

United Response

United Response - Leeds- Harrogate 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 7 and 9 February 2018 and was announced on both days. We gave the provider 48 hours' notice because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

United Response- Leeds-Harrogate DCA provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support. Eight people were using the service when we inspected.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability and/or autism using the service can live as ordinary life as any citizen.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

There was a manager in post who had registered with CQC.

Systems in place minimised the risk of harm to people. These included effective risk assessment of people's needs, management of medicines, safe recruitment and effective management of accidents and incidents. The environment was well maintained and the provider had ensured all appropriate safety checks had been made.

There were enough staff on duty to meet people's needs. Staff received appropriate levels of training and support to enable them to carry out their role to a high standard. People were actively involved in the whole recruitment process from shortlisting to interviews. People told us they valued this role to choose their own support.

People benefited from staff having exceptional skills around understanding each person's needs and aspirations. This included support to access employment, education and community activities.

Information was available in an easy read format including policies and procedures such as complaints. The provider used easy read formats to respond to complaints where people needed this.

People had high feelings of wellbeing and a sense of being valued and included. People were supported to design their own care and make their own choices. They were treated with dignity and respect at all times.

The staff team were supported by an experienced registered manager who worked alongside the team and

people who lived at the service to ensure people received a quality and safe service. Quality assurance systems were effective.

The person centred care people received meant they were supported to achieve their chosen goals, maintain good health and improve their skills. Staff focused on people's wishes and aims to enable them to live as full a life as possible.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service improved to Outstanding	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 9 February 2018 and was announced on both days. The provider was given 48 hours' notice because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

The inspection was carried out over two days; on day one an inspector went to the provider's offices and on day two an inspector and expert by experience visited two people in their own homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included information we received from outside agencies and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service prior to our visit. The provider completed a provider information return (PIR) prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

We spoke with two people when we visited their homes and one person and three relatives by telephone.

During the inspection, we spoke with the registered manager, a service manager and four care workers. Following the inspection we spoke with two visiting professionals.

We reviewed a range of records. These included three people's care files including medication records. We looked at three staff files relating to recruitment and three relating to supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe and received support from a consistent team of staff. One person said, "Staff help me keep safe. Being safe means I should not open doors unless I know who is there and I should not talk to strangers." Another person was able to use their method of communication to tell us they felt safe.

The provider had a safeguarding policy in place which was understood and followed by staff. Safeguarding referrals had been made to the local authority when required. We saw examples of the registered manager and service manager working in conjunction with a multi-disciplinary team to protect people from harm whilst ensuring they were not unnecessarily restricted. For two people this meant they were supported to see their family, which was important to them.

Staff assessed the risks associated with enabling people to be independent. One person had been supported to develop their own electronic care plan to help staff understand the risks associated with them eating certain food items. They clearly communicated their love of one particular food item and they knew the risk but accepted it because they wanted to continue eating their favourite food.

Procedures in place to recruit staff were safe. People had been involved in the recruitment of their own staff. This involved shortlisting candidates for interview and carrying out the interviews. Documents to record people's views during interview had been made accessible using symbols and plain English words. One person was able to express to us this was extremely important to them as they had to trust the staff they chose. They felt it was non-negotiable that they should choose their own staff. The provider ensured they were able.

Staffing of the service was safe. The registered manager understood the amount of staff needed to meet people's needs. People knew their staff team and one person had their rota in pictorial format so they could see who was due to be on shift.

The provider worked with the landlords of each property to ensure all safety checks of the building and equipment had been completed. Where accidents had occurred we saw they were recorded appropriately and that the registered manager had reflected on how they could learn lessons.

Safe systems were in place for the management of medicines. People were supported to be as independent as they could in this area.

Where people may display behaviours that challenged the service we saw they had a Positive Behaviour Support plan (PBS). PBS is a way of understanding what triggers people's anxiety and how best to intervene quickly to prevent further distress. For one person staff had supported them to move between different care

settings until they found one which suited them. For example they had lived with others and with just one other person. They had used the detail gathered following incidents of anxiety to know what worked and what didn't work. A successful approach was now understood and the person led a more fulfilled life. A visiting professional told us, "They have got the staff who know them really well and this makes things good for them."

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives told us they felt staff were well trained. Training had been provided in a wide number of areas which included safeguarding and moving and handling as well as specialist training in areas such as autism. Staff received an appropriate induction. They were supported to complete the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected.

Staff had their knowledge checked via various competency tasks in topics such as safeguarding. The registered manager monitored training to understand when staff needed refresher courses. Staff had received regular supervision and an annual appraisal. A visiting professional told, "Staff supervision is really effective in supporting them. Previously staff would leave as they became burnt out when caring for very complex people at one service. The service manager has focused on how they can deal with this and we now see well supported staff who have worked in the service for numerous years. This provides people with consistent support."

A member of staff told us, "Training is first class. I have got United Response in my blood. The support they give people for them to achieve and the support they give staff to help this is fantastic." They went on to describe how training in PBS had supported them help people achieve outcomes. They told us this had led to one person accessing the community and holidays.

Where agency workers had been used to cover absences they were supported to shadow regular staff. This induction was not recorded. The registered manager agreed they would do this in future.

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.

We checked whether the service was working within the principles of the MCA. People had consented to care they received by signing their care plan, writing it themselves or being fully involved with the process. Where people needed to make complex decisions we saw professionals had been involved to help make decisions in people's 'Best Interests'.

People were supported to be independent with choosing menus, food shopping and meal preparation. One person told us how proud they were that they had lost over 100 pounds of weight by staff supporting them with positive choices, increased exercise and portion control. They were so successful they had been in the local newspaper when they won an award at the local slimming club.

Staff we spoke with had an in-depth knowledge of people's health needs. People were able to access healthcare professionals when needed. People had health action plans which helped to assess if they had received the correct health support. We saw people had a 'Hospital passport' which gives professionals important information about people's needs if they are admitted to hospital.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us they were extremely well cared for and treated with dignity and respect by all staff. One person told us, "Staff do not shout at me or call me names and this makes me more confident. Staff would listen if I had any concerns." Relatives told us, "My family member is leading the best life they can. Staff understand their individual needs" and "Staff do a sterling job."

Staff demonstrated respect for the people they supported. They did this through their actions and behaviours. For example, asking permission to answer the front door on behalf of a person, supporting people to choose their own staff and enabling people to write their own care plans.

Excellent relationships were observed between people and their staff. Real warmth between them was seen when they spent time together. One member of staff was able to support a person, who did not use words, to communicate using their 'Bliss board'. A Bliss board is a communication tool which contains a chart of symbols and words the person points to and their support interprets for them. We were able to capture what the person wanted us to know about their life, passions and goals. This included the person sharing their life story book which they had written and had published. They gave permission for us to see their book and straight away in the first pages we saw the following 'The purpose of this book is to help people learn what disabled people can achieve, and how valuable we are to society.' This statement captured perfectly the culture we observed in the service.

One person had written their own care plans which directed staff to how they preferred to be supported. They had started to use technology which enabled them to use a computer via a mouse which was built into their shoe and they could then direct the screen. They had taken part in disability rights rallies locally and nationally.

The 'One page profile' the person had written about them self had capital letters for staff to understand what was expected, it said, 'Plan the day ahead WITH me, LISTEN to me, BE PATIENT.' We saw staff work in this way during our visit to the person's home. This demonstrated people were supported to direct their own care.

Some people were not able to cope with a wide range of choices because this confused or created more anxiety for them. The staff teams across two of the supported living services had worked with professionals to decide which options were safe and in people's best interests. People were then offered these options to choose from. Offering people options in this way helped to reduce their anxiety and enable them to be more independent. We were told by staff and visiting professionals this approach had led to people being supported to successfully manage their diabetes, access public transport and develop positive meaningful relationships with relatives and staff. One visiting professional said, "Staff do a good job in a very difficult

situation, supporting people with complex needs. Techniques used are unique to each person and they are very successful. This has afforded people opportunity to access meaningful activities and improved their self-esteem."

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service had improved and now provided outstanding responsive care and support.

Care plans were extremely person centred. They contained very person centred detail about how people wanted to be cared for including information about people's preferred routine. People had been involved in developing their own care plans and had taken part in regular reviews. One person told us; "I organised my own review with staff support."

People agreed with us that staff had exceptional skills around understanding each person's preferences and aspirations alongside their individual needs. People told us they felt valued because they were listened to and fully involved. A very person centred approach was exhibited by staff around ensuring people received support designed to achieve goals, improve outcomes and maintain feelings of wellbeing.

A member of staff told us how the whole team worked hard to improve a person's feeling of wellbeing. They said, "We have done so much to improve [Name of person] wellbeing. Incidents of anxiety have reduced so they have been discharged from psychiatry. It is real team work between staff and the person. We don't tell the person often enough but they are a super star." Staff had ensured this person had maintained links with their GP even though they had moved area. This had meant the person felt confident going to the doctors and seeking support.

Staff responded to a person's request to move their mealtime to ensure they could watch the evening soap operas on TV. The person communicated they were pleased staff had listened.

A person who was supported to lose weight had worked with staff to understand what exercise they enjoyed or would like to try. This had led to the person accessing aqua aerobics and the gym. A member of staff told us, "We now know what the person likes doing and we do it at their pace and ebb and flow of their motivation. We also thought innovatively about how the person could enjoy the foods they liked but with portion control in mind. We shared a piece of cake in their favourite café instead of eating a whole one." This showed the person was able to balance maintaining their quality of life and making healthy lifestyle choices.

The staff team had a definite focus to help people feel confident and happy. How staff could support this was written in people's care plans. One person's said, 'Give me lots of praise. I like to feel helpful and support me to tell my family things'. This demonstrated the culture of staff understanding how to support people in a way which promoted their involvement and improved their self-esteem.

Relationships with families and friends were supported. Staff were able to tell us how they fostered natural friendships when supporting people on activities. One member of staff told us, "Through community

presence and participation people form natural friendships. For one person they were asked to go out for coffee after church when members of the congregation started to know the person. This was a success." They went on to say, "As staff we stand back and let this happen, we explain how to communicate with the person and if they struggle we support them." More natural relationships with a person's family had also been supported and the person now regularly 'nipped in' to see their parent for a coffee as other siblings did.

A visiting professional told us they had seen how positive support provided by staff had developed people's skill to enable them to have a pet. They explained, "Previously this would not have been possible but staff have a real focus on people's long term aims to help them achieve. They have a real respect for people's wishes and aims."

People were extremely happy with the support they received to access personalised activities. One person told us, "I have an activities board and staff support me with it." A wide range of activities had been sourced including nights out to the local nightclub, valentines with partners and holidays. Staff explained that going on holiday for one person was a real success because in the past this would not have been possible due to their anxiety. A relative told us, "My family member is so busy in the week I have to make an appointment to see them. They have a better social life than me."

Each person had regular activities such as college, church and household tasks. Some people enjoyed the opportunity to have paid employment; others were keen to support local charities by volunteering. One person told us they were really proud to be a disc jockey at a local radio station.

People were keen to describe to us that their lives were full of great opportunities to develop new friendships, experience new things and that they really enjoyed their lives. They felt staff worked hard to respond to their needs. A visiting professional reflected on the progress one person had made. They said, "When I think back to the past and the progress made I think, gosh, the person is now out every day with varied and good activities. They have a life."

Nobody was receiving palliative care at the time we visited. However the provider had sought to ask people and their relatives what their preferences would be should they require this. One relative told us, "I have discussed end of life plans for my family member and this has brought me a sense of peace because I know it is recorded."

The provider had a complaints policy in place which was available in an accessible easy read format so people with a learning disability could access it. People and relatives we spoke with confirmed they knew how to make a complaint. One person told us, "There is no need to complain, everything is good." Relatives told us they felt confident any concerns raised would be dealt with.

One person had complained since the last inspection and the registered manager had ensured all written communication was provided in an accessible format to enable the person to understand the process and response. This demonstrated the person centred values the provider had.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives, visiting professionals and staff spoke positively about the registered manager, service managers and their approach. People said, "We know [Name of registered manager] they come to see us and so does [Name of service manager]." A relative told us, "Staff go beyond their role to ensure the needs of our family members are met. Staff are positive, helpful and they listen." Staff told us, "I have good support from [Name of registered manager]. They are very hands on and I see a lot of them. They are always available and they have had a positive impact on the area since they have been in post." A member of staff told us, "[Name of service manager] is a good manager and they know me and I am looked after. They visit at least once per week and we can call on the phone. I feel supported."

A positive culture was observed and morale was good within the staff team. One member of staff told us, "The best thing is the door is always open, the values that underpin the services are good and the provider does what they say. People we support come first but staff come a close second." Everyone employed understood their responsibilities and worked in a way which empowered people who lived at the service to live an ordinary life as any citizen.

People and staff had regular opportunities to voice ideas or concerns through staff meetings, residents meetings and their own individual staff supervision or people's reviews. People and staff told us they were listened to and where possible change had been instigated based on their suggestions. A member of staff told us, "[Name of registered manager] has presence and I appreciate that. We share practice in our meetings, they have lots of knowledge and ideas to share and we problem solve. They have raised quality and awareness."

The provider had a system in place whereby service managers, the registered manager and senior managers would check the quality and safety. Regular checks in areas such as medicines, care plans and health and safety were completed. Overall we saw the system was effective.

The provider shared information so lessons could be learnt following incidents. It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared.

People were regularly asked to provide feedback via feedback questionnaires. Recent feedback was

positive. Where people had asked for improvements or changes to be made, these had been actioned. For example, support to choose their own staff.