

# United Response

# Oxfordshire DCA

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Oxfordshire DCA is a domiciliary care agency and supported living service providing care to people in their own homes in Wantage, Oxfordshire. At the time of our inspection nine people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right support

The staff supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. This included strategies to manage people's anxiety and distress. Staff understood the risks to people and delivered safe care in accordance with people's support plans.

Staff supported people to take part in activities and pursue their interests in their local area and to interact with people. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs and supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Staff knew people well and communicated verbally and by using signs and body language.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate,

staff encouraged and enabled people to take positive risks.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service under the previous provider was Good, published on 6 April 2019.

#### Why we inspected

This was a planned inspection under a new legal entity.

#### 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 Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# Oxfordshire 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 Health and Social Care Act 2008.

#### 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 is a domiciliary care agency and supported living service. It provides personal care to people living in their own homes. The service had a manager who was registering with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 June 2022 when we visited the service's office. We visited a location supporting four people on 17 June 2022.

#### What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with three people using the service, three people's relatives, three care staff, the service manager and the manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, staff training records, three staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

#### After the inspection

Following our visit to the office we continued to gather evidence and we contacted the local authorities for their views.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe and free from abuse. One relative said, "Very safe, no restraints, [person] is not physically aggressive but he can batter you verbally, he will go on and on and on, but [staff member] is excellent, he will stand his ground with [person] and the other staff are equally good, they [staff] get autism." Another relative said, "He's [person] safe and well, I have no doubt about that."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "If I thought anyone was suffering from abuse I would report to my manager and the local authorities."
- Systems were in place to safeguard people from harm and abuse. The manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The service manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with anxiety, behaviours, eating and drinking and environment. For example, one person could become anxious. Triggers to anxiety were identified and strategies were in place to manage this risk. One staff member told us, "[Person] can get anxious especially if he gets excited, he'll come down quickly and get distressed so when this happens, we go for a walk, which calms him. It's a good strategy that usually works well for him."
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "We could always do with more, but we manage quite well." We saw planned staffing levels were consistently maintained.
- Relatives told us there were enough staff. One relative said, "No lack of staff, and no staff shortages".

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives.

- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice.
- Medicine records were accurate, consistently maintained and up to date.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.
- The provider supported people with safe visitation and this aligned with government guidance.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and relatives feedback confirmed this.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives. This included people's interests, hobbies and strategies for coping with anxieties or behaviours that may challenge others.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "It is awesome here." One relative spoke about staff skills and knowledge of people. They said, "Knowledge, absolutely, they [staff] couldn't do any better. Staff know him [person] so well"
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision. One staff member told us, "I think we are well supported here. The management is good and we all support each other."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People and their relatives told us how staff supported people to maintain a healthy diet. One person said, "Fish and chips is my favourite, it's really nice." When asked if there was a choice of what to eat the person nodded enthusiastically and said, "I eat what I like." We asked relatives if they had any concerns regarding people's diets. One relative said, "No, no concerns at all, he [person] goes walking with [staff], he's in good shape now, he used to have a paunch, but not anymore."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drink to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The service manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The service manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary.

#### 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support. We were able to observe staff interacting with people. Staff consistently sought consent and engaged with people as equals.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and their families and was recorded in their care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. Their comments included; "I like living here," "I like it here, "Seeing [staff member] and going out I like best. Had my birthday recently, had a great time," "Some of the carers [staff] have been there a long time and relationships have developed. We, as a family have been delighted with the care and we are very impressed" and "In the last few years he's [person] been so happy there, he enjoyed lockdown, he's getting on really well there, he's so well cared for."
- Staff presented an insight into the importance of understanding and respecting people's interests, their needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "We know these guys inside out. I know how [person] will be on a high but if he comes down quickly he gets anxious so I try to slow him down slowly and calm him."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, we saw people and staff had formed close bonds where people were free and felt confident in expressing their views. One relative told us, "We always phone up, we can phone them [staff] anytime. I am happy with the level of communication and we are kept informed." Another relative said, "We generally have conversations on a regular basis, and I can call anytime."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One relative spoke about how staff promoted the person's independence. They said, "He's [person] got his favourite ones [staff] but he's lazy, so they try to stimulate and encourage him, he will go for a walk, he goes to a café."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. We were able to observe how staff treated people with dignity and respect. For example, one person used a [household item] to calm themselves if they became anxious. Staff ensured the person had this item to hand and respectfully encouraged them to use it. Another person responded positively to praise, and we saw staff praising the person which they clearly enjoyed.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their interests, goals and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care. For example, GPs and dentist.
- The service responded to people's needs. One relative told us about how the service responded when the person went to hospital for an appointment. They said, "He [person] has problems with his teeth, he had two fillings and a clean under a general (anaesthetic), [staff member] was so good about it, yes it was excellent planning."
- People's care plans were personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, where people struggled to communicate verbally staff used some signs and body language to communicate. Staff were patient and respectful when talking to people.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "[Person] needs to be spoken to calmly whilst maintaining eye contact. That keeps his attention. He loves being praised as it also keeps his attention and raises his mood."

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 maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and help to prevent social isolation. For example, one relative told us, "We have a good arrangement, since lockdown things all changed with them visiting, someone [staff] will

bring him [person] over and we go for a walk and have some lunch, it's works well for us."

- People told us they were able to do the things they wanted to do. One person told us about their favourite activities and interests. They said, "Costa, trains, I see my Mum every Saturday and my Dad, going for ice cream, Thomas the Tank, and horses." We saw one person enjoyed riding on a bus and they were able to do this whenever they wanted. People's activities were not time bound and we saw staff responded to people's wishes.
- Staff provided person-centred support with self-care and everyday living skills to people. People's care plans were individual and detailed the skills people had, the areas they needed support and how they preferred to be supported.

#### Improving care quality in response to complaints or concerns

- Relatives knew how to raise any complaints or concerns about the service. One relative said, "No complaints, I have nothing but praise for them [staff]."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. We saw complaints were dealt with in line with the providers complaints policy.

#### End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The service manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Relatives told us the service was well-led. Their comments included; "Communication is marvellous, we see them [staff] often, and we can ask anything," "We've developed good relationships over the years, there's a new manager now too" and "I always thought he [manager] was very good, whenever we've popped in, he always knows what's going on, he's quiet, but he's very capable."
- It was evident throughout the inspection that the manager and service manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "We get good support and I feel the service is well-led."

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 manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and medicines. Action was taken to address any identified issues. For example, one audit identified some staff had not received a recent supervision. We saw plans were in place to hold these supervision events for staff.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the

centre of what they did.

- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The manager had an open-door policy and people and their relatives were encouraged to express their opinions either in person or via the telephone. One relative said, "I always attend my sons [person] care reviews and I believe I am listened to."
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "I feel very supported. Our meetings mean we get to have our say."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Staff had opportunities to enhance their skills through continuous learning and development.