

United Response

United Response - Greater Manchester 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

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.

About the service

United Response – Greater Manchester is a supported living service providing personal care to 17 people at the time of the inspection. The service can support up to 19 people with learning disabilities and autism.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care, abuse and harm. The provider had robust safeguarding systems which included working alongside other agencies when things went wrong. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The provider gave people opportunities to try new activities which enhanced and enriched their lives.

Right culture

People received good standard of care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Managers ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People told us they felt safe and knew how to raise concerns. Staff assessed health and safety risks and supported infection prevention and control processes. There were enough staff to meet peoples' needs and recruitment processes were ensured staff were suitable to work with vulnerable people. Peoples' health and

nutrition needs were supported, and staff were aware of their responsibility to promote peoples' rights. Systems were in place to monitor quality and safety, and the provider sort regular feedback from people to improve their support.

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

Rating at last inspection

This service was registered with us on 4 March 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess the service was applying the principles of Right support right care right culture.

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.

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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

One Inspector and an Expert by Experience carried out the inspection. 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

United Response Greater Manchester is a supported living service. This service provides care and support to people living in 'supported living' settings, so 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.

The service had a manager 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

We gave the service 48 hours' notice of the inspection. This was because we did not know if all people living at the service could consent to a visit from an inspector. This meant we had to arrange for a 'best interests' decision about this. We carried out several visits and subsequent visits were unannounced.

Inspection activity started on 24 May 2022 and ended on 6 June 2022. We visited the office location on 24 May 2022.

What we did before inspection

We reviewed information we received about the service. We asked the service's manager to send us information relating to people's addresses, communication needs and asked the manager to gain consent from people and their relatives for us to visit or contact them. We sought feedback from health professionals and advocacy groups who worked with the service. This information helped support our inspection and we used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. To communicate verbally with people effectively we tailored our communication to suit people's preferences. We observed people's body language.

We spoke with eight members of staff including the registered manager, unit managers and support workers.

We reviewed a range of records. This included five people's care and medication records. We looked at three 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. We observed people's care and their interactions with staff to understand their experience.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Robust safeguarding systems were in place.
- Staff received online safeguarding training and the registered manager had a good understanding of safeguarding thresholds and their responsibilities in escalating safeguarding incidents appropriately.
- People said they felt safe. One person said, "I see the manager all the time. I have their [work] phone number. We can talk any time we want to."
- The registered manager told us they had recently supported people who were vulnerable to financial abuse.

Assessing risk, safety monitoring and management

- Risks associated with the provision of peoples' support had been assessed. Risk assessments were detailed and person centred.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Relatives said they felt people were safe. One person told us, "[My relative] has their own key to their flat which is a really big thing [for them] to be secure. Staff have a system in place; they check [my relative] is okay if they haven't heard from them for a while. It works really well."

Staffing and recruitment

- Recruitment and induction processes for staff promoted safety. Checks on staff suitability to work with vulnerable people were carried out and references had been provided.
- Managers arranged shift patterns so staff members who were friends or family did not regularly work together to avoid closed culture risks.
- Staff recruitment had been slow during the COVID-19 pandemic. The registered manager worked with people and staff to ensure staff skills met peoples' needs.

Using medicines safely

- Medicines were managed safely. Staff demonstrated a good understanding of how to administer medication and records were completed in line with the provider's policies.
- Staff adopted least restrictive practices to administer medicine. People were enabled to self-administer and make decisions about medicines wherever possible.

- Managers ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of stomp (stopping over-medication of people with a learning disability, autism or both) and managers were able to demonstrate people's medicines were reviewed by people's GP's regularly in line with these principles.
- Staff told us they were confident in handling medication concerns. One staff member told us, "We role play scenarios with our unit manager as part of our competency assessments. The scenarios are specific to the people we support. It means we are ready to handle difficult situations when they arise."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- Staff supported visits for people living in the service in line with current guidance.

Learning lessons when things go wrong

- The registered manager ensured systems were in place to identify issues which might affect people's safety.
- Staff recognised accidents and incidents and reported them appropriately. Managers carried out investigations and analysis to identify lessons learned and inform improvement.
- Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme and supported the review process and changes made from any learning shared.

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 people's feedback confirmed this.

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

- People's needs were assessed and reviewed regularly. People had support plans that were personalised, strengths-based, and reflected their needs and aspirations. People, those important to them, and staff reviewed plans regularly together.
- Staff understood people's rights and relevant legislation and best practice. We observed managers completing shift plans and allocating staff which ensured people were supported to access activities within the community and at home.
- Where people's needs changed or there were increased risks, we observed managers discussing this with health professionals and making proposals for additional hours to be agreed to meet people's needs.
- Health professionals we spoke with were confident about support plans meeting people's needs. One health professional said, "I thought there was clear information for staff to follow and support plans were written in a positive way."

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. The service had clear induction procedures and peer support that promoted good quality care.
- Staff could describe how their training and personal development related to the people they supported. One staff member told us, "We have online and face-to-face training including positive behavioural support and autism awareness. This is updated when needed and tailored to the individual needs of the people we support."
- Staff met with managers regularly to review support needs and to discuss development opportunities. One staff member told us, "Supervisions are frequent. There are ongoing conversations of matters as they arise as well."
- People who may lack the mental capacity to make their own decisions, or need help to do so when need, can access independent advocacy services to support them and to act in their best interest. Advocacy services we spoke with felt staff worked well with other agencies to improve people's quality of life. One advocate said, "Teams work together so people can have a happy and safe environment."

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

- People's dietary needs were assessed and recorded in their support plans. Staff supported people to meet their nutritional and fluid intake needs as needed.
- People were educated about food choices and activity levels to promote their health and wellbeing. Staff promoted healthy lifestyle options and respected people's decisions.
- Staff were aware of the needs of people with modified diets. People were supported to be independent

and make positive choices in preparing and cooking their own meals which met both their needs and preferences.

- People had access to health professionals who supported them with their diet and provided information in a format that met peoples' communication needs.

Adapting service, design, decoration to meet people's needs

- The accommodation was homely and well maintained. There was plenty of space and people could spend time alone or in communal areas as they wished.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The registered manager told us, "We work closely with the landlord regarding new referrals to ensure that people understand the tenancy they are signing and their rights and responsibilities."

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and where appropriate, referrals were made to external services to support people's needs.
- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People played an active role in maintaining their own health and wellbeing. People were supported to attend annual health checks, screening and primary care services.
- Oral hygiene needs were considered and assessed as part of peoples' health action plans. People were registered with a dentist and had oral care equipment.
- The registered manager told us "We support people to make informed choices about managing their own health."

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.

- Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. People's capacity to make decisions was reviewed regularly and staff knew how to support each person in a way that enabled them to make informed choices.
- For people that were assessed as lacking capacity to make certain decisions, staff had clearly recorded assessments and any best interest decisions.
- Relatives told us staff were good at supporting people to make decisions. One relative said, "I feel they are very skilled. As they get to know [my family member] more, the more they learn how to support their choices."
- Staff felt confident in their knowledge of people's needs and rights. One staff member told us, "We recently supported one person to contact Healthwatch to review their experience of being in hospital when their hospital passport advice was not followed."

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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- Staff had a good understanding of people's cultural needs and supported their diversity.
- We observed staff taking very individualised approaches to supporting people. Managers told us as part of their induction, shadowing and competency processes staff were required to get to know each person in detail. Specifically, in relation to people's likes, dislikes and goals.

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

- People were supported to express their views and were involved in decisions about their care.
- People were given time to listen, process information and respond to staff. Staff supported people to express their views using their preferred method of communication.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. Where needed, people were supported to access good quality advocacy.
- Relatives told us staff were good at promoting choice and independence. One relative said, "[My family member] controls their daily life entirely. Four days a week they work in a paid job. Staff supported them to find the job and helped access it."
- Advocacy services we spoke with said people were included in decision making. One advocate said, "Staff support people to gain new skills and ensure that each person has opportunities. I've been really grateful to be a part of this, and to see the willingness of management and staff members to ensure this happens."

Respecting and promoting people's privacy, dignity and independence

- Staff followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy. Staff were respectful and aware they were supporting people living in their own home.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles for people.
- Staff had worked closely with advocacy services and health professionals to ensure people were safe and the police were informed of incidents.
- People felt they were able to make choices about their lives and had control of the activities they did. One person said, "I get up when I want. I like to go out each day for a walk and to go to the café."
- People felt staff promoted their independence and focused on their skills rather than what they couldn't do. One person said, "I go to appointments on my own. I know staff are there if I need them. Staff prompt me

if I need it. I take my medication myself and staff check I haven't had any problems."

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's support plans described their health and social care needs in detail. Support plans provided staff with clear guidance and were person-centred, containing people's likes, dislikes and preferences.
- Support focused on people's quality of life outcomes; these were regularly monitored and adapted as a person went through their life.
- People learnt everyday living skills and developed new interests by following learning programmes with staff who knew them well.
- People said that staff supported them to use technology to promote their independence. One person told us, "I've got a watch that helps me get in touch [with staff] straightaway. I keep it on my hand all the time."
- People said they had freedom to decide what they were doing each day. One person told us they wrote their goals down and then staff would help them plan how to achieve them.

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 had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs and knew how to facilitate communication when people were trying to tell them something.
- The registered manager told us, "Staff complete training in communication where there are specific needs. Where the support needs is more subtle new staff will learn how to listen and respond in the shadowing phase of their employment and will have ongoing support with this."
- Advocacy services we spoke with felt communication was effective between people, relatives, staff and external agencies. One advocate said, "Staff find ways to communicate between all parties without judgement, to give people back control of their lives."

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 encouraged and motivated by staff to reach their goals and aspirations. People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational

courses in line with their wishes, and to explore new social, leisure and recreational interests.

- People were supported with personal relationships. Staff were confident having conversations with people about their sexuality needs.
- People told us staff supported them to access activities which were meaningful to them. One person said, "Staff get loads of training. I like to go to places for people with disabilities. Staff help me find out what's on and what to do."
- Staff support good communication with family and friends. One staff member we spoke with said, "There is frequent communication between people and those who are important to them by phone and many people have family who visit weekly. Where family are further away, visits are arranged with staff providing support to make this happen."
- People told us staff supported them to access community activities. People talked about employment, education, drama groups and holidays. Staff had supported some people to access personal assistants. One person said, "I went on holiday last year and I am going again this summer."

Improving care quality in response to complaints or concerns

- Processes were in place to allow people to raise concerns and complaints easily, and staff supported them to do so. Staff explained to people when and how their complaints would be addressed.
- People told us they knew what to do if they had a concern. One person told us, "I would speak to the manager, or my relative. I have used the [complaints] process before. The manager sorted it for me."
- Health professionals we spoke with were assured the provider responded to complaints and concerns in a positive way. One health professional said, "I find managers responsive to requests for information. They submit the quarterly reports in line with local guidance."

End of life care and support

- Processes were in place to support people with end of life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving support who were at the end of their life.

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

- Observations showed the registered manager worked hard to instil a culture of care. Staff valued and promoted people's individuality, protected their rights, and enabled them to be as independent as possible.
- Managers were visible in the service, approachable, and took a genuine interest in what people, staff, relatives, advocates and other professionals had to say. Staff were rewarded for their achievements, with staff recently being recognised as 'rising stars' by the local authority.
- People told us they felt empowered and had an active voice. We observed staff supporting people to make informed choices about their support needs.

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 registered manager understood their responsibilities relating to duty of candour.
- Managers apologised to people, and those important to them, when things went wrong.
- Staff gave honest information, suitable support and applied duty of candour where appropriate. Staff knew how to access advocacy groups to ensure transparency for people when things went wrong.
- Relatives felt the service was well managed and found staff and managers were approachable. One relative told us, "It's managed very well. We've known the managers for several years and trust them. We know the staff by name and can go to them to sort things out."

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

- The registered manager had the skills, knowledge and experience to perform their role. They demonstrated a clear understanding of people's needs and had good oversight of the services they managed.
- Governance processes and auditing systems were effective and helped to keep people safe, protect people's rights and provide good quality care and support.
- Staff were clear about their roles and responsibilities. One staff member said, "I am aware of the responsibility of supporting people on my own. We have an on-call service to speak to a manager when we need advice out of hours."
- The registered manager told us all incidents, concerns and complaints were shared with the provider and external agencies. Investigations were carried out to ensure outcomes had a positive impact on people's lives and lessons learnt were shared across services.

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

- The registered manager ensured people were fully involved in decisions about their support. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People told us they had regular tenant meetings to look at service needs, activities, concerns and accommodation. One person said, "Staff support me to improve my cooking [skills] and are helping me to find a job. They talk to me when I'm sad or upset about things that happen when I am out [in the community]. Some people [in the community] can be mean but staff help me."
- Staff had experience of supporting people to challenge discrimination. One staff member told us, "We challenge discrimination [for example] to access services or healthcare. We make sure that necessary changes are made in order to make sure that people have equal opportunities."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- Health professionals we spoke with said the registered manager was open to suggestions on improving outcomes for people. One health professional said, "My experience has been [the registered manager] is creative in thinking of ways to resolve situations."

Working in partnership with others

- Staff worked closely with a wide range of professionals in order to make sure peoples' health and social needs were met. This included activity groups, advocacy services, employment support, diversity and equality groups, and specialist health services.
- The provider had systems in place to ensure communication with other agencies was effective and led to positive outcomes for people. The registered manager explained examples of joint working which mitigated peoples' risk and promoted their independence.