

United Response

United Response - Newcastle DCA

Inspection report

Mea House
Ellison Place
Newcastle Upon Tyne
Tyne and Wear
NE1 8XS

Tel: 01912304695

Date of inspection visit:
19 October 2018
26 October 2018

Date of publication:
14 January 2019

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

About the service: United Response - Newcastle DCA is a supported living service that was providing personal care to 58 people with learning disabilities. People received care in their own homes or in shared homes.

People's experience of using this service: United Response – Newcastle DCA 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's rights were respected. People were supported to live the lives that they wanted to. Staff helped people find activities which they would enjoy and to pursue their hobbies. Staff understood the importance of people's relationships and helped them to maintain and build friendships including romantic ones. People's differences were accepted and celebrated. People were supported to do as much as they could for themselves. Staff understood the way people communicated and made sure information was given in a way which people understood.

People were supported to make choices. Staff understood the law where people did not have capacity to make decisions. Proper processes had been followed when decisions had been made on people's behalf. People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives told us staff were friendly and kind. Staff were well trained and knowledgeable about their roles and the care people needed. People looked relaxed in the company of staff. Relatives told us the service was safe and that people were well cared for.

Systems and processes were in place, followed and well monitored to keep the service safe. Medicines were well managed. Risks were minimised.

Staff carried out lots of checks to make sure that the service was delivering a good service. Some people who used the service were involved in these checks so that people's views on care were included.

The provider shared research and good practice between their services. They identified trends and new ways of working. They continuously looked to improve the care people received.

Rating at last inspection: Good (Report published in May 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

United Response - Newcastle 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by one 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 and specialist housing. It provides a service to people with a learning disability.

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available in the office so we could carry out our inspection.

Inspection site visit activity started on 19 October and ended on 26 October 2018. It included visiting the office and people in their homes. We visited the office location on 19 October and ended on 26 October 2018, to see the registered managers and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications. These are sent us to us about certain incidents that the provider must tell us about. We checked the information we had asked the provider to send us, including what the service does well and any improvements they plan to make.

We contacted the commissioners and safeguarding teams from the local authorities who contracted people's care. We contacted Healthwatch who are an independent organisation who listen to people's views about local services to those who commission, deliver and regulate health and care services to improve.

During the inspection, we visited three supported living settings, where we spoke with eight people who used the service. We telephoned six people's relatives to ask their views on the care provided. We also spoke with the two registered managers, five support workers, and two service managers. We emailed all of the staff who worked for the service to let them know we were inspecting and ask them their views of the service. We received one response. We spoke with two health and social care professionals who regularly interacted with people who used the service.

We reviewed a range of records including six people's care records, recruitment records for four staff, and staff training and supervision records. We looked at records relating to the management of the service and policies and procedures developed and implemented by the provider.

After the inspection we contacted the provider to request additional information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met. At our last inspection we rated this key question as good and at this inspection found the service was still safe

Systems and processes

- People told us they felt safe with staff from the service. One person said, "The staff are good to me." A relative said, "I definitely trust the staff. If I had any concerns whatsoever I would just voice them."
- Processes and procedures were in place to keep people safe from harm or abuse. Staff understood the different types of abuse and what they should do if they had concerns about people's safety or wellbeing.
- The registered managers communicated well with local authority safeguarding teams. They had shared any concerns promptly and carried out detailed investigations where needed.
- People's finances were well monitored to minimise the risk of financial abuse.
- Staff had been recruited safely to make sure there were no known reasons why they should not care for people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and provided good support to people who displayed behaviour which could be challenging. Due to their needs, some people could put themselves, or others at risk. These needs had been well planned for. A relative told us, "I actually got a text from a friend. They were out shopping and saw [my relative] and two carers. [My relative's] behaviours were pretty challenging. My friend said, 'I just had to text you because the carers were so good and dealing with [my relative]'."
- Plans related to these types of behaviour included any known triggers and the ways to best support each individual person. One professional told us, "They (staff) adopt a pro-active approach to analysing issues and behaviour trends in order to identify triggers."
- The service worked closely with the NHS Positive Behaviour Support team. Staff teams and healthcare professionals worked together to understand, and plan for, people's specific needs.
- Restraint was used only as a last resort. Staff had been trained in how to do this safely. The use of restraint was monitored to check it had been used appropriately and to think about any changes which could reduce the likelihood of it needing to be used in the future. Records showed restraint was not often used.
- Regular checks were carried out to make sure people's homes and the equipment they used were safe.
- Risks had been assessed. Staff had information about how to reduce known risks.
- The registered managers monitored accidents or incidents to look for trends. Action had been taken to reduce the chances of reoccurrence.

Staffing levels

- There were enough staff to meet people's needs. Each person received a care package determined by their

needs. People, staff and relatives confirmed that the appropriate amount of staff were always on duty.

- Processes were in place to respond to any staff absence. The provider had introduced a new system since our last inspection which had resulted in a significant reduction of the use of external agency staff.
- Some staff told us they found long shifts difficult. This was a key theme in a recent staff survey. The registered managers told us staff shifts were going to be reviewed to determine how they could best provide care to people whilst supporting staff wellbeing.

Using medicines safely

- Medicines were well managed. People were given their medicines by trained staff. They were stored securely.
- Medicines records were well completed and showed people had received their medicines as prescribed.
- Staff administered 'when required' properly. Staff understood when and how these medicines should be used. Certain 'when required' medicines, such as those for anxiety or sleep problems, were monitored to make sure they were not over-used.

Preventing and controlling infection

- People's homes were clean. Where possible people were supported with household tasks, such as hoovering and cleaning.
- Staff wore gloves or aprons when carrying out certain tasks to minimise infection control risks.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this. At our last inspection we rated this key question as good and at this inspection found the service was still effective.

Staff skills, knowledge and experience

- Staff had the skills and experience to support people. They received a programme of training to make sure they were able to safely care for people.
- Training had been linked to people's needs. Staff did training in areas such as epilepsy and specific types of equipment where they supported people with those needs. One relative said, "I can't fault the staff. They are very experienced and know the score."
- Staff's understanding and skills were checked through knowledge and practical tests.
- New staff completed induction training and learned from experienced staff before they delivered care. The induction process included completing the Care Certificate, a set of required standards for care staff.
- Staff told us they felt supported and that their views were listened to. They regularly met with their manager to discuss their performance and development needs in supervision meetings and yearly appraisals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 take 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 to receive care and treatment with appropriate legal authority.

- Staff continued to follow the MCA. Wherever possible people made their own choices. Their decisions were respected. People we spoke with gave us examples of this.
- Where people did not have capacity to make decisions this had been properly assessed. Decisions had been made in line with the MCA and were 'least restrictive'. Healthcare professionals we spoke with confirmed this. For example, one person's access to their kitchen was restricted when they were displaying specific types of behaviour which indicated that they may be less aware of risks to themselves or other people. However, the rest of the time could access all of their home.
- Where people's liberty was deprived to keep them safe, applications had been made to the Court of Protection and the provider was following the court order.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed using guidance and tools. Care plans had been written to describe to staff what they needed to do to meet people's assessed needs.
- Care plans were clear and detailed. They were broken down into steps so they were easy to understand. They had been kept up to date when people's needs had changed.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- The service worked well with other organisations so people received the care they needed. They had contacted doctors and emergency healthcare support where people became unwell and made referrals to healthcare professionals to help people live healthy lives.
- The provider was aware of the inequalities and poorer outcomes in health for people with learning disabilities and made sure people had easy read guides (which use easy to follow language and pictures to aid people's understanding) on various health issues such as cancer screening.
- Staff had good relationships with other organisations people accessed, such as day care services.
- Information was shared well across the service. Staff made detailed notes about the care they provided. Important information or any changes were shared between staff in communications books.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood people's nutritional needs. People's records included their likes, dislikes and any allergies.
- Wherever possible people were included in shopping for and preparing meals. One person told us about the meal they were making that evening.

Adapting service, design, decoration to meet people's needs

- People's accommodation was not provided by the service but staff had worked with people to make their home environment welcoming and suited to their needs. One person told us they had picked the colour to decorate their home, and staff had helped them to paint it.
- A social care professional told us, "They have adapted the home environment to fit with the lifestyle and needs of the people living there. They have fundraised to be able to provide extras such as a sensory garden."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. At our last inspection we rated this key question as good and at this inspection found the service was still caring.

Ensuring people are well treated and supported

- People and relatives told us the staff were kind and caring. One person said, "All of the staff are good to me." A relative said, "[My relative] thinks the world of the staff."
- Staff knew people well. Relatives told us they were very happy with people's regular staff team who knew people's personalities and got along well with them. Some relatives told us they would like more consistency as care was at times provided by staff from other services. The registered manager told us they tried to minimise any changes in staff teams.
- People we visited looked relaxed and happy. They shared jokes with staff and were comfortable with them.
- Staff told us they enjoyed their jobs. All of the staff we spoke with said they were proud of the positive impact they had on people's lives.

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected.
- Staff understood people's right to a private life. Some people took part in a group where they could meet friends and romantic partners. People were invited to training and events around sexuality and relationships.
- People's differences were accepted and celebrated by staff. Staff supported one person who was exploring their sexuality. Staff worked with them around being safe online. They supported the person to tell their family about their sexual orientation and to meet people to go on dates.
- People were supported to follow their faiths. One person had recently reconnected with their faith and was enjoying being an active member of a congregation.
- Staff valued people's relationships with family and friends. Family members told us they always felt welcomed when they visited people's homes. A professional told us, "Staff have positive, open and honest relationships with the relatives of the people they support." However, two relatives we spoke with told us they would like more information from the service. The registered manager told us they would look at how this could be improved for those relatives.
- People's privacy and dignity was upheld. People had a key to their homes. They told us staff knocked on their door before they entered.
- Staff supported people to be independent. A relative said, "They have challenged me as well as [relative] which is good. They have helped [relative] to learn to make their own coffee and tea. They broke it down into steps and brought in some technology which helps. It sounds such a small thing, but to us it's huge."

- Over the inspection we heard about how staff gradually reduced their support as people became more confident.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were listened to. People were included in planning and reviewing their care.
- Information was available to people about how they could access an advocate if they wanted one. Advocates are independent and can help people to make complex decisions.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery. At our last inspection we rated this key question as good and at this inspection found the service was still responsive.

How people's needs are met

- Information was provided in ways which people could understand. The provider was meeting the Accessible Information Standard, a legal requirement to meet individual's communication needs.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand so they could make decisions about their care.
- Staff communicated with people in a variety of ways, based on what suited people best. Some people had their day planned in pictures to help them understand what would be involved. Other people used an electronic tablet to communicate what activities they would like to take part in or choices they wanted to make.

Personalised care

- Care was personalised. People worked with staff to decide what support they needed and how it would be delivered. Planning tools were used to make sure that people's views and wishes were taken into account, even where people could not communicate verbally.
- Staff believed the service was responsive. In a recent staff survey carried out by the provider, all staff had agreed with the statement, "The service I work in delivers a high quality service to the people we support."
- An adult social care professional told us, "My observations of the manager and staff team are of a responsive and person-centred team who focus upon the individual needs of the people who they support."
- Staff helped people to find activities that matched their interests, including volunteer roles. One person who enjoyed live music was regularly supported to go to music gigs. A football fan went to both home and away matches with staff. People went to lots of groups in their local area.
- The registered manager told us staff worked with local communities to break down barriers around discrimination. One person was a skilled golfer, and with support from staff began playing at a local golf club. At first members of the golf club were hesitant to approach him and interact. Staff helped the members get to know the person and build friendships. The person was offered a membership to the golf club and now plays alongside other members in golf competitions.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint.
- Complaints had been responded to in line with the provider's policy and used to drive improvement.

End of life care and support

- Compassionate care was provided to people with terminal and life limiting illnesses. Staff worked closely with healthcare professionals so people who wanted to, could stay in their own homes whenever possible.
- Additional staff support was provided when people approached the end of their lives, so staff could spend more one to one time to make sure people were as comfortable as possible.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At our last inspection we rated this key question as good and at this inspection found the service was still well-led.

Managers and staff are clear about their roles, risks and regulatory requirements;

- The registered managers and staff understood their roles. There was a clear structure in place. Staff could contact a manager 24 hours a day, through an on-call rota.
- Regulatory requirements had been met. The provider had notified CQC about events they needed to.

Leadership and management

- People and most relatives we spoke with were positive about the quality of the service which was provided. A relative said, "This service is excellent."
- Some relatives expressed some dissatisfaction about the way the service was run. Some relatives told us that communication could be improved. Whilst a recent staff survey had been mainly positive, some questions about the directors and managers had higher number of negative responses. The registered managers explained addressing these issues were priorities for the coming year. They were working towards an action plan in response to this staff feedback.

Continuous learning and improving care

- The provider identified trends and shared good practice. The provider had carried out research into the way they delivered positive behaviour support across the provider's service. The outcome of the research had been shared and changes put in place such as employing a coach to work with staff around positive behaviour support and new recording forms and policies being put in place.

Planning and promoting person-centred, high-quality care and support with openness, and how the provider understands and acts on duty of candour responsibility

- A schedule of checks were carried out to make sure the service was safe, working well and meeting people's needs. Quality checks included visiting people's homes, looking at their care and highlighting where improvement actions were needed. These actions were monitored until changes were completed.
- The provider's checks included identifying trends, areas where things were working well, and where improvements could be made across each of the registered managers services. This feedback was used to plan the registered managers priorities and personal development.
- The provider was continuously aiming to improve. Registered managers across their services met regularly

to discuss what was working well and how good care had been implemented. They kept up to date with best practice by attending conferences and subscribing to care magazines and emails.

- The registered managers were aware of the duty of candour, which sets out how providers should explain and apologise to when things have gone wrong with their care.

Engaging and involving people using the service, the public and staff;

- Views were sought from people who used the service, relatives and staff through questionnaires.
- Some people who used the service were employed as 'Quality Checkers'. They visited other people's specialist housing settings and checked that people were receiving good care. They talked with people who used the service, or carried out observations where people could not communicate verbally. They made sure that people's views were considered when assessing how well the service was doing.
- Staff told us they felt listened to. They attended regular staff meetings and told us they could speak to their manager or the registered managers if they needed to.

Working in partnership with others

- The service had very good links with the local community. Staff had been proactive in setting up groups so that people could be active members of their community. Staff had set up a drop-in lunch club and social event at a local church hall. It had been advertised across lots of different services who supported people with learning disabilities. People could come together to do activities like arts and crafts, baking and make new friends.
- One staff member set up a group in a professional music studio where people could learn instruments. The studio was used by the general public, including professional musicians, schools and people supported by other providers, so people could build friendships over their shared interest in music. One person used the service volunteered at the studio in exchange for guitar lessons.
- Staff worked well with health and social care professionals involved in people's care.