

United Response

United Response - Kent DCA

Inspection report

United Response
378a Cheriton Road, Cheriton
Folkestone
Kent
CT19 4DX

Date of inspection visit:
03 March 2017

Date of publication:
23 March 2017

Tel: 01303270024

Website: www.unitedresponse.org.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 March 2017. The registered manager was given notice of the inspection. The previous inspection took place 11 and 12 January 2016 and found some regulations were not met and improvement was required.

Kent DCA is a service that is registered as a domiciliary service providing supported living to people in their own homes. They support people living in multi occupancy accommodation and single dwellings (such as clusters of flats) in Ashford, Folkestone and Hawkinge as well as outreach support. The service supports adults who have learning disabilities, physical disabilities and mental health needs. Although it supports people with complex health needs, it does not provide nursing care. The support provided aims to enable people to live as independently as possible. At the time of the inspection 31 people were receiving a personal care service although the service provides support to other people as well. Some people required 24 hour support which was provided in supported living accommodation. Many people the service supported had previously challenged traditional services and required bespoke and flexible support packages.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of this service oversees the running of the full service and is supported by service managers who are based geographically to manage different areas of the service.

People received a service that was safe. Proper procedures were in place to manage medicines, they were safely administered and people received the right medicine at the right time.

Staff and the registered manager had received training about protecting people from abuse, and they knew what action to take if they suspected abuse.

Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified. The safety of staff who were working in the community had been assessed and systems were in place to reduce risks to staff.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff had received the training they required to meet people's needs including any specialist needs.

Staff had a clear understanding of their roles and people's needs. Staff were supported in their role by the registered manager. Recruitment practices were safe and checks were carried out to make sure staff were

suitable to work with people who needed care and support. Staff were managed effectively, policies ensured any poor practice linked to disciplinary procedures if needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicines when they should and safely.

Risks associated with people's care had been identified and guidance was in place to keep people safe.

People were protected from the risk of harm and felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

People's needs were met by sufficient numbers of staff and these were kept under review.

United Response - Kent DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Kent DCA on 3 March 2017. This inspection was completed to check improvements to meet legal requirements planned by the provider after our comprehensive inspection 11 and 12 January 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because it was the only area in which improvement was required.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law, for example a death or serious injury.

The provider completed a Provider Information Return (PIR) in August 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had also notified us that the required improvement had been made following the last inspection.

During the inspection the provider supplied information relating to the people using the service and staff employed at the service. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments and associated care records, three staff recruitment files, a rota, accident and incident records, medicine and quality assurance records.

We met with one person using the service who was able to tell us about their experiences and spoke with the registered manager and eight members of staff. After the inspection we spoke with one relative about the service their family member was receiving. We also contacted a health and social care professional who had had recent contact with the service.

Is the service safe?

Our findings

One person was able to tell us they felt safe when staff were in their home and when they provided support. They thought the service was reliable and dependable, which gave them confidence in the support provided. Relatives agreed that people were safe using the service.

At our last inspection in January 2016 people were not fully protected against the risks associated with medicine management. This was because administration records did not always show if a medicine had been administered and there was a lack of guidance relating to some medicines. Most risks associated with people's support had been identified. However, some people had health conditions, such as diabetes, but assessments and guidance did not identify the signs and symptoms a person may experience when they became unwell due to these conditions or what action staff should take to keep the person safe. Immediately following our last inspection, the registered manager confirmed systems had been put in place to address the shortfalls identified. At this inspection we found the required improvement had been made.

There was a clear medicines management policy in place. Staff had received training in medicine administration and they told us they had their knowledge and competency checked together with observations of their practice. Medicine Administration Records (MAR) charts showed people received their medicines when they should. Where some people may require rescue remedies for conditions such as epilepsy, sufficient stock was carried and staff had received the training needed to safely administer it.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage pain, there was clear individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use, to help ensure people received these medicines consistently and safely. There was detailed guidance for staff explaining people's individual signs and symptoms of conditions such as epilepsy and diabetes and a step by step guide of the support people would need for these conditions and how staff should support them. Daily medicine checks ensured people received the right amount of medicine at the right time.

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, health concerns, medicine management, personal care, accessing the community, decision making and communication and choking. Where people had behaviours that challenged, guidance was in place to help staff manage these safely. Positive behaviour support plans recognised the importance of routines and consistency of support together with showing possible triggers, early warning signs and positive strategies to enable early interventions.

Potential risks to people and staff had been assessed and recorded. These assessments covered any risks which were involved in providing people with the support they required within their home. These had been completed by the registered manager at people's initial assessment visit. These included, premises, risks involved within people's internal and external environment of their home, risks relating to manual handling, for example hoisting procedures, infection control, catheter care and a pressure area risk assessment. Some risk assessments were provided in a pictorial form to help staff visualise correct procedure and recognise

any problems. Staff had up to date information to be able to support people to minimise the risks that had been identified.

Environmental risks to staff working within the registered office and out in the local community had been assessed and recorded which included guidelines for staff to follow. For example, lone working, stress and working outside of normal working hours. A system was in place to ensure these were reviewed on a regular basis. People and staff could be assured that any potential risks to them or others had been assessed and reduced.

Accidents and incidents involving people were recorded. Senior staff and management reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident. This was to reduce the risk of further occurrences. Reports were sent to the provider who monitored for patterns and trends. The service had appointed two Quality and Compliance officers, they were responsible for identifying areas of risk or non-compliance, facilitating what was needed to resolve an issue, establishing and progressing action plans and focusing on areas that stayed the same and did not improve. Staff, people and the registered manager felt this helped to proactively identify potential problems and risks, allowing resolution, development of best practice and learning ethos.

Staff had received training in safeguarding adults; they knew the procedures in place to report any suspicions or allegations. There was a clear safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team. One person told they would speak to their service manager if they were unhappy or concerned about the support they received or the staff who provided it. Communication plans and pictorial information ensured people could make any concerns known. Information was displayed within the registered office informing staff how to raise a concern and who they could contact. The registered manager and staff knew their responsibilities protecting vulnerable people in the community. The provider had appointed a Head of Quality and Safeguarding to help ensure constant best practice and experiences for people throughout the service. Following learning from an incident sealed money packs had been introduced where staff were responsible for handling people's monies for added protection.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recently recruited as well as a selection of other recruitment papers for other staff. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character. Where needed, risks of employing some applicants were carefully considered and used to inform decisions about the suitability of their employment.

People had their needs met by sufficient numbers of staff. Staffing levels were provided in line with the support hours contracted with the local authority. At the time of the inspection people received between 35 and 105 one to one support hours per week and may also have a staff member sleeping in or access to a staff member sleeping in for them and other people. Staffing levels were kept under review and people's one to one support hours were covered using a team of staff on a rota basis. Staff told us they felt there were sufficient numbers of staff on duty to meet people's chosen activities, health appointments and needs.

The registered manager told us staff retention was good and as a service, they recruited to individual care packages. This ensured the right staff were in place with the necessary skills to support people as was needed. Short term absences, such as sick leave, was covered by established staff working additional hours. On occasion, when cover could not be met from existing staff, regular agency staff were used to cover absence. There was an on-call system out of office hours covered by senior staff.

