [Person using the service] is treated so well. They [staff] even received specialist training to look after [Person using the service]. Couldn't wish for more" A staff member said, "The managers are on top of everything and we get lots of help from the organisation. Can't fault the support provided."

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

- The provider understood their responsibilities regarding duty of candour and were open and honest with people when things went wrong.
- People using the service and their relatives were informed if things went wrong with their care and support and provided with an apology.

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

- People, relatives, and staff were engaged in partnership working, listened to and people's wishes acted upon.
- The provider maintained close links with services, such as social workers, local authority quality team, and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff ensured that people had access to local resources such as day centres where they socialised with friends.
- Relatives told us they were kept informed and updated regarding anything that affected the service people received, and adjustments were made from feedback they gave. A relative told us, "Great staff and I feel comfortable with all of them. [Person using the service] is happy, at home and they [staff] always keep us up to date."
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. Feedback from people using the service who couldn't use words to communicate was gathered by interpreting their positive or negative body language to activities and towards staff.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

### Working in partnership with others

- The provider worked in partnership with others.
- Some people couldn't use words to communicate verbally and their wishes and needs were identified by staff who interpreted and understood what gestures and other behaviour meant. Relatives and staff said they could voice their views about the service. A relative said, "We talk regularly with [staff and management] and they are easy, open conversations to have." A staff member said, "We have 1-2-1s where we can discuss any issues inside and outside of work and always feel so well supported."
- During our visit to the supported living schemes staff checked that people were happy and receiving the care and support they needed within a warm, friendly environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 6 weekly supervision and 2 monthly staff meetings so that they could have their say and contribute to improvements.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.