

United Response

United Response - Felpham

DCA

Inspection report

United Response
6-8 Wallner Crescent, Felpham
Bognor Regis
West Sussex
PO22 7QE

Tel: 01243869882

Website: www.unitedresponse.org.uk

Date of inspection visit:

05 June 2019

07 June 2019

Date of publication:

27 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

United Response – Felpham DCA is registered to provide personal care to people living with learning disabilities in supported living and extra care accommodation. Six people received care and support in two supported living bungalows that were next door to one another while six people received care and support in an extra care setting. Accommodation is based in the Felpham and Rustington area. The personal care and/or support people receive is regulated by the Care Quality Commission, but their accommodation is not. At the time of this inspection 12 people were receiving the regulated activity.

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

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

People's experience of using this service:

People and their relatives were positive about the care and support provided. People lived independent and meaningful lives. The ethos, visions and values of the service were embedded into every day practice.

People told us they felt safe receiving care from United Response – Felpham DCA. Staff recognised the importance of leaving people's flats safe and secure. Medicines were administered by trained and competent staff and staff were aware of procedures to follow to prevent and control the spread of infection. People were protected from abuse and avoidable harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Privacy and dignity were promoted and respected at all times. With pride, staff told us how they supported people to pursue their individual dreams, hobbies and interests.

People's needs were fully assessed and regularly reviewed. Care and support were person-centred, people enjoyed good outcomes and quality of life. Staff were well trained and knowledgeable about the needs and wishes of the people they supported. Where people were unable to make decisions about their care, the provider followed the principles of the Mental Capacity Act 2005. Supporting people to maintain their health and well-being was a key focus of the service.

Staff and the registered manager worked well with external healthcare professionals to promote good outcomes for people. For people living with complex care needs, staff promoted partnership working with healthcare professionals to ensure people received regular care and medicine reviews.

Staff upheld people's human rights and people were supported to attend their local church. Staff encouraged people to learn new skills and maintain their independence. There were effective systems in place to assess and monitor the quality of the service provided.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management. People, relatives and staff told us that the registered manager was supportive, approachable and hands on.

Rating at last inspection:

At the last inspection in July 2016, the service was rated Good (13 September 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Good ●

Is the service effective?

The service was Effective.

Good ●

Is the service caring?

The service was Caring.

Good ●

Is the service responsive?

The service was Responsive.

Good ●

Is the service well-led?

The service was Well-Led.

Good ●

United Response - Felpham

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed 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:

United Response – Felpham DCA is registered to support people living with a learning disability in supported living accommodation and extra care setting. 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 five days' notice of the inspection site visit because we needed to be sure that people using the service and their support staff would be in. Inspection activity started on the 5 June 2019 and ended on 11 June 2019. On 5 June 2019 we visited the main office and supported living accommodation to speak with staff, people and review records. On 7 June 2019, we visited the extra care setting to speak with staff and people. On 5, 6, 10 and 11 June 2019 we contacted people, relatives and staff by telephone to gain their feedback.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and any improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with seven people, two members of staff and the registered manager. We gained feedback from five staff members and two relatives via telephone after the inspection.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe whilst receiving support from the staff at United Response – Felpham DCA. Relatives told us they felt confident leaving their loved ones in the care of the staff and the service. One relative told us, "I have no concerns, I am sure my relative is safe."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area. One staff member told us, "We discuss safeguarding at every team meeting and if I had to raise any concerns I would report them to my manager or the area manager."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Where required safeguarding concerns had been raised and statutory notifications submitted to the care Quality Commission.
- Systems were in place to support people with their finances. Individual financial risk assessments were in place which considered holding and spending cash, managing income and financial planning.
- Staff recognised the importance of leaving people's flats safe and secure following a care call. People also confirmed that staff supported their safety. One person told us, "I used to forget my door but staff have helped me to make sure it's locked when I go out."

Assessing risk, safety monitoring and management:

- Risk assessments were carried out to protect people from avoidable harm. These identified specific risks with details of actions to be taken to mitigate the risks.
- People were supported with skill and professionalism by staff when they exhibited distress, agitation or anxiety. This enabled people to be in control and have choices to guide them through their anxiety. Staff intervened in a personalised way, which they knew worked for each person. Where required care plans and risk assessments reflected positive behavioural support.
- Staff understood people's needs well and recognised signs of agitation and triggers. One staff member told us, "For one person, a sign that they may be agitated or upset is if they say they have a stomach ache or a change in their facial expression can mean they are agitated. If we notice those signs, we encourage them to go into their bedroom and talk through what's upsetting them."
- A business continuity plan was in place in the event of the supported living service requiring evacuation.

Staffing and recruitment:

- People were cared for by a sufficient and consistent staff team. Staff members felt staffing levels were sufficient and provided them with time to spend with people. One staff member told us, "Staffing levels are good. We have time to spend one to one with people."
- Care calls were scheduled using a shift planner and people knew who would be providing their care and at

what time. One relative told us, "It's a small team of regular staff who the residents know very well. New staff are always introduced to the residents and work closely with established staff for several weeks before working alone with residents."

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- The registered manager told us that agency staff were being used on occasions whilst recruitment was ongoing. On such occasions, a personal profile was obtained, and agency staff received an induction. The agency profiles reviewed during the inspection demonstrated that the agency staff member's training had expired. The registered manager confirmed she would seek an update from the agency to confirm their training had been refreshed.

Using medicines safely:

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff administering medicines had appropriate training and their competency was checked regularly. With permission we shadowed a staff member whilst they supported a person with their lunchtime medicines. The person was able to tell us what their medicine was for and the staff member was observed to administer medicines with diligence, patience and care.
- Care plans included guidance for staff on people's medicines and the possible side effects. Protocols were in place for the use of 'as required' (PRN) medicines. Guidance was available to staff on how the person may express pain.

Preventing and controlling infection:

- Staff had received training and were aware of procedures to follow to control and prevent the spread of infection.
- People using the service were supported to gain knowledge of measures to take regarding personal hygiene, hand washing, housekeeping etc.
- Staff had received training in infection control and had access to PPE such as gloves and aprons

Learning lessons when things go wrong:

- There was a process in place to record and monitor accidents and incidents. Managerial oversight and quality assurance procedures ensured that themes and trends were identified with learning captured to reduce the risk of recurrence. The registered manager told us, "All incidents and accidents are discussed at every team meeting to identify learning and prevent recurrence."
- The service promoted an open culture where learning was the focus rather than blame.
- Following a safeguarding incident, learning had been derived and the registered manager told us, "Following a medicine error, we implemented daily checks to ensure any errors are picked up immediately."

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

Good: 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:

- A thorough assessment of people's needs took place before they received a service or were offered a tenancy. This ensured that the service could provide effective care and support to meet the person's needs.
- People's needs, associated risks and choices including characteristics protected under the Equalities Act 2010 such as culture and religion, were reflected in care plans.
- Staff were knowledgeable about people's needs and how to support them. Staff applied their skills and knowledge effectively leading to good outcomes and quality of life for people using the service. One staff member told us, "My job is to support people to be as independent as possible and learn new skills, not to do everything for them."
- The design and layout of the supported living accommodation was in line with the values that underpinned Registering the Right Support and other best practice guidance. This enabled people to live as ordinary a life as any other tenant. The registered manager told us, "What I love about working here is walking up the drive every morning to the sound of laughter and people living their lives like anybody else."

Staff support: induction, training, skills and experience:

- Staff told us they received sufficient training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service. One staff member told us, "The training's very good and I can always request additional training if I need it."
- Consideration was given to the compatibility of staff with people to ensure people received care from a consistent staff team.
- Staff received regular support from their line manager and one to one supervisions were held every two months. Staff spoke highly of supervision and the support they received.
- People and their relatives felt staff had the right skills and knowledge to provide effective care.
- Staff's competency was regularly assessed. For example, staff received regular fire safety and medicine management competency assessments.

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

- Staff supported people to be involved in shopping and meal preparation to promote and develop their independence.
- Staff worked in partnership with people to plan their meals and where required supported people with healthy eating.
- With permission, we joined people for their lunchtime meal in the supported living service. People chose their lunch time meals and worked with staff in preparing their meals. Staff actively encouraged people to be as independent as possible with meal preparation. Some people chose to eat together and enjoyed each

other's company during their lunchtime meal. One person told us, "We are having 'toad in the hole' for dinner today because that's what we like."

- With people's consent, people were weighed on a regular basis to monitor for any unexplained weight loss. Where people had lost weight, advice was sought from healthcare professionals.

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

- People were supported to access other healthcare professionals. Each person had a 'medical profile and care passport' which was a file containing a short summary of the person's details and support needs, written to help other professionals understand better how to support people when using hospital or other external services.

- Staff worked well with external healthcare professionals to promote good outcomes for people. Where people were living with epilepsy, staff worked in partnership with people's GPs and the learning disability team. One person was experiencing a heightened number of seizures. Staff worked closely with healthcare professionals to identify what might be causing the seizures and to ensure appropriate action was taken following a seizure. A seizure monitoring chart was devised in partnership with the GP which enabled the service and the GP to monitor the person's seizure activity. Due to making amendments to the person's daily routine and monitoring the seizure chart, the number of seizures had greatly reduced. One relative told us, "They always push for the best possible care. They are proactive and keep me informed."

- Care and support was provided to people living with diabetes. Staff provided support to people around monitoring their blood sugar levels and guidance was available for staff on the actions to take if their blood sugar level was below a certain amount. One person told us, "Staff help a lot as I'm diabetic. The nurse comes in the morning but after that the staff help me. Everything is going very well."

- Staff and management knew people well which meant they could identify when people's needs changed and sought further advice in a timely manner.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA

- People's capacity to make certain decisions was assessed and decisions made on people's behalf were made with involvement of the relevant people and in their best interests

- Staff understood the principles of the MCA and how it applied in everyday practice. One staff member told us, "You don't just assume that someone lacks capacity. You have to provide them with all the information they need to make an informed decision."

- People were encouraged to have as much choice and control over their lives as they were able. We observed staff offering people choice about everyday decisions and discussing the options available to them.

- Guidance was available to staff on how people liked to be given information to help them understand and make an informed decision. Information was also available on when a person may find it more difficult to

make an informed decision. For example, one person's care plan identified that when they just got home or if they were displaying signs of being anxious, it was not a good time to ask them to make a decision.

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

Good: 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 spoke highly of the staff members and the care they received. One person told us, "I love living here." A relative told us, "Staff are like an extended family. The carers are fantastic and I can't sing their praises highly enough."
- Observations and feedback from people and relatives demonstrated that positive relationships had been developed between people and staff. Consideration was given to matching staff members to the people they supported based on common interests and personality traits. This enabled positive and caring relationships to flourish. One person told us, "I love having a good chat with the girls." Another person told us, "They are very nice to me and I am very happy here. I get on well with them."
- People's religious beliefs were detailed in their care plans and staff provided support to ensure these beliefs were respected and upheld. Where required, staff supported people to attend their local church.
- Staff demonstrated concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- People were supported to maintain relationships with their loved ones. Staff supported people through the use of technology to make contact and also supported people in visiting their friends and family.
- Staff recognised the importance of promoting and maintaining communication with people's family. Communication diaries were in place, so that when people visited their family and friends, they could tell and show people what they had been doing.

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

- People and relatives were involved in decisions about the care provided. One relative told us, "They have always involved us in every aspect of care. My relative is listened to and their wishes always respected and us as a family are always kept up to date with any changes."
- We observed people leading the way in how they wanted their care and support delivered. Monthly one to one forums were held which provided people with the opportunity to discuss how their care was going, if any changes were required and if they had any new goals for the month ahead.
- People were involved in the running of the service. For example, some people were involved in quality checks. Quality checks included people from one 'United Response' service attending another to gain the views of the people who lived there and identify any areas for improvement.

Respecting and promoting people's privacy, dignity and independence:

- Staff members recognised the importance of respecting people's dignity and privacy and this was observed in practice. One staff member told us, "We always ask if people are happy receiving support and if so, ensure any curtains or blinds are closed when providing personal care."
- Promoting people's independence enabling them to lead a full and meaningful life was a key focus of the

service. Each month, people were supported to set new goals for the month ahead. This enabled them to learn new skills or experience new activities. One person told us about their long-term goal of going on holiday. Another person told us, "It's nice to be independent and I'm happy. I can tell them if I want to go out and that's ok as long as I say when I'll be back and where I am going. I hope to go out more when there's more staff."

- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. Staff spoke with pride about how people had flourished since receiving care from the service. The registered manager told us, "One person moved in after living in residential care. Initially they were unsure about going out into the local town independently but within a few days they flourished and their wellbeing has greatly improved. They are even going on a cruise this year."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans were person centred and provided staff with guidance on how their needs should be met. Information was available on people's medical conditions, interests, preferences alongside the level of support they required. Staff clearly knew people and had spent time building rapport with people.
- Guidance was available for staff on the support required at each care call. For example, one person's care plan advised that during their morning call, they liked staff to arrive and say, 'good morning' and have a chat before any personal care.
- People's level of care and support package was regularly reviewed to determine if the level of care was still meeting their need. One staff member told us, "On a daily basis and through monthly one to one's we consider if the package of care is meeting the person's needs. We have increased two people's packages of care where we identified additional time was needed. We also consider if people are gaining more independence whether we need to reduce the package of care."
- Supporting people to have choice and control in their lives was recognised by staff and staff understood the importance of this. Staff told us how people were encouraged to try new hobbies, and be involved in their care as much as possible. Annual reviews were held with people and staff to consider how the year had gone and to set goals for the year ahead. Staff told us how one person chaired their own annual review. This demonstrated that people were empowered to be in control of their care and support needs.
- Staff told us with pride how they supported people with activities and trips out to improve their quality of life. One person was worried they would never have their big wedding day. Staff supported them to attend a local bridal shop and spend the day as a princess.
- From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's care plans included a communication profile which provided clear guidance on how they preferred to communicate. Staff were working in partnership with a Speech and Language Therapist (SALT) for one person to devise show and tell stories on their communication tablet.

Improving care quality in response to complaints or concerns:

- There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.
- A copy of the complaints procedure was available for people in an accessible format. People and their relatives told us they would not hesitate in raising any concerns.
- Complaints received had been recorded and responded to appropriately.

End of life care and support:

- At the time of the inspection, there were no people receiving a service who required this level of support.
- Work to gather people's preferences and understand any religious or cultural needs had started. A person-centred tool-kit had been introduced for everyone receiving care. This toolkit considered people's interests and wishes around their end of life care. For example, their hopes and fears and where they would like to pass away. Staff were beginning to complete these toolkits in partnership with people and their relatives. One completed toolkit identified that the person would like staff to say a prayer for them.
- Staff supported people in the event of their loved one passing away. One staff member told us, "We worked in partnership with the local SALT team on how to prepare a person for their loved one passing away. In preparation for the funeral, we showed them pictures of what to expect and also visited the chapel before the service so they knew where they would be going."
- Relatives spoke highly of the support the staff and service provided following bereavements in the family. One relative told us, "We have discussed this and it's all arranged. We had several family bereavements recently and staff were brilliant in the way they supported my relative."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility: Continuous learning and improving care:

- The aims and objectives of the service were embedded into everyday practice. The aims of United Response – Felpham DCA were, 'To treat everyone as an individual and encourage people to be so and to encourage people to lead as independent a life as possible.' Staff recognised and understood these aims and objectives and told us how they supported people to live independent and meaningful lives. Relatives spoke highly of the service and felt the aims of the service were being met. One relative told us, "A home that cares well, where people are treated as individuals."
- People, relatives and staff spoke highly about the registered manager and the service. One staff member told us, "She's lovely, very supportive. If I have a problem, I can go straight to her. She's very caring." One relative told us, "I think the service is fantastic, really fantastic. My relative thinks they are marvellous and they are like a second family to us."
- Staff and the registered manager demonstrated a strong commitment to providing high quality person centred care. There was a well-developed person-centred assessment, care planning and review process in place leading to good outcomes and quality of life for people. One staff member told us, "The service excels in providing person centred care. Everything is made around the individual. What they want to do, their support needs. Everyone is unique and therefore their care is unique."
- The registered manager had displayed an open approach and listened to staff, people and their relatives when things went wrong. They had been honest and worked in partnership to make improvements. One staff member told us about the learning they had derived when a person required hospital attendance but was reluctant to attend the local hospital. They told us how following this incident robust procedures were put in place with the local GP and ambulance service to help aid a safe transfer to hospital.

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

- The registered manager and staff were clear about their roles, and understanding quality performance and risks.
- Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the service while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
- The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.

- Quality assurance processes were in place to assess, monitor and improve the quality of the service. For example, quarterly audits were undertaken every three months which considered health and safety and support planning. The area manager also undertook six monthly audits which considered staff files, care plans and risk assessments. All identified actions were logged onto an action plan for the registered manager to monitor and complete.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others:

- The registered manager had developed effective working relationships with external health and social care agencies who were supporting the service. One staff member told us, "We have an excellent relationship with the GP surgery."
- People were enabled to be part of the local community and had built up rapports with local businesses and shop owners.
- We found the service obtained feedback from people and family carers about the service through annual review meetings, monthly one to one meetings and surveys. Feedback from surveys were analysed to ensure they improved the service where needed.
- Staff meetings were held monthly which provided staff with the forum to raise concerns, provide feedback and make suggestions.
- Staff spoke highly about working for the provider and told us they felt valued and supported. One staff member told us, "It's just an amazing service, I love it."