United Response

Bristol DCA -- United 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?	Requires improvement

Overall summary

Bristol DCA United Response is a domiciliary care service providing care and support to people in their own homes which are supported living services. When we visited 7 people with learning disabilities were using the service at two separate addresses. Four people were receiving the service at one address and three people at another address.

The inspection was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with people and staff at the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements

Summary of findings

of the law; as does the provider. 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 a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

There were enough skilled and experienced staff to meet people's needs. Staff underwent pre-employment checks before working with people to assess their suitability. People were supported to take appropriate risks. Risks were assessed and individual plans put in place to protect people from harm. Medicines were managed safely.

The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decision. People were supported to eat a healthy diet and drink sufficient fluids. People were supported to maintain their independence.

People received a caring service because staff treated people with kindness and with dignity and respect.

People, and where appropriate, family members, were involved in planning the care and support they received. People were supported to develop and maintain relationships with family and friends.

The service was responsive because the care and support provided was individualised. The service was planned around people's needs. Staff supported people to participate in a range of activities both within their local community and in their homes. The service made changes in response to people's views and opinions and learning from feedback.

The service was not always well-led. The registered manager and provider did not always submit notifications of incidents to CQC. However, the registered manager and senior staff provided good leadership and management. The values, vision and culture of the service were clearly communicated. The quality of service people received was continually monitored and any areas needing improvement were identified and addressed.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 was safe.

There were enough staff to keep people safe.

Staff recruitment procedures ensured pre-employment checks were carried out to prevent unsuitable staff being employed.

People were kept safe because risks were identified and plans put in place to manage the risks.

Medicines were well managed with people receiving their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People received care and support from staff who had received training to meet their individual needs.

People received care and support from staff who received regular and effective supervision and performance appraisal.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff promoted and respected people's choices and decisions.

People were supported to maintain their independence.

Good

Is the service caring?
The service was caring.

People received the care and support they needed and were treated with dignity and respect.

The service sought people's views and people and where appropriate family members, were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

Good

Is the service responsive?
The service was responsive.

People's needs were at the centre of the service provided.

The service was planned and delivered on the basis of people's individual needs

Good

Summary of findings

People were able to express their views about the service and staff acted on these views.

The service listened to feedback and the views of people using the service, relatives and others made changes as a result.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The registered manager and provider had not always submitted notifications to CQC as required by law.

The registered manager and other senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Bristol DCA -- United Response

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 2 and 3 September 2015. This was the first inspection of Bristol DCA United Response. The provider had registered with CQC on 18 March 2015.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection we contacted health and social care professionals who had contact with the service. We reviewed the information they gave us.

After meeting the registered manager at the provider's offices, we visited each of the two addresses where people received a service. Some people using the service were able to talk with us about the service they received. We spoke to four people. We also spent time observing how people were looked after. We spoke with four relatives of people using the service by telephone. We talked to the registered manager, the service manager of each address and three support workers.

We looked at the care records of five people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, confidentiality, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People we were able to talk with told us they felt safe. One person said, "Yes, I feel safe with my staff". We observed people interacting with staff and saw they were relaxed and comfortable doing so. Relatives said they felt people were safe.

There were safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams. This included an easy to follow flow chart of action staff were to take if abuse was suspected, witnessed or alleged. Staff had received training in safeguarding. Staff described the action they would take if they thought people were at risk of abuse, or being abused. The staff knew about 'whistle blowing' to alert senior management to poor practice. People were protected by staff who knew about the different types of abuse and what action to take when abuse was suspected. We saw the registered manager had reported safeguarding concerns to the relevant local authority team and taken appropriate action to keep people safe.

People were kept safe because there were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for supporting people to use community facilities safely. These risk assessments had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments in people's care records and ensured they used them.

The service had emergency plans in place to ensure people were kept safe. These plans included information on finding alternative accommodation for people if they needed to evacuate their home. They also included individual areas for people. For instance, to meet people's medical needs and to assist them to evacuate in the event of a fire. Staff were knowledgeable regarding these plans.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. For example people's risk assessments and support plans had been reviewed following accidents and incidents.

Where people required assistance in managing their money an individual assessment and plan had been completed. This identified how people's monies were to be kept safe. Staff followed these plans and carried out daily checks and reconciliation of money spent with receipts obtained.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of staff support they needed. People told us they had enough staff support. Relatives also said there were enough staff to safely provide care and support to people. We looked at staff rotas for each address and saw staffing was arranged in accordance with people's assessed needs as detailed in their care records. Each address had a dedicated staff team, one of 12 and the other 15 staff. These staff were usually sufficient to provide the hours of care and support needed. However, agency staff were used on occasions. One of the service managers said, "We only use agency staff familiar to people and only if regular staff are unable to work".

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. People using the service and their family members had been involved in the recruitment of staff. This was done through applicants being interviewed by people and family members to meet with them at their homes. Feedback was then given to staff to aid the recruitment decision.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely and people received their medicines as prescribed. Staff administering medicines had been trained to do so. All staff who gave medicines to people had their competency assessed annually by their manager. Each person had individual guidelines in place headed, 'How I like to take my medicines'. This showed people's individual preferences were taken into account. One person administered their own medicine for diabetes. An individual risk assessment and plan to keep the person safe had been completed. Guidelines were in place that outlined the role and responsibility of staff in this process.

Good

Is the service safe?

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. A designated staff member had responsibility for infection prevention and control at each of the addresses where a service was provided. Staff had received training in infection control.

Good

Is the service effective?

Our findings

People we were able to talk with said their needs were met. One person told us about the activities they took part in. Relatives said people's needs were met.

People's care records documented how people's needs were met. Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. People's care records contained information on hospital appointments and communication with healthcare professionals.

Staff had been trained to meet people's care and support needs. The registered manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed all staff had received training in core areas such as keeping people safe from harm and first aid, with some staff receiving training in specialist areas such as caring for people with diabetes, epilepsy awareness, working with people with autism and positive behavioural support.

Newly appointed staff received a thorough induction which included training on the vision and values underpinning care and support. The provider supported staff to complete the health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Individual supervision and an annual performance appraisal were carried out with staff. Staff members told us they found these helpful and felt they assisted them to provide more effective care and support to people. One staff member said, "Supervision is regular and I've found supervision and appraisal useful". One of the service managers explained a 360 degree system was used for annual appraisals. They said, "This means we get feedback from people using the service, colleagues and others which helps in providing feedback to staff and setting objectives".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. DoLS provides a lawful way to deprive someone of their liberty provided it is in their best interests or is necessary to keep them safe from harm. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager, service managers and staff had a good understanding of MCA and DoLS. Staff had received training on the MCA and DoLS. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Where people had been assessed as not having the capacity to make a specific decision the provider had involved a best interest assessor to help in decision making. Meetings were then held so the decision could be made in the person's best interests. These meetings involved relevant health and social care professionals and where appropriate, family members. Records were maintained of these discussions detailing who was involved and the outcome.

People were supported to develop and maintain their independence. Staff said they felt assisting people to be as independent as possible was a significant part of their role. People's care records detailed how people were to be supported to develop their independence. This included one person using a taxi on their own to travel to their day time occupation. A risk assessment and plan for the person and staff to follow had been drawn up. During our visits to the two addresses we saw people being encouraged and supported to carry out tasks and activities with the appropriate staff support. This support involved verbal prompts, staff demonstrating how to carry out the task or staff working directly with the person. The level of support provided was detailed in people's care records and based upon people's individual needs. We saw in people's care records progress on learning how to carry out tasks and activities had been recorded.

People told us they liked the food and that they had enough to eat and drink. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People chose the food they wanted from looking at photographs of actual meals. This was done at weekends and menus prepared based upon these choices. Staff said

Good

Is the service effective?

this system worked well for people and that if people changed their mind an alternative was provided. People's care records included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

Good

Is the service caring?

Our findings

People we were able to talk with told us they felt staff were caring. Relatives also said staff were caring. One relative said, “The staff are genuinely caring, they were great when (Person’s name) was in hospital”.

Staff demonstrated a caring and supportive approach. Staff knew the people they cared for well. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Where needed, people’s care records included a communication plan which described how people’s communication needs were met. We saw this included information on Makaton used by one person. Makaton is a language system that uses signs and symbols to help people with limited verbal communication. Staff were able to explain to us how people’s communication needs were met.

People received a service based upon their individual needs. People’s needs were assessed in relation to what was important to the person and what was important for the person. This meant the service was planned and delivered taking into account what people needed and what they wanted.

The service involved people in planning their care and support. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care and support arrangements. The views of people receiving the service were listened to and acted on.

The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person’s needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers met regularly with people and recorded their views. A care plan review involving the person and their family was carried out every three months. These reviews included people’s views and provided an update on how their needs had been met.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support. People’s care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact. One relative said, “The staff ensure we’re involved, they communicate regularly and work in partnership with us”.

Staff respected people’s privacy and maintained their dignity. When visiting people staff introduced us and asked if people wanted to talk with us in private. Staff knocked on people’s doors and either waited to be invited in, or left an appropriate amount of time before entering.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity. People’s care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people’s equality and diversity needs were met.

Good

Is the service responsive?

Our findings

People told us the service responded to their individual needs. One person said, "I like the activities I do". Another person spoke enthusiastically about holidays they had taken with staff supporting them. Three relatives told us they felt the service responded to people's needs. One relative said their family member's needs were not being met. However, they said they did not feel the provider was at fault and felt this was because the person had very specific needs that could not be met by the service. They told us the provider was working with them to investigate how the person's needs could be better met.

The service organised people's care and support using a range of person centred planning tools. Person centred planning tools are designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre. We saw these included information on people's life histories, their likes and dislikes and detailed information on how they should be cared for and supported.

Care records were held at the agency office with a copy available in people's homes. We viewed the care records in people's homes we visited. We saw these were up to date and consistent with those held at the office. Staff said the care plans held in people's homes contained the information needed to provide care and support.

People were involved in a range of individual activities. Each person had a weekly plan of regular activities. Activities were based upon people's hobbies and interests and their likes and dislikes. People chose additional activities from looking at photographs of actual activities. This was done at weekends and activities were planned based upon these choices. Staff worked flexibly to support these activities. For example, on the first day of our inspection one person had planned to go to the theatre with a family member and a staff member. The staff member had arranged to work additional hours to accommodate this. Staff told us people were supported to participate in activities within their home including cooking and cleaning. This was planned and included on people's activity plans. Daily recordings were completed by staff detailing the activities people had been involved in.

When people engaged in new activities, staff completed a learning log. This learning log recorded whether the person had enjoyed the activity and what had gone well and not so well. This allowed staff to learn more about activities people enjoyed and adapt the activity and support provided to suit the person's preferences. We saw this system had resulted in staff making changes to activities. For example, one person was now supported to go to places they wished to go at times when they were quieter.

People received support to go on short breaks and holidays. They told us they enjoyed these holidays. One person who enjoyed using public transport had recently been to Torquay. Another person who had a family member living abroad had recently been on holiday to visit them. On that occasion, a staff member had stepped in to support the person on the day they were going. This was because the original staff member could not go. This staff member said, "I could go, so I did, (Person's name) needed to go we owed him that".

People said they felt able to raise any concerns they had with staff and these were listened to. Relatives also said they could raise any concerns and felt confident these would be addressed.

We viewed the complaints log and saw no complaints had been received since the service had registered with CQC. The registered manager was able to explain to us the action they would take if a complaint was received. This included carrying out an investigation, making any necessary changes and feeding back to the complainant.

Requires improvement

Is the service well-led?

Our findings

The registered manager and provider had not always sent notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. These included safeguarding alerts that had been reported to the local authority but not CQC. The provider's policy on safeguarding stated all safeguarding alerts must be sent to CQC as notifications. We discussed one example of an incident that had occurred on 28 July 2015 with the registered manager. The registered manager said they understood when notification forms had to be submitted to CQC and would ensure notifications were submitted.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People told us they liked the registered manager and service managers and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. Relatives said, "I am delighted with the manager, I applaud her values and professional and open approach" and, "We've seen definite improvements since the new service manager started". Staff said they were able to contact a manager when needed. The registered manager told us the service operated a 24 hour on call service, for staff to contact a senior person.

The registered manager told us their vision was to provide high quality person centred care and support. We found people received good care and support when they wanted it and were encouraged to be as independent as possible. People were supported in an individualised manner. This showed the vision and values of the organisation were being put into practice.

Regular staff meetings were held. The staff team based at each address met to keep them up to date with changes and developments. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager.

The provider sent satisfaction surveys to relatives for them to comment on the service. The results of the most recent surveys were positive.

Health and safety management was seen as a priority by managers. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each address and a lone working risk assessment had been completed to cover staff working alone at the provider's office.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included weekly, monthly and quarterly schedules of quality audits for each address. The area manager carried out a six monthly audit. Records of these checks included details of action to be taken and action that had been taken to improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents People who use services and others were not fully protected against the risks associated with abuse and allegations of abuse as the Commission was not notified of all incidents. Regulation 18 - (1) (2) (e).