

## United Response

# United Response - Kent DCA

### Inspection report

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Date of inspection visit:

03 October 2018

04 October 2018

Date of publication:

27 December 2018

### 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

This inspection took place on 3 and 4 October 2018 and was announced.

Kent DCA is a domiciliary care agency providing supported living to people in their own homes including multi occupancy accommodation and single dwellings in Ashford, Folkestone, Hawkinge, Dover and Maidstone as well as providing outreach support. It provides a service to a range of people including adults who have learning disabilities, physical disabilities and mental health needs.

A domiciliary care agency provides personal care to people living in the community. Supported living settings enable people to live as independently as possible. In supported living, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support. Kent DCA also supported people who did not receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, although the service provided support to 67 people in total, there were 33 people receiving a personal care service we regulate. The support provided aims to enable people to live as independently as possible. Some people required 24-hour support which was provided in supported living accommodation. Many of the people supported by the service had previously challenged traditional services and required bespoke and flexible support packages.

The service was run by a registered manager who was present during our visit. 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 registered manager of this service oversaw the running of the full service and was supported by managers who were based at the various supported living settings.

At our last full inspection on 11 and 12 January 2016 we rated the service good overall, and in each domain with the exceptions of Safe, rated as requires improvement and Caring, rated as outstanding. We re-inspected the service on 3 March 2017, focusing on the Safe domain. At that inspection, the service was rated as Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People and their relatives told us they felt safe and comfortable. Staff continued to receive training in how to safeguard people, they were available in sufficient numbers and had received the training required for their role. Thorough checks made sure new staff were suitable to work with people. Medicines were safely managed and people received their medicines as prescribed.

Everyone was extremely positive about the range of activities, events and opportunity for social inclusiveness with the local community. The provider ran an outlook community network resource for people, a donations shop and offered regular opportunities for people to meet and make friends. People were active, went out in their local area and took part in college courses, work experience and community projects.

People were supported to be as independent as possible, including involvement in meal planning, preparation and shopping, as well as keeping their home clean and doing their laundry. 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 were offered choice, staff understood the principles of the Mental Capacity Act 2005 and how to put them into practice.

People were supported to maintain their health, access health services and were given advice about healthy eating.

People benefitted by being supported by staff who were kind, compassionate and valued people's contributions. Staff knew people well including their preferences and supported people's individuality and diversity.

Risk assessments continued to detail how people wished to be supported, staff understood how to follow this guidance to meet people's individual needs and keep them safe. People's end of life wishes were recorded.

A complaints procedure was formats people could understand. People and their relatives were aware of how to make a complaint.

Staff felt well supported by the management team. People and their relatives felt the service was well run. The service worked in partnership with other organisations and sought and acted on their advice to improve outcomes for people. The provider continued to have a quality assurance process in place which included gaining people's views about the service and how it could be improved.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service was good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

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## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale and the information it contained gave detailed information about the running of the service.

The inspection site visit activity started on 3 October and ended on 4 October. We visited the office location on 3 October. We visited a single occupancy house as well as two supported living settings, providing support to 16 people in their own homes. We gained the views of eight people during our visit and telephoned three relatives after the inspection for their view about the service. All feedback was positive about the quality of care and support that people received.

We spoke to the registered manager, each service manager, four care staff, a quality assurance auditor, the service development manager, the office manager and met with the divisional director. We viewed care and medicine administration records, policies and procedures, six care plans, the recruitment files for six staff, staff training records, staff deployment planning, health and safety records as well as quality and monitoring audits.

## Is the service safe?

### Our findings

The service continued to provide safe care. One person told us, "I feel confident my carers are looking out for me." Another person said, "I always know who is coming, that makes me feel safe."

Established processes kept people safe from different types of abuse. Staff received safeguarding training and capability checks completed by senior staff ensured their competency was verified. The registered manager and other senior staff knew to inform the local authority safeguarding team and the Care Quality Commission if there were any concerns. This meant the local authority could investigate if needed and when necessary put plans in place to keep people safe.

Risks to people and the environment were assessed and steps were taken to reduce risks identified. The assessments took into account risks to the persons health as well as risks to staff when supporting someone. Where risks were identified, guidance was provided to staff on how to keep people safe. Where one person needed support with behaviour that could become challenging, a detailed risk assessment was in place. This provided clear guidance for staff about proactive strategies to eliminate settings and events that were known triggers and how to most effectively communicate and respond to the person to calm their behaviour. Staff received training on how to identify risks and made senior staff aware when people's needs changed.

There were enough staff to support people using the service. New referrals into the service were discussed and agreed in advance so senior staff could plan support effectively. Annual leave and sickness was covered by existing staff members. Staff told us they were given enough time to support people and, where applicable, to travel between each visit. When new staff were needed, they were recruited safely, with all required employment checks completed in advance of their start dates. Staff told us they received a thorough induction when starting at the service, which included shadowing more experienced staff before they were able to work alone.

People were supported with their medicines safely, senior staff carried out an assessment which guided staff on what support was needed. This included how the person was to be supported to manage their own medicine, where the medicine was to be kept and who was responsible for ordering and disposing of the medicine. Staff had received medicine administration training and checks were made to ensure they were competent. Staff kept accurate records of the medicine they had supported the person with.

People were protected by the prevention and control of infection. We saw staff using personal protective equipment such as gloves and aprons when providing support. Staff received yearly infection control training, which covered areas such as hand hygiene and food hygiene best practice.

Steps were taken to learn from accidents, incidents or near misses. Staff said they were confident to report concerns and thought anything reported was investigated thoroughly. Senior staff made sure that learning from incidents was shared with the wider team. For example, any identified concerns were discussed in supervisions and team meetings, and best practice plans were developed and adopted as working practice.

## Is the service effective?

### Our findings

Staff understood people's needs, they followed people's care plan and were trained for their roles. A person said, "The staff are the best at what they do." A relative told, "Any changes in condition or concerns are always discussed."

There was an in-depth assessment process in place to inform people's care plans. People's care continued to be delivered in line with their needs and choices.

The registered manager and staff continued to work with other services providing care to people. People's care was coordinated with other services directly, for example when people were assisted to go to hospital appointments, community activities or day services and with the relative's people lived with.

People's health and wellbeing continued to be monitored by staff who understood they needed to highlight any concerns they may have about people's health to their manager and, where appropriate, relatives. People were supported to maintain a healthy balanced diet and food hygiene training was provided to staff.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had given their consent to receive care in their care plan and staff gained verbal consent when supporting people. People told us gaining their consent before care was delivered happened routinely.

The registered manager continued to use a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The training staff received included equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that staff could access.

The registered manager continued meeting with staff for supervisions and an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, whether they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

## Is the service caring?

### Our findings

Everyone we spoke with were positive about the staff, telling us they were friendly and knew all about them and what they liked to do. One person told us, "The staff really are excellent, I feel they care about me, rather than just support me." Another person said, "I have a really good team." Relatives all told us about the caring nature of staff and how they treated people with dignity and respect. They felt staff always went that extra mile and cared genuinely that people received the best support possible.

People were encouraged to make and maintain relationships that were important to them. Where some people didn't have family members to support them, the service had introduced 'befrienders' to help people make decisions and establish a sense friendship. An advocacy service, when needed, Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard.

People told us they were involved in making choices and decisions about the day to day running of their home including meal planning, cooking and cleaning. People said this helped to make them more independent. One person told us several support packages in care home settings had broken down, however, with the support of staff they now lived independently in a purpose-built bungalow. Staff explained people who could go out by themselves were encouraged to do so on known routes and had been supported to travel to see friends and family. Training in daily living skills was offered at the providers' outlook centre, to encourage people to learn some new skills. The provider operated a donations centre in Folkestone where some supported people worked, this provided employment opportunity and direct engagement with the local community. Another initiative, aimed at combatting loneliness, focussed on staff chatting with people who were sat alone. This embodied the caring ethos of the service.

People were supported by caring, respectful staff who appreciated and welcomed diversity. People were proactively supported to express their views including those in relation to gender and sexual orientation. Staff could provide the necessary information and support required in a sensitive manner which respected people's privacy and dignity.

Care plans included detailed information about people's personal history, likes and dislikes and people who were important to them. Staff demonstrated they knew people well, were at ease with people and spontaneous conversations took place, often punctuated with shared laughter. Staff encouraged people to talk about their strengths and achievements. Some people were invited to provide activities in their areas of interest at the outlook centre. Recognition of people's skills, interests and ability to contribute to the wellbeing of others helped people feel truly valued. Staff listened to people and talked to them appropriately, so they could understand and communicate meaningfully.

Staff told us they enjoyed working for the provider and felt valued. One staff member told us "It is the best employer I have ever had, a great deal of thought goes into the wellbeing of the staff, not just the people we support." The service operated a wellbeing award system for staff who were nominated by colleagues and people using the service. Staff were proud of their work and its positive impact on people and the



community, they recognised the benefits to people of receiving support in their own homes.

## Is the service responsive?

### Our findings

People's needs were reviewed and kept up to date. A relative told us, "Communication is very clear. I know the care staff and the people in the office by name."

Care plans were personalised for each person and gave clear details about their needs and how they liked to be supported. Care plans contained clear guidance about all needs including communication, positive behaviour support, emotional wellbeing as well as specific guidance about learning disability and other any conditions people had such as epilepsy and PEG feeding. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate, or swallowing is impaired. People's likes and dislikes had been recorded in their care plans. Staff encouraged people to be as independent as possible.

Staff understood the care they should be providing to individual people and they followed detailed care plans. A member of staff told us, "We read the care plans and risk assessments to make sure we are clear about the support needed, how the person prefers it to be delivered and any routines they have." Care plans were kept with people at their home for staff to follow. The care people received was clearly recorded by staff and their notes reflected the care required to meet people's needs. Staff protected people's health and welfare by alerting senior staff or the person's main carer if they had any concerns.

The care plans continued to meet the accessible information standards. These are a set of standards showing how information is shared or communicated to people in a way that meets their needs. For example, it covered the needs of people who are blind, deaf, or who have a learning disability. Care plans described people's individual care needs and choices. They were written in a way people would understand, based on their assessed communication needs and choices. For example, by using pictorial references, this enabled some people to indicate if they were happy and receiving the agreed care. Care plans were reviewed and updated monthly, or as and when people's needs changed so that care plans were accurate and up to date.

Records showed that people continued to be asked their views about their care. This gave people the opportunity to review their needs if necessary. For example, one person's care plan had been reviewed with them and their relative. Goals were established, reviewed and progressed, staff told us about one person's pride when they learnt how to lock and unlock their door without support.

The complaints policy provided the information people would need if they wished to make a complaint. This included the step by step process to follow and where people could go externally if they were not satisfied with how their complaint was handled. There had been no complaints about this service. There was regular contact between people using the service and the management team. The registered manager told us they always tried to improve people's experiences of the service by asking for and responding to feedback.

The service had a policy about end of life care and discussed people's wishes with them if they were able to do so.

## Is the service well-led?

### Our findings

Everyone spoken with told us the service was well run. Comments included, "I cannot emphasise enough the dedication of the staff and manager." Another person told us, "Staff often ask if I am happy with how my care is delivered and managed, I am."

There continued to be a registered manager employed at the service. 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 provider's statement of purpose set out their aims and objectives. These included; 'Our commitment is to enable a person to develop self-help skills and achieve a better quality of life within their neighbourhood.' The aims and objectives were shared with the people who used the service. Staff consistently delivered care based on the provider's aims. This impacted positively on people receiving support and within the wider community. For example, people and staff provided Christmas meals in the outlook centre, which was also a regular venue for other learning and social activities.

People continued to be provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager had a clear understanding of what the service could provide to people in the way of care. Partnership working with external agencies was promoted, for example, the mental health team.

Regular audits continued to assist the registered manager to maintain a good standard of service for people. They audited care plans, medicines and the quality of the service provided. For example, by checking that care plans and risk assessments remained relevant and by making improvements. An audit team visited each setting and reviewed working practice and record keeping. This helped to ensure consistency of quality and developed best practice processes. Reviews of policies and procedures kept them updated with current legislation and practice. People were regularly involved in recruitment and quality assurance checks.

There was a low occurrence of accidents and incidents. There was an established procedure about how they should be investigated, which included learning from them so that the risk of them happening again was minimised. Staff received consistent training, supervision and appraisal, they understood their roles and could gain more skills. Staff team meetings took place so staff could keep themselves updated.

The registered manager understood their responsibilities around meeting their legal obligations. For example, by knowing when to send notifications to CQC about events within the service. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.