

United Response

United Response - Cornwall DCA

Inspection report

Ella Court
Truro Business Park, Threemilestone
Truro
Cornwall
TR4 9NH

Tel: 01872250150

Date of inspection visit:
09 January 2020
10 January 2020

Date of publication:
29 January 2020

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 (Cornwall DCA) is a domiciliary care agency which provides personal care to people who have learning disabilities or complex needs. At the time of our inspection, the service was providing care and support to 31 people in 25 different supported living settings. In the accommodation we visited, some people lived in self-contained flats, and in other houses, people had their own bedroom and shared bathroom, as well as shared communal areas.

In 'supported living' settings, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People using the service consistently told us they felt safe and that staff were caring and respectful. Their comments included, "I love it here, they [staff] are here for me".

We received positive feedback about United Response Cornwall DCA. Relatives told us their family members seemed happy being supported by the organisation. Comments included "The care from the team is second to none from the top to the bottom." The staff we saw were caring and treated people with dignity and respect.

The service's rotas were well organised and there were enough staff available to provide all planned care visits. No one reported having experienced a missed care visit.

People were safe and protected from avoidable harm or abuse. Staff were trained in safeguarding and were supported by effective policies.

Risks had been assessed and staff were provided with guidance on how to manage and mitigate risks while providing support.

People were safely supported to take their medicines as prescribed.

Staff were recruited safely and there were sufficient numbers to ensure people's care and social needs were met. Staff received induction, training and supervision to assist them to carry out their work

Staff were well motivated and there was a positive open culture within the service. People's feedback was valued, and records showed action had been taken to address and resolve any issues reported to managers

People were able to make choices and staff respected their decisions. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People received care and support that was individual to their needs and wishes. People and their relatives were involved in the development and review of care plans and told us they were an accurate reflection of people's needs.

People were supported to pursue their interests, hobbies and gain new skills.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered managers were supportive and approachable.

The service was well led. Management roles were clearly defined and there were effective quality assurance processes in place. People and relatives were complimentary of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

United Response - Cornwall 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.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 60 '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.

Due to the complexity of the service, and the individual needs of people, there were two registered managers who were 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

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure that the provider or a manager would be in the office to support the inspection, and to

make arrangements to gain feedback from people.

One inspector visited the office location on the 9 and 10 January 2020. The second inspector visited people, with their permission, in their homes on the 9 January 2020. An Expert by Experience phoned relatives on the 9 and 10 January 2020.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with eight people who used the service and spoke to eight relatives about their experience of the care provided. We spoke with 21 members of staff including the provider, registered managers, and support staff.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received seven positive e mails from staff who shared their experience with working for United Response with us.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff were knowledgeable about reporting processes and were confident managers would respond to concerns appropriately.
- No one we spoke with reported any recent missed visits. A relative told us "I am relieved and have total trust in the service/cares; and I just couldn't ask for better. I have no problems with them at all and communication is very, very good".
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to identify when people were at risk and guide staff on the actions to take to mitigate the risk of harm.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks. For example, one person wanted to be in their home alone at night. Risk assessments were undertaken in how to support the person to be on their own but have sufficient support when needed. A protocol was also put in place so that the person and staff could agree when it was appropriate for the person to be on their own or not. The person now negotiates with staff when they need support at night and when they can be on their own.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff about how to identify when a person was becoming upset. There were clear guidelines around the procedures for staff to follow to support people appropriately and descriptions of any interventions which could be used.
- Environmental risk assessments were carried out by the provider at each of the homes where people were supported. These included checks of security, hygiene and fire risks.

Staffing and recruitment

- There were enough staff to meet people's needs. Permanent staff were supported by the providers 'rapid response team' who employed United Response staff to support homes when there were shortfalls in the rotas. This meant there was consistency for people as they knew staff members from the rapid response team and the use of agency staff had declined.
- Rotas for each area team were well organised and staff were provided appropriate amounts of travel time

between consecutive care visits.

- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal records checks completed.

Using medicines safely

- People's care plans included information about the support they required with their medicines and it was clear the service encouraged people wherever possible to manage their own medicines. Where support was necessary daily care records detailed what support, staff had provided with medicines each day.
- Staff received training and had their competency checked to ensure they gave people medicines safely and in line with guidance. Staff knew people's preferences when taking medicines and this information was clearly recorded.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- People and relatives confirmed staff followed good infection control practice and personal protective equipment was readily available to staff from the service's office.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.
- Following concerns at a particular service the provider discussed the "closed culture" guidance and how to encourage staff to whistle blow when they have concerns about a service in a timely manner. Staff were confident that any concerns they raised would be listened too and acted upon.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and preferences were assessed before they started using the service and were regularly reviewed. Assessments considered people's physical, emotional and social needs and ensured needs and expectations could be met.
- Staff from the local authority and other care providers reviewed individual needs with people, staff and people's relatives.
- Staff received training in Positive Behavioural Support (PBS) to enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff and told us they had the skills necessary to meet their needs and they had no concerns about the care and support provided. Comments received included, "They all have a good skill set and all have something different that they 'bring to the party' so to speak."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included face to face training and competency assessments. Staff told us, "Training is really good" and "Training is aimed well at what you need".
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. Relatives confirmed that staff were aware how people's meals should be presented so that they could eat safely, for example liquidised or cut into smaller pieces.
- Staff told us they always offered people choices in relation to meals and ensured they had access to snacks and drinks at the end of each visit.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- If needed staff supported people to access their GP, community nurses, and attend other health appointments. Relatives told us the service had responded appropriately when their family member was

feeling unwell and had arranged appointments for them.

- The service worked with other agencies to help ensure people's needs were met. When staff recognised changes in people's health or wellbeing this was reported to the manager. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.
- Each person had an individual 'hospital passport' in their care record. This is a document which provides information about people's needs and preferences and can be taken to hospital or appointments.

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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make particular decisions and consent to care and support was assessed and documented in care records.
- People's families or representatives were consulted and involved when necessary to ensure decisions were made in people's best interests.
- Applications had been made to the Court of Protection appropriately when people were deprived of their liberty.
- Staff received training in the Mental Capacity Act. They put training into practice by giving people choice and asking for their consent when offering support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- While we spoke with people in their own homes and at the office, their ability to fully explain what they felt about the staff supporting them was limited. However, we observed when people interacted with staff, their behaviour and body language showed they felt really cared for and that they mattered. People who were able to talk with us were very happy with their care and support. People told us, "It's the best place and where I want to be" and "I love it here, they [staff] are here for me."
- Relatives were complimentary about staff and the care and support they provided I would not want to move from United Response, full stop; they have turned [person's name] life around. The team of carers we have are all very fond of [person's name] and understand him well and treat him well. I think he has a good rapport with them and they laugh and joke together."
- Staff spoke about people with affection and were passionate about their role. Rotas showed people were normally supported by small groups of staff and people told us new carers were always introduced by someone they knew.
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home.
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and care plans included information about issues such as cultural and religious needs. Staff told us understanding of these issues was covered in training and induction.
- People were supported to maintain relationships with friends and relatives. Some people were supported to visit family and friends on a regular basis, and this was important to them. A relative told us "I feel the manager has worked very hard for example, [person's name] came to us Xmas day last year and the manager facilitated that by coming over to my house for the day with [person's name]. This year, another carer was due to come to our house with [person's name] for Christmas, but she was sick with a bug and so the manager, stepped in and accompanied my sister here to our house, even though the manager wasn't due to work, which saved the day and shows how she goes above and beyond what you'd expect of them as a service."

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

- Some people had limited capacity to be actively involved in planning or reviewing of their care, but others had been actively involved in all processes. For example, one person was involved in the development of their care plan including detailing their goals for the future and their daily routine. Another person was

involved in the recruitment of their own staff.

- One person was involved in the 'quality assurance checker' process. This meant that they visited people in their own homes and spoke with them about their experience of the care and support they received. The person would then attend quality meetings and feedback people's views.
- Some people had limited verbal communication. Staff had been trained to support individual people and learn their way of communication. For example, a type of sign language known as Makaton or to use pictures to aid their ability to communicate. A recent training course 'Intensive interaction' which focused on communication techniques was viewed positively by staff.
- People were encouraged to make decisions about their day to day care and routines. A relative told us "[person's name] makes a lot of choices himself, which he would never have done so before, which is all down to United Response".
- Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity during daily routines. They described how they did this, for example, when supporting people with personal care activities. This included considering the gender of staff.
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.
- Relatives confirmed staff understood the impact of them supporting people in the community had on the person. For example, a relative told us "If [person's name] feels uncomfortable with two carers walking with him whilst he's out in public, one carer will shadow them, so that he feels less 'special' as [person name] says."
- Staff ensured people's privacy was protected and personal information was kept securely in the registered office. Where information was shared with staff electronically this was done securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were accurate and informative. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.
- People and their relatives were involved in the development and review of their care plans and told us these documents were up to date.
- Staff told us people's care plans were accurate and sufficiently detailed. Daily notes detailed what people had done during the day and information about their physical and emotional well-being. There was good communication within the staff team and staff shared information appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified during their initial assessment before support was provided.
- Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. They also guided staff in how to communicate with people via the use of touch or the use of particular objects. For example, staff used the smell of shaving foam for a person who had visual and hearing impairment so that the person knew that they would be shaving next, a tap on one shoulder indicated personal care and on the other that food was ready.
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.
- Relatives told us that staff knew their family members so well that they were able to diffuse and pre-empt situations before that situation escalated

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan which included a variety of sensory and physically active options tailored to their individual

needs and preferences. Staff were flexible and responded to people's needs and wishes, adjusting activities accordingly, as well as exploring and trying new ideas with people. A number of relatives commented "[person's name] has a better social life than me! "

- People were supported to maintain relationships with family members and friends to avoid social isolation. Some people regularly visited their family at home.

Improving care quality in response to complaints or concerns

- The service had robust systems and procedures in place to ensure all complaints received were investigated and addressed.
- People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The service regularly received compliments from people and their families for the quality of support and care provided. Recently received compliments included, "The care from the team is second to none from the top to the bottom."

End of life care and support

- The service sometimes supported people at the end of their lives. People's care plans included details of any specific wishes people had expressed in relation to this stage of their lives, and staff respected these choices.
- The service worked collaboratively with health professionals to ensure people were comfortable at the end of their lives.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the service from everyone we spoke with. Relatives were not able to suggest areas for improvement as they found the service to be person-centred and achieving good outcomes for people. Comments included "I've had experience with different providers and United Response are the best company out there and the best one for my brother, they go above and beyond, and the management is like a little family; not a big business; it's all very reassuring for the family. It's a nice local company and they are very supportive to my brother, to me and my family" and "I definitely would recommend them. My sister's life before United Response, was not always a happy one and we can't thank them enough for giving her a full and as independent a life she can have."
- The provider had values which focused on using a person-centred approach to improve people's lives whilst respecting individual rights and needs. We saw these values reflected in the services we visited. A staff member told us, "I have a mega passion to help people achieve things they want to do."
- Staff told us there was a positive, supportive and caring culture. Comments included, "United Response is a good company, good with staff, they keep you in the loop, they are fair and will help if you have a problem."

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 about informing families or different bodies when incidents occurred. When there had been incidents or errors, the provider communicated with people and their families.
- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open, honest and receptive to feedback.

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

- There had been many changes in personnel at senior management level. Some staff were feeling 'unsettled' about the changes. However, they were complimentary of the support they received from the registered managers and service managers.
- The service was organised and well run. Due to the complexity of the service, and the individual needs of people, there were two registered managers. They held responsibility for one or more individual services, with these being led by a lead senior support worker. The registered managers each had clearly defined and

well understood areas of responsibility. The temporary area manager had been in post since October 2019 and supported the registered managers. Service managers and senior support workers were community based and responsible for developing and updating care plans, completing spot checks and providing on call support outside of office hours.

- Managers and senior staff were skilled and knowledgeable about the service. They had good working relationships with staff and people.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified, appropriate action was taken to ensure they were addressed, and the service's performance improved.
- The registered managers made notifications to CQC appropriately and the provider displayed their CQC rating at the service and on their website.

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

- Some people's learning disabilities meant they were unable to formally give views about the service and their care. Wherever possible, people were asked their opinion about matters which affected them.
- Surveys were regularly used to ask relatives and professionals for feedback about the service. These asked about matters including communication, care provided and staff input. There had been positive feedback and suggestions made. These had been noted and addressed where possible.
- Staff were currently invited to complete a survey to gain their experience of working for United Response. Staff meetings took place regularly to discuss current and future work practice and business matters. Staff meetings provided a way to keep staff informed and involved. Staff told us they felt listened to. Comments included, "There's a connection between management and staff there is no them and us. You get acknowledged for things which is so important."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments or flexible working arrangements had been looked on favourably by managers.

Continuous learning and improving care

- Managers monitored complaints to identify themes. Action was taken to improve standards and learning was shared as relevant with teams.
- Action plans from audits were monitored to ensure standards and quality of care continued to improve the service provided.

Working in partnership with others

- Staff worked collaboratively with professionals and family carers to enable people to live safely at home.
- People had regular contact with professionals, including local authority staff and other service providers. Records showed that when required, people were supported by district nurses, GPs, occupational therapists and physiotherapists. This ensured people received person centred care.