

United Response

United Response - Wigan DCA

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Wigan DCA is a branch of the national charity United Response, which provides a range of support services for adults and young people with learning disabilities, autism, mental health needs or physical disabilities. 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. At the time of our inspection, the service was supporting 42 people living in Salford, Stockport and Wigan.

This comprehensive inspection took place on 21 and 22 November 2018. The service has been developed 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. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen.

We last inspected the service in March 2016 when we found it met all the regulations of the Health and Social Care Act (2008) Regulated Activities 2014. We rated the service 'Good' overall. At this inspection we found the service was in breach of one of the regulations of the Health and Social Care Act (2008) regulated activities 2014. This is in relation to governance of the service.

The service had a new registered manager. 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.

Systems were in place to help safeguard people from abuse. Staff knew how to identify signs of abuse and what action to take to protect people they supported. Risk assessments had been completed to show how people should be supported with everyday risks, while promoting their independence. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People were looked after by small teams of staff who were committed to providing support in a person-centred and caring way. We saw many kind and caring interactions between staff and people they supported during our inspection. People were helped to be as independent as possible.

A safe system of medicine management was in place. Staff received medicines training and competency assessments were carried out before they were permitted to administer medicines.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were helped to make their own choices and decisions where able, such as what activities they would like to do.

All new staff received a thorough induction. Staff completed training to ensure they had the knowledge and skills to support people safely. However, we found some staff had not received individual supervision. This meant they had not had the opportunity to discuss their work and plan any training and development they needed.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health and remain as independent as possible. People's support plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. However, we found some support files contained old and out of date information. The service is already working towards improving its documentation.

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions. The new registered manager showed strong leadership skills and was committed to driving forward improvements within the service. However, some further improvements, such as consistent staff supervision and improved care documentation, are needed.

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.

Procedures were in place to safeguard people from harm and abuse. Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

The management of medicines was carried out safely.

Risk assessments were in place to help manage risks to people and keep them safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

All staff received an induction to the service and a comprehensive training programme was in place. However, some staff had not received regular supervision.

Staff helped people to make choices and decisions about their everyday routines.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were patient and kind.

Staff helped people maintain and develop their independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were supported by staff who understood their support needs and what was important to them.

Care records and care plans were person-centred. However, some care files contained old and out of date records.

People were encouraged and helped to take part in a wide

variety of activities which they enjoyed and which helped build their confidence.

Is the service well-led?

The service was not consistently well-led.

There was a new registered manager. They showed strong leadership and were committed to developing the service.

There were systems in place to monitor and improve the quality of the service. However, some areas of the service require further improvement.

Requires Improvement 

United Response - Wigan DCA

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, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 22 November 2018 and was carried out by an adult social care inspector 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 service. In line with our inspection methodology we gave short notice of the inspection visit. We gave the provider two days' notice of our inspection. This was because the service supports people in the community and we needed to be sure that the registered manager would be available to assist us with our inspection.

Before the inspection we reviewed information, we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR 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.

Prior to the inspection we contacted the local authority to ask if they had any concerns about the service, which they did not.

During our inspection we spoke with the new registered manager, the service manager of a property in Stockport and three support workers. We also observed how staff interacted and spoke with people. We talked to five people who used the service and five relatives on the telephone to gather their opinion of the service.

As part of the inspection we looked at four sets of care records. These included support plans, risk assessments, daily notes and medicines records. We reviewed other information about the service, including training records, minutes of meetings, audits, complaints, five staff personnel files and audits.

Is the service safe?

Our findings

All the relatives we spoke with were happy with the care and support provided by Wigan DCA. One person told us, "He's very settled, very happy. It's peace of mind for me." Another said, "Yes I know he feels safe. He's got used to them now." A third relative commented, "He would tell me if he wasn't (safe). He loves the staff." Some people were able to tell us they felt safe. One said, "I feel safe because I know every one of them." Another person told us, "They always take care of me. They are very good." Other people were unable to fully express their feelings about the service. However, during our inspection we saw they responded to staff in a positive way and appeared happy, relaxed and comfortable in their presence. Staff received training in safeguarding and knew how to report any concerns they had about people's safety. The service maintained a detailed 'safeguarding log', where any incidents deemed to be safeguarding concerns, for example medicines errors, were recorded. Information about the incident, who was involved and outcome of any investigation was documented. This showed the service was committed to ensuring that lessons were learned when things went wrong or mistakes were made.

The service had safe recruitment practices as full employment checks were carried out before staff started work at the service. This ensured people were suitable to work with vulnerable adults. We looked at five staff files, which were well organised and contained the required documentation. This included an application form with full employment history, interview record, references, identification and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

People were protected from hazards that might affect their safety. Everyone had a personal emergency evacuation plan (PEEP), which was kept at their home. PEEPs explain how a person should be evacuated from the building. Staff went through the fire evacuation procedure with the people they supported to ensure they knew what to do in an emergency. Buildings were fitted with smoke and carbon monoxide detectors. Weekly and monthly safety checks were carried out, for example of the water temperatures, fire extinguishers, first aid box and the service vehicles. Substances which are hazardous to health, such as cleaning fluids, were locked away. Gloves and aprons were used when staff assisted people with personal care. This helped prevent the spread of infection.

Risks to people's health and well-being had been assessed and were reviewed regularly. People were involved in decisions about managing risks associated with their choices in a way that allowed them to be independent as possible. Staff supported people to take day to day risks whilst keeping them safe. Some people went out on their own, to paid employment, shopping or to other activities. Where people lived in individual flats they were encouraged to call at the office to let staff know they were leaving and when they returned. This enabled staff to keep a track on people's whereabouts to ensure their personal safety was maintained. Staff also visited each flat twice a day to carry out a welfare check. There was an intercom system between the flats and the staff office to enable people to communicate with staff if they needed assistance.

There were systems in place to support people to take their medicines safely. All staff were trained to

give medicines and were assessed to ensure they were competent. People had a printed medicine administration record (MAR) where staff recorded each medicine that was given. All the MARs we reviewed had been completed correctly. However, we found one MAR where staff had hand-written additional medicines to be given. There was no signature to indicate who had made the additions, or counter signature to show they were correct. NICE (National Institute for Health and Care Excellence) guidance states that where hand-written, MARs should be checked for accuracy and signed by a second trained member of staff. We discussed this issue with the manager who told us they were already in the process of ensuring all MARs were only pre-printed, not hand-written. There was guidance for staff to support people safely with 'as required' (PRN) medicines. For example, one person was prescribed a medicine to take when they experienced anxiety. There was detailed information about what behaviour the person exhibited when they were anxious and might need the medicine to calm them.

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge. All new staff completed an induction programme during their first six months with the service. An induction booklet set out the skills and knowledge people were expected to achieve at different stages during this period, through a combination of face to face and on-line training and through working alongside experienced staff. This ensured they were fully prepared for their roles.

Ongoing training was provided to help staff keep their practice up to date. This included safeguarding adults and children, information governance, medicines management, moving and handling, positive behaviour support, health and safety, first aid and epilepsy. Where staff supported people with specific needs, such as with a PEG tube (a type of feeding tube that goes into the person's stomach through their abdomen), they were provided with the appropriate training. One relative told us, "They use a hoist very well...yes they are well-trained." The service had recently accessed a specific course on 'dealing with loss and bereavement for staff supporting people with learning disabilities'. This was following the death of two people who had been supported by the service for a long time.

The registered manager monitored staff training compliance to ensure staff completed what was required. On-line training was provided through the United Response 'hub', which sent out alerts to staff to prompt them when training was due. We checked the training matrix which showed that there was a good level of compliance with mandatory training within the service.

We looked at how staff were supported to carry out their roles effectively through team meetings and individual supervision. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning needs they may have. We found the consistency with which staff received supervision varied across the different parts of the service. At one property we visited we found staff had received individual supervision every few months. At another property, where there had been an absence of a service manager for two years, there was no evidence to show staff had received supervision meetings.

The lack of supervision meetings had already been identified by the new registered manager and action taken to ensure these were implemented for all staff going forward. We will review this at our next inspection of the service. We have discussed this further in the 'well-led' section of this report.

People were helped to maintain good health, attend medical and hospital appointments and access relevant healthcare services, such as dentists and opticians. For example, one person had recently been referred to the speech and language service following problems with their swallowing. Relatives told us they were happy with the level of support people received with their health. One person told us, "They contacted me recently about health screening and if it was appropriate for (name). I have a good relationship. They always explain everything and gain our consent."

Staff supported people with meals. Some people could do their own food shopping and cook their own meals, while others needed a greater level of support, as they were unable to shop or cook for themselves.

Where people were unable to do their own cooking, they were encouraged to help with the meal preparation, for example by peeling vegetables and laying the table. Where people needed staff to cook for them, they chose which food they would like. Everyone could choose their own individual meals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that where people were unable to make decisions for themselves, the service had held best interest meetings. For example, one person had been prescribed a medicine to take when they became anxious. We saw that a meeting had been held to discuss this to ensure it was the correct step to take and in the person's best interest.

People's care files contained a 'decision-making profile'. This provided guidance on how to communicate with people and how to support them with their choices and decisions. For example, one person's decision-making profile described how it was important to present them with the good and bad points of any decision, to speak clearly and to use simple words. This showed the service was helping people make informed choices and decisions.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff received training on how to support people when they demonstrated behaviours that put themselves or others at risk of harm. Positive behaviour support plans were used for people who displayed these behaviours. These contained guidance on how people should be supported to minimise any risks to themselves or others.

People supported by Wigan DCA lived in different types of accommodation. During our inspection we visited three properties: a house where one person lived on their own, another where three people lived together and a block of 13 flats. There were staff on site 24 hours a day at all the properties. We did not see inside any of the flats, so cannot comment on their maintenance. However, the other properties were decorated and maintained to a good standard. Each person had their own bedroom, which was decorated and personalised according to their individual taste. None of the properties we visited needed specialist equipment. However, we were told that where people needed equipment, such as hoists and specialist beds, these were provided and maintained by the local authority.

Is the service caring?

Our findings

We received many complimentary comments about the approach of staff from relatives and from people who used the service. Comments made by relatives included, "They speak nicely to him. They are kind"; "The staff are lovely. If they weren't we would know about it! There's just a good vibe. We can turn up any time. They make sure that he's safe"; "He's very lucky. They are great. We had a party here at our home and the carers came" and "The staff are brilliant. They would do anything for him."

Comments by people who used the service included, "They give me respect; they care for me when I need help" and "I have trouble with anxiety. She (support worker) knows how I feel. I've known her for two to three years." We read several compliments about the service, praising staff and the support they provided.

During our inspection we saw many kind and thoughtful interactions between staff and the people they supported. It was obvious that staff genuinely cared for people and had developed warm and friendly relationships with them. For example, we visited one service where people lived in their own individual flats. One flat was converted to provide the staff office and kitchen. During our day at this service we saw that people came and went in and out of the office whenever they wished to. Some stopped for a chat with staff; several made themselves a hot drink. There was a relaxed, supportive and friendly atmosphere.

People were supported by small groups of staff who were familiar with their needs and wishes. Some staff had supported the same person for a considerable number of years, which meant they had developed close and caring relationships.

Information about each person, including their family and life history, activities they like and what makes a good/bad day provided staff with a detailed picture of each person. We found that staff had a good knowledge and understanding of people's wishes, preferences and routines and used this information to provide support that was tailored to each person's individual needs.

Staff supported people to be as independent as possible, depending on their capability. For example, where people needed help with their personal care needs, staff encouraged them to do as much as possible for themselves and only intervened when required. During our visit to one service we saw one person encouraged to lay the table for their evening meal. If they were able, people did their own shopping and cooked their own meals. Some people had paid employment or volunteered, travelling to places on their own on public transport. One person told us, "I do my own showering and shaving. I do my own cooking. They help me."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand so they can communicate easily with health and social care services. Wigan DCA was working within this standard. For example, pictures were used alongside words to help people who used the service understand key information more easily. In one service we visited there was a notice board in the kitchen which displayed, in both words and pictures the weekly menu and activities planner.

Is the service responsive?

Our findings

The staff who worked for Wigan DCA were knowledgeable about the needs, likes and dislikes of the people they supported. Staff were trained in 'person-centred support' and those we spoke with told us how they helped people to live as full lives as possible. We received many positive comments about the way people were supported to participate in activities which reflected their interests and preferences. Relatives told us; "They do his shopping with him. He seems very happy. He does different things; he loves the football. They give him a choice – he can do whatever he wants"; He goes out a lot. Bowling, the cinema – anything he needs" and "He goes on holiday where he wants to go." Staff supported people to take part in a wide variety of activities. These included visits to local shops, day centres, sports, day trips and holidays abroad. Some people had paid employment and others did voluntary work. There was an emphasis on helping people take part in activities that were important to them and which they chose themselves. For example, we visited one person who lived in a single occupancy house with a support worker. Staff told us that at the start of each week they planned the week's activities with them, although the plan could be easily altered if the person changed their mind.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. For example, one person regularly went on the bus on their own to visit their family. Another person had a long-term partner who they saw regularly. People's sexuality was respected by the service. Staff held discussions around sexuality with people and helped them to stay safe within their relationships, for example by encouraging sexual health checks.

We looked at people's care records to see if they reflected people's assessed needs and if they contained enough information to guide staff on how people wanted to be supported. Care files contained a range of information, including support plans, which described how people wished to be helped, with such things as their personal care, shopping, finances and health and well-being. Although most of the support plans had been reviewed regularly, we found some that needed up-dating and some care files contained old records which were no longer relevant. For example, we found copies of old risk assessments dated from November 2015 and a staff matching tool dated December 2015. Some files contained blank copies of care documentation awaiting completion or which should be removed if not needed. This meant it was sometimes difficult to see what documentation was necessary or relevant.

This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act (2008) Regulated Activities 2014. good governance.

We discussed this matter with the registered manager. They told us that since they had started at the service, care documentation was an area that they had already identified as needing improvement and care files were in the process of being reviewed to ensure records were up-to-date and relevant. We will review this area again at our next inspection to check that improvements have been made.

Some people had been supported by Wigan DCA for a considerable number of years. Where appropriate,

people's end of life care needs were discussed with them or their family. We were told that the service had recently, with the support of the local palliative care team and learning disability team, provided end of life care for two people who had been supported by the service for several decades. This enabled them to die peacefully in their own homes. We read a compliment from the learning disability team about this care; "You have worked very hard to enable (name) to be in their home and have the most positive final hours anyone could have wished for. Staff have dealt with a very difficult and emotional situation in a calm and controlled manner."

The service had a complaints policy and procedure for recording complaints and all people who used the service were given information about how to make a complaint, in an accessible format. We looked at the four complaints that had been received during 2018. The complaints record included information about the nature of the complaint, action taken and any lessons learned. Part of the process was to inform the complainant who would be investigating their complaint. We saw this process had been followed. When asked about making a complaint one relative told us, "Any problems, I can speak to them (staff)."

Is the service well-led?

Our findings

At the time of our inspection the area manager for United Response - Greater Manchester had recently become the registered manager of United Response - Wigan DCA. 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. Through our discussions during the inspection we found them to be enthusiastic and knowledgeable, and committed to providing strong leadership of the service.

We found that they had good oversight of the service and had already identified a number of areas where improvements were needed. For example, one property had been without a service manager for two years. At the time of our inspection a new service manager had been in post there for six weeks. We found that together they had worked closely to make improvements to the way people at that property were supported and that the changes had been favourably received. One member of staff told us, "Our momentum and motivation has increased" and "We are finding new ways in which we can make our support more effective." The registered manager had frequent contact with colleagues through team meetings and regular visits to each property. This helped her to oversee all aspects of service provision and get to know staff and people who used the service.

There were processes for overseeing health and safety and the quality of the service. Environmental safety checks were carried out at each property and regular audits were undertaken by the management team to check on all aspects of the service and drive improvement. These included quarterly and six-monthly audits. Areas covered included, people's finances, health and safety, training compliance, support records, documentation and risk management. Where concerns were found, actions were set, with a timescale for completion. These were then followed up at the next quarterly audit. This showed that the management team were committed to continually reviewing and improving the service.

During our inspection we found that some staff had not received individual supervision and some care records contained out of date information. Although these concerns had already been identified by the new registered manager and steps taken to improve these areas moving forward, the provider should have ensured these areas were monitored during the period when the service did not have a registered manager.

This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014. Good governance.

The service had up to date policies and procedures to guide staff on their practise and conduct. These were found on the provider's 'hub', which also contained other information, such as news about service development, policy changes and staff well-being. All staff had access to this information.

The registered manager was aware of their responsibility to notify the CQC of important events/incidents that happen in the service or affect people using the service. This meant we could to see if appropriate action had been taken by management to ensure people were kept safe.

There was a commitment within the service to working with other agencies, for example with the local authority and clinical commissioning groups and the manager attended meetings such as the provider forums.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems had not always been effective.</p> <p>The provider had failed to ensure all care documentation was up-to-date.</p> <p>The provider had failed to ensure staff supervision was consistent throughout the service.</p> |