

United Response

United Response B&NES DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

United Response Bath and North East Somerset DCA is a domiciliary care agency which provides personal care to people who have learning disabilities or complex needs. At the time of our inspection, the service was providing care and support to 18 people in three different supported living settings.

In the accommodation we visited, some people lived in self-contained flats, and in other houses, people had their own bedroom and shared bathroom, as well as shared communal areas.

In 'supported living' settings, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People were supported by enough staff and regular agency staff were used when needed. Staff were safely recruited. Staff were supported by managers and received training. Some staff had not had supervision as frequently as the provider required, but managers were aware of this and had a plan in place to address the concern.

People's medicines were administered and managed safely, although temperature checks required more consistent monitoring. Staff received training and the provider regularly checked staff's competency in the management of medicines.

People were safe and protected from avoidable harm or abuse. Staff were trained in safeguarding and were supported by effective policies. Risks to people's safety were assessed and regularly reviewed.

People's needs and preferences were assessed before they started to receive support from the service and were regularly reviewed. Support plans gave guidance to staff about what people could do for themselves

and how best to provide support.

People were supported to eat and drink enough to meet their individual needs and preferences. People had access to routine and specialist healthcare services.

Staff were clear about their responsibilities, and consistent managers were in post. Systems were in place to monitor and review quality and performance, and actions were taken when shortfalls were identified.

We received largely positive feedback about United Response Bath and North East Somerset DCA. Relatives told us their loved ones seemed happy being supported by the organisation. The staff we saw were caring and treated people with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting 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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with a manager during this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Restraint was used only when necessary, and staff had received training in current practice and principles. Review processes, including a debrief, after the use of restraint were in place.

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

Rating at last inspection

The last rating for this service was good (published 30 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

United Response B&NES DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings so that 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.

Two established managers were in post and were registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or a manager would be in the office to support the inspection, and also to make arrangements to gain feedback from people.

Inspection activity started on 8 October 2019 and ended on 10 October 2019. We visited the office location

on 8 and 9 October 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. 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 improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with ten members of staff including the area and service managers, practice leads and support workers.

We reviewed a range of records. This included five people's care records and two people's medicines records. We looked at six staff files in relation to recruitment processes, training and staff supervision. A variety of records relating to the management of the service were reviewed. This included policies and procedures, quality assurance and health and safety documents.

After the inspection

We had contact with four relatives to find out more about their experiences. We also received feedback from three professionals who had regular contact with the service. Their comments have been incorporated into this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm or abuse.
- Staff received safeguarding training and knew how to keep people safe from abuse or harm. A current policy provided guidance and information.
- Staff were aware of when and how to report any concerns they had. They were confident these would be dealt with. One staff member said, "I have no concerns. I wouldn't hesitate to speak up if I had concerns. I wouldn't tolerate it for my family, so why should they tolerate it."
- Relatives told us they felt their family members were safe when they were being supported by United Response. One relative told us, "We're happy with the service, and [Name] is always happy to go back there, [they're] safe and happy."
- Some people presented behaviours which challenged others, and restraint or restrictive physical interventions were used at times. Staff were clear that these methods were used as a last resort. People had positive behavioural support plans and restrictive intervention checklists which gave staff guidance about how to respond in specific situations to reassure people and reduce their anxiety. Records, policies and practice demonstrated that people were protected from the risk of abuse through the inappropriate use of restraint or physical interventions.

Assessing risk, safety monitoring and management

- Individual risk assessments were in people's care records. These gave staff guidance about how to ensure people were safe in different situations. Risk assessments related to areas such as challenging behaviours, medical conditions, finance and transport. For example, where people were at risk when out in the community, this was assessed and guidance was provided for staff about how to reduce and manage the risks presented by roads, health conditions and challenging behaviours.
- Environmental risk assessments were carried out by the provider at each of the homes where people were supported. These included checks of security, hygiene and fire risks.

Staffing and recruitment

- There were staff vacancies in some areas of the service and new staff had recently been appointed. Managers told us staffing was their greatest challenge, although it was noted that a number of staff had worked with the service for many years.
- There were enough staff to meet people's needs, and permanent staff were supported by regular agency staff or managers to ensure people were safe and had continuity of care. One staff member told us "We have enough staff," but another said, "We need more [permanent] staff for consistency."

- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Staff files had pre-employment and other checks in place. These confirmed staff were suitable to work with vulnerable people.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed.
- Staff received training and had their competency checked to ensure they gave people medicines safely and in line with guidance. Staff knew people's preferences when taking medicines and this information was clearly recorded.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed.
- There was a potential risk because daily checks of the temperature of a medicine fridge in one premises had not been carried out. The risk to people was low, but we highlighted the issue to the management team during our inspection.

Preventing and controlling infection

- Staff had completed infection control and followed safe processes.
- Personal protective equipment such as aprons and gloves were available for use when staff supported people with personal care tasks.

Learning lessons when things go wrong

- Systems and processes were in place to record and monitor accidents and incidents. These were discussed and reviewed in team meetings. This ensured staff had up to date information to help keep people safe and protected from avoidable harm.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 and preferences were assessed before they started using the service and were regularly reviewed. Assessments considered people's physical, emotional and social needs and ensured needs and expectations could be met.
- Staff from the local authority and other care providers reviewed individual needs with people, staff and people's relatives.
- Changes to the delivery of care were made where needed to achieve effective outcomes. For example, one person had recently moved to a different house where their needs could be met more effectively.

Staff support: induction, training, skills and experience

- New employees completed an induction and local orientation when they joined the service.
- Most staff were up to date with most training. Training related to the needs of the people using the service, for example safeguarding and health and safety. Specialist training was also available, and staff had attended courses in safe wheelchair use and positive behavioural support.
- Staff told us that they found training useful, although some did not enjoy the computer-based learning as much as face to face training.
- Some staff had not received formal supervision at the frequency required by the provider's policy. The management team were aware of this and hoped that a new way of recording supervision would help evidence the ongoing support which was provided to staff. Regular supervision can support staff to review their work and development needs.
- Staff we spoke with told us they felt well supported. Comments included, "If I have any problems I go straight to [manager's name] and they sort things out," and, "The managers act on my problems and concerns and go out of their way to make things happen."

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

- Some people using the service were able to plan and prepare their own meals, and others had food which was prepared by staff. People were encouraged to make choices and decisions about meals and snacks, although staff provided guidance as required when individuals had specific dietary needs.
- People were supported to eat and drink enough to maintain a balanced diet and staff were aware of people's preferences and individual nutritional requirements. Information about these was recorded in care files.

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

- Professionals who worked with the service told us there had been good communication and planning to ensure people continued to receive consistent and coordinated support when they left or moved between different services. One professional told us, "We have recently moved a person on from [house name], but the staff were fully on board with this and did everything they could to ensure a smooth transition."
- People were supported to access routine and specialist healthcare services. For example, one person had been assessed by a speech and language therapist who provided specific guidance for staff about how to support the person most effectively.
- People had been referred to health and support services including GPs, dentists, opticians and occupational therapists.
- Each person had an individual 'hospital passport' in their care record. This is a document which provides information about people's needs and preferences and can be taken to hospital or appointments.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make particular decisions and consent to care and support was assessed and documented in care records.
- People's families or representatives were consulted and involved when necessary to ensure decisions were made in people's best interests.
- Applications had been made to the Court of Protection appropriately when people were deprived of their liberty.
- Staff received training in the Mental Capacity Act. They put training into practice by giving people choice and asking for their consent when offering support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us staff were kind and caring. One person said, "Staff are kind, they're polite and very nice," and another added, "The regular staff are good."
- One relative told us, "The staff are lovely. [Person] is very, very fond of [staff name]." Another relative said, "The staff are generally quite caring," but also noted that they would like to know more about the staff who support their loved one.
- Staff knew people well, including their likes and dislikes, preferred routines and activities.
- A healthcare professional told us, "Our observations are that people are very well supported and the keyworkers are very good."
- Staff understood the need to protect and respect people's beliefs and human rights. Staff received training in equality and diversity. They told us, "Care is structured according to the needs of the individual, people's needs are totally different."
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and support plans included information about issues such as cultural and religious needs. Staff told us understanding of these issues were covered in training and induction.
- People were supported to maintain relationships with friends and relatives. Some people were supported to visit family and friends on a regular basis, and this was important to them.

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

- Some people had limited capacity to be actively involved in planning or reviewing of their care, but others had been actively involved in all processes. For example, one person wrote their own care review document including detailing their goals for the future and areas for further development.
- People were encouraged to make decisions about their day to day care and routines. Staff respected people's choices. Staff told us, "It's one of the things I think we're best at – making sure the clients can make choices about what they do, what they eat and going out."
- The relatives we spoke with told us they were usually involved in decision making and kept informed, although one noted that photographs and monthly reports were sometimes not sent promptly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity during daily routines. They described how they did this, for example when supporting people with personal care activities. This included considering the gender of staff

and ensuring curtains or blinds were closed when required.

- People were supported to be independent where possible. For some people, this included cooking, attending activities and managing personal care. Staff said, "We're proud that this is supported living, so that means the guys have more independence." One relative felt their family member could sometimes be encouraged to develop their independence further.
- Support plans gave guidance to staff about what people could do for themselves and how best to provide support. Every support plan had a specific heading which considered how the person could maintain independence. One plan explained that an individual could run their own bath with supervision but needed assistance with some tasks; "[Name] can wash themselves. Staff will need to put shampoo on [Name's] hair, but [Name] can rub it in."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans which were personalised and identified what was important to them, including their likes and preferences. Details included favourite foods, activity preferences and communication needs.
- This information enabled staff to provide personalised care which met people's needs. For example, supporting individuals to shop and prepare meals which met their individual dietary needs.
- Support plans were regularly reviewed and updated. Staff told us, "We know the guys so well, but the support plans do help."
- People told us they made choices in their daily lives. A staff member told us, "Not only do we encourage the guys to choose what they want for breakfast, but also whether they want breakfast at all, or when. We can be flexible, if they want to eat breakfast 2 hours later, we'll do that if we can."
- One person said, "I do lots of things. I choose what I do. I like that." Another person agreed, but added, "Sometimes I need more help than staff give me." We highlighted this to the management team.

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.

- The service identified people's information and communication needs and recorded these in care records and communication support plans. For example, information was given about people's ways of communicating and showing different emotions. The plan described individual facial expressions, language and signs used, preferred topics of conversation and what the person did not like talking about.
- Staff understood and highlighted people's communication needs and shared information appropriately.

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 enjoyed a range of activities which reflected their interests and preferences. For example, attending community and training projects, music lessons, going on trips and sporting activities. These were meaningful and important to each individual and staff took time to ensure people could engage in the activity at the pace which suited them. Some relatives told us they felt their family members could be encouraged to try more activities and learn new skills.

- Some people were involved in developing an allotment site in the community which would be accessed by a range of people. People had been involved in planning, designing and developing the project at all stages.
- People were supported to maintain relationships with family members and friends to avoid social isolation. Some people regularly visited their family at home. One relative told us, "[Name] likes coming here and staff are very flexible, they bring [them] whenever we want."

Improving care quality in response to complaints or concerns

- Some people's learning difficulties meant that they were unable to follow a complaints process, but made their needs and preferences known to staff on a day to day basis.
- Information about making a complaint was available in an easy to read format, and people told us they felt able to raise concerns with staff. One person said, "Staff listen, if there's a problem they deal with it," although the person also felt there was less consistent support from managers.
- Relatives told us they knew how to make a complaint, although most said they had not needed to do this formally. One relative said, "I can't fault it," and another added, "I can get in touch with [manager name], they usually get things done."
- The provider had a policy in place for dealing with concerns or complaints. Formal complaints had been investigated promptly and in line with policy. Actions had been taken as necessary and there was appropriate communication with complainants.

End of life care and support

- No-one at the service was receiving palliative or end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.
- We discussed the importance of documenting people's preferences or wishes about end of life care needs with the management team. Staff had recently started collecting information about people's preferences and wishes relating to serious illness and death and planned to continue developing this where possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- We received positive feedback about the service from everyone we spoke with. Some also described suggestions and areas for improvement, but told us that overall, they found the service to be person-centred and achieving good outcomes for people.
- The provider had values which focused on using a person-centred approach to improve people's lives whilst respecting individual rights and needs. We saw these values reflected in the services we visited. A staff member told us, "People have a good quality of life. We make sure we respect them as individuals. It's better than real life."

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 provider understood their responsibilities about informing families or different bodies when incidents occurred. When there had been incidents or errors, the provider communicated with people and their families.
- A professional who worked with the service said, "We always have very clear and open communication with the service."

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

- The service was organised and well run, and there were clear lines of responsibility and accountability. Staff were clear about what was expected of them.
- The previous registered manager had cancelled their registration with CQC in June 2019, but they were still actively involved in the service in another role. Two existing managers had applied to CQC to become the new registered managers. The service is required to have a registered manager as part of their conditions of registration.
- Managers and senior staff were skilled and knowledgeable about the service. They had good working relationships with staff and people.
- Quality assurance systems were in place to monitor and review standards and performance and ensure risks were managed. This included regular audits of support plans, health and safety issues, supervision compliance, and reviews of other records.

- Recent monitoring visits by senior managers had identified shortfalls and areas for improvement. Some of these had already been addressed, and plans were in place to improve other areas.
- The managers made notifications to CQC appropriately and the provider displayed their CQC rating at the service and on their website.

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

- Some people's learning disabilities meant they were unable to formally give views about the service and their care. Wherever possible, people were asked their opinion about matters which affected them.
- Surveys were regularly used to ask relatives and professionals for feedback about the service. These asked about matters including communication, care provided and staff input. There had been positive feedback and suggestions made. These had been noted and addressed where possible.
- Staff were invited to complete regular surveys, and staff meetings took place regularly. Issues discussed at recent staff meetings included rotas, health and safety and safeguarding. Staff meetings provided a way to keep staff informed and involved. Staff told us they felt listened to.

Continuous learning and improving care

- The management team were open and honest about improvements and developments to ensure staff provided safe and effective care to people. For example, managers told us that some staff had not had supervision frequently enough, but a plan was in place to address this.
- Managers had taken action where necessary to ensure staff were competent and had the appropriate attitudes to work for United Response. Managers had acted when staff had not met these requirements.
- Managers monitored complaints to identify themes. Action was taken to improve standards and learning was shared as relevant with teams.
- Action plans from audits were monitored to ensure standards and quality of care continued to improve the service provided.

Working in partnership with others

- Staff worked in partnership with other professionals and the local community. People were involved in developing an allotment, attending specialist day services and accessed leisure and sporting facilities.
- People had regular contact with professionals including local authority staff and other service providers. Records showed that when required, people were supported by district nurses, GPs, occupational therapists and physiotherapists. This ensured people received person centred care.