

United Response

United Response - Wiltshire DCA

Inspection report

Unit 1, Sheldon Business Park
Sheldon Corner
Chippenham
Wiltshire
SN14 0RQ

Tel: 01249765504

Website: www.unitedresponse.org.uk

Date of inspection visit:

10 October 2017

12 October 2017

Date of publication:

16 November 2017

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

The inspection took place on 10 October and was announced. The inspection continued on 12 October 2017 and was again announced.

United Response - Wiltshire DCA delivers domiciliary personal care to people with learning disabilities and autism. Personal care was provided to 12 people across six supported living locations..

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Medicines were mostly managed safely. We found that temperature checks were not completed or recorded in medicine cabinets. One person received liquid medicines which could not be stored over a certain temperature. We noted that this medicine bottle did not have an open date recorded on it either. On day two the area manager confirmed that this had been addressed. Medicines were securely stored and only given by staff that were trained to give medicines.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. However, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully.

People, relatives, friends and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, epilepsy and diabetes.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed GP and community learning disability nurses advice when supporting people with on-going care needs.

People and relatives told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and person centred reviews took place. These evidenced that people were actively supported to work towards their outcome areas and that achievements were recorded. Additional support was highlighted and provided. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people, families, professionals and staff and noted that they contained mostly positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there was one outstanding complaint which was currently being followed up by the registered manager. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

Family, friends and staff felt that the service was well led. The management team and area manager encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. All the management had good relationships with people and delivered support hours to them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team. In addition to these Quality Checkers were used. Quality Checkers are paid to check health and social care services. They perform a unique role in monitoring services.

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.

Medicines were mainly managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. However temperature checks were not completed or open dates written on liquid medicines.

There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

Is the service effective?

Good ●

The service was mostly effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. However, people's capacity was not always assessed nor best interest decisions recorded.

Staff received training, supervision and appraisals to give them the skills and support to carry out their roles.

Staff supported people to maintain healthy balance diets and dietary needs were assessed where appropriate.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that spent time with and knew them well.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff supported people to make decisions about how they wished to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported to set outcomes and lead person centred reviews to feedback on what had worked well for them and discuss what support they may wish to receive going forwards.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which included an accessible easy read version. People were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good ●

The service was well led. The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The management were flexible and delivered support hours as and when necessary which in turn gained respect from people and staff.

Regular quality audits and service checks were carried out by management and quality checkers to make sure the service was safe and delivered high quality care and support to people.

United Response - Wiltshire 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, 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 10 October and was announced. The inspection continued on 12 October 2017 and was again announced. The provider was given 48 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited and that home visits could be arranged. The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We spoke with the local authority quality improvement team to get information on their experience of the service.

The service had completed a Provider Information Return (PIR). 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.

We visited three locations and met six people who used the service. We spoke with three people who used the service and observed care being delivered to three other people who were non-verbal. Following the inspection we spoke to three relatives and friends of people who used the service by telephone to gather feedback on their experiences.

We spoke with the registered manager, service and area managers. We met and spoke with five staff. We reviewed three people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and

appraisal records.

Is the service safe?

Our findings

Medicines were mainly managed safely. However, we found that temperature checks were not being recorded in the medicine cabinet. One person received liquid medicines which could not be stored over a certain temperature. We were satisfied that on the day of the inspection the room had not reached over 20 degrees centigrade. We noted that this medicine bottle did not have an open date recorded on it either. On day two the area manager confirmed that this had been addressed across all locations and raised with the provider's health and safety team. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We reviewed three people's MAR sheets in one location which were completed correctly and showed no gaps. Staff were required to complete medication training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff was aware of and told us they had read.

People, relatives, friends and staff told us that they felt the service was safe. A person said, "I like my home, safe here". Another person told us, "I'm happy, safe yes". A relative said, "The delivery of care is safe. We visit (name) regularly and have turned up unexpectedly. The house is well maintained and (name) always seems very happy". Another relative told us, "The service is safe and homely. I have no problems or concerns".

A staff member told us, "United Response - Wiltshire DCA is safe. Health and safety checks are done and up to date. Any issues are quickly resolved. Medicines and monies are locked away. Risk assessments are in place and staff are requested to read them". Another staff member said, "The service is safe for people. Checks are completed, body maps used, risk assessments are in place and concerns raised. I would live here".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, physical bruising, distress or withdrawal could be signs. I would report concerns to management, safeguarding teams, CQC and police if necessary. I have no concerns though". We reviewed the local safeguarding policy which was up to date, comprehensive and included a pictorial easy read version for people who required information in this format.

We reviewed three people's care files which identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. We found that risk management plans covered areas such as environmental, internal, external, community and personal care. Staff we spoke to were able to tell us which risks were associated to different people. We noted that one person had recently been assessed by the speech and language team (SALT) and guidance had been given about suitable foods and support required. This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people

should be supported in the event of a fire. Each location had an emergency disaster plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded.

The registered manager told us that there were currently five full time vacancies and one part time. They explained that additional shifts were covered by contracted, relief and agency staff. We were told that regular agency staff were used where possible to ensure consistency with people and that management also cover shifts as and when necessary. The registered manager went on to say that they had just interviewed and recruited two staff who were waiting for pre-employment checks to be completed. We reviewed rotas at two locations and found that shifts were covered and support hours delivered.

The registered manager told us, "Funded hours are agreed during admission and reviewed by the service and local authority annually. If we feel needs change during this period then we would put in a request for additional hours. We have done this for one person to ensure their additional needs are being met. We also secured additional hours for another person so that they could access the community more as they required 2:1 support outside of their home. Professionals are always involved in these reviews". The registered manager said that they were confident that staffing levels were appropriate and met people's needs across all of their supported living services which were delivering personal care to people. A staff member said, "Although we don't have enough contracted staff shifts are always covered". Another staff member said, "We have enough staff. We use relief staff if necessary. Consistency is so important". A relative said, "There are not enough permanent staff but I understand support hours are covered". A family friend told us, "There are enough staff and they do an amazing job".

Recruitment was carried out safely. We reviewed four staff records, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Is the service effective?

Our findings

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 who were able told us they were involved in their care, attended regular reviews and had access to their records.

Some of the people receiving support from United Response - Wiltshire DCA were living with a learning disability, Autism and were non-verbal, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet.

However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the service managed medicines. There were no records to show the rationale for these decisions, no mental capacity assessments to show that people did not have capacity to manage their medicines and that this was being carried out in their best interests.

We raised this with the registered manager who agreed that some people's records did not contain sufficient information to demonstrate the service was working within the principles of the MCA. The registered manager assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member who was new to care and completing their induction told us, "I'm finding my induction really good. I love the job. This is my second week. I spent my first week shadowing staff. This helped my learning. I have started my online training and completed assisting and moving training and today I am attending positive behaviour support. Everyone is very supportive and I am encouraged to ask questions".

There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which including, safeguarding, medicine awareness, first aid, moving and assisting, food hygiene and positive behaviour support. In addition to core training, staff received specific training in relation to the needs of the people they were working with. For instance, we saw staff had received more specific training to help them meet people's needs, such as dementia, breakaway techniques and epilepsy. A staff member told us, "We are given enough training. We received moving and assisting training this morning which took place in the person's home. This made it more person centred and specific to the person we are supporting". A relative said, "Staff appears competent, well trained and professional in their job".

Staff received regular supervisions and an appraisal annually. They felt supported by supervision and used the opportunity to discuss their practice and any learning or development needs. A staff member told us, "I find supervision very useful. It's a time for me to reflect and receive feedback on my practice".

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. The training record showed that staff had completed food hygiene training. We reviewed one locations menu plan and saw that it was balanced with a variety of nutritious options. We also noted that there were options to eat out on some of the days. A staff member told us, "We involve people in menu planning. We understand their dietary requirements and cater for these. There are always alternatives available. People can choose from a variety of fruit and vegetable options". We observed people eating lunch in one location. There was a relaxed atmosphere and staff were engaged in conversation with people and each other. Staff demonstrated a respectful and patient approach whilst offering choices of pudding. One person told us they enjoyed their lunch and were happy with the food at the service. A staff member told us, "I supported (name) to go food shopping this morning. There is stir fry on the menu tonight which is (names) choice".

People were supported to maintain good health and have access to healthcare services. A relative said, "Staff support my loved one to appointments such as the dentist, doctor and orthotic appointments". We found that health visits were recorded in people care files and noted that recent appointments included; Community Learning Disability Nurse visits, occupational therapist and GP's.

Is the service caring?

Our findings

Staff spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in staffs' presence and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "Staff are caring. I like them". A family friend told us, "I have true admiration for all the staff. They are all fantastic".

A staff member said, "I'd like to think I am caring. I'm patient, listen to people and their best interests are my priority. My colleagues are all caring too". A relative told us, "Staff have a genuine caring nature and our loved one speaks fondly about them". A family friend said, "Staff are extremely caring. Staff are really patient and encouraging. They (staff) know (name) very well, understand their needs and meet them".

United Response - Wiltshire DCA used matching tools which identified the support people needed and the type of person people wanted to support them. For example, we read that one person wanted positive, kind and patient staff who were organised, punctual and shared interests in movies, indoor and outdoor activities. We noted that it was also important for the person that the staff could support them in decision making and accessing the community. We checked with staff that they had these qualities and found that they did. One person liked 80's music and during a home visit the staff member confirmed their fondness of all things 80's. In addition to these people had one page profiles in place. These told staff what people liked and admired about the person they were supporting, what was important to the person and how best to support them. We read that access to the community and routine was important to one person and that staff need to understand their routines in order to best support them. This demonstrated an innovative approach to developing positive caring relationships between people and staff.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. The care files included person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions.

Staff promoted and supported people to make choices and decisions about their care and support. People had decision making profiles in their care files which staff were aware of. These gave staff information about how best to support people to make choices and decisions. We read that one person liked information explained to them in a calm, positive way using clear language. Their profile stated that too much information could confuse them. These profiles also told staff the best time of day to support people to make decisions. These ensured that staff were able to involve each person in decision making including those who may be non-verbal. A staff member said, "I support (name) to make choices and decisions by using photos and short clear sentences".

People's privacy and dignity was respected by staff. Staff we observed during home visits were polite and

treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors, inform people of what I am doing before performing personal care tasks and always knock on doors before entering people's rooms".

Is the service responsive?

Our findings

Promoting independence, involving people and person centred care appeared to be embedded and normal practice for the service. A relative told us, "Our loved one is always put in the centre of their care". A staff member said, "Person centred care is what we are all about". A family member told us, "Staff always encourage and promote independence. For example, they encourage our loved one to put their own shoes on and do tasks around the home".

We saw that people received person centred reviews. These put people in the centre of their care and empowered them to feedback on what support had been working, what hadn't and what the person would like to change. During a home visit a person was proud to show me their person centred review photos. The registered manager told us that these took place annually and were carried out to meet people's individual preferences. The registered manager said, "One person likes their review to be formal, so we sit around a table. Other's like theirs less formal, for example where staff and the person can move around so we use visual prompts and flip charts". We noted that one person had demonstrated their artistic flare during their last review and drawn pictures on the flip chart. A relative told us, "We attend review meetings with our loved one, management and staff. We are all able to voice our opinions, review (names) aims and look at what is working and what may not be". Another relative said, "We always attend (names) reviews. Last one was in August 2017. We all came away happy with the outcomes set". A family friend told us, "At the last meeting (name) was ill so the meeting was cancelled and staff rallied around (name) responding to her immediate needs. This was done so well. I was very impressed".

United Response - Wiltshire DCA was responsive to people and their changing needs. A staff member told us how they had recently been supporting one person whose blood sugar levels had been variable. They told us, "We have been in close contact with the diabetic nurse, supporting them to take recording of their sugar levels". We were told that new guidance had been completed for staff to follow and that the care plan had been up dated. The registered manager told us about one person who was admitted to hospital and had been reassessed as requiring personal care on discharge. We were told that United Response Wiltshire DCA were trying to secure funding from the local authority to provide this additional support following a re-assessment by the social worker and service. A relative said, "(name) needs are always met. If I have any concerns I raise them with staff and if the service are concerned about anything they raise it with me".

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place and up to date. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff, these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored by the management and analysed.

People were supported to attend and take part in activities of their choice. We found that care files held details and information about peoples, likes, interests and hobbies and that activities were recorded by staff. We read that one person liked watching movies, playing snooker and indoor games. During a home visit we observed the person playing skittles with staff and a housemate and read that the day before the

inspection the person had enjoyed playing snooker. We met with a person who told us they enjoyed going to a local animal attraction. We were told that staff supported them to this place regularly and that the person had a season ticket. We found that people had activity and community plans in place for each day of the week. The plans were available in written and pictorial formats. People had access to day centres, clubs, groups and dance. We found that these were individualised and linked to people's likes and interests. A family friend told us, "I often go out with (name) for meals and swimming. Staff accompany us".

Monthly summary forms were completed. These captured what people had been doing each month, any health or medicine significant events, changes to support plans or risk assessments. These were last updated in September 2017.

United Response - Wiltshire DCA sent out surveys to people, professional, families and staff. The results for 2016 and found that the majority of feedback was positive. Surveys were sent out to people using two formats; one was written and another was pictorial. The registered manager told us that they were in the process of collating the 2017 results.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contacts to both internal and external contacts including the local authority, CQC and the ombudsman. We discussed complaints with the administrator whose role included the recording of all complaints and submission to the quality manager. We noted that there was one live complaint on file which was being followed up by the registered manager. A family member told us, "I would go to the manager if I had a complaint and feel it would be listened to and acted upon. I have found that my views and opinions are listened to".

We were told that the service had recently been asked by the provider to record compliments. The registered manager told us that they had not received any written compliments just verbal ones however, these had not been recorded. The registered manager said they will look at ways of proactively recording these going forwards.

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff and families told us that they thought the service and management was good at United Response - Wiltshire DCA. We were informed that the management promoted an open working environment and were flexible. We observed staff popping into the office during the inspection. The registered manager took time to talk to the staff that appeared relaxed and comfortable around them. A staff member told us, "The registered manager is really good. Supportive and approachable. The lead senior support worker is also very good at their role. They are knowledgeable, know people well, and are understanding and patient with us all". They went on to say, "It's a good team here. We all support each other and work well together. I love it". Another staff member said, "The management are all very nice". Another staff member told us, "Management are very supportive and helpful. I can't fault them". A family member said, "The service manager is very good. Trustworthy and reliable. I would defiantly recommend United Response - Wiltshire DCA to other families". Another family member told us, "I have a good relationship with the management. They listen, are approachable and reliable. They also see actions through and keep me up to date".

The management team and area manager all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required. We asked the service and registered manager how they demonstrated good management and leadership. The service manager said, "By being contactable, visible and recognising good work. I take lead and address concerns raised by people and or staff. I also seek support and find answers to questions I may not know". The registered manager told us, "I promote person centred care and lead by example. I regularly visit my services and try to attend all staff meetings. I action issues promptly and always listen to people and staff. I also promote transparency". This told us that there was a strong management team at United Response - Wiltshire DCA.

The management were flexible and delivered support hours when these could not be covered because of sickness, annual leave or vacancies. The management told us that covering care shifts were important to them. They told us that staff seeing them doing the job builds relationships and respect. They also said it was a way to ensure care delivery is good and that staff are meeting people's needs appropriately. We noted that the registered manager was on rota to work care shifts the following week and that the service manager was supporting a person in hospital that afternoon.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The management team and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

We saw that United Response - Wiltshire DCA carried out quality monitoring across all of the services regularly. These audits covered areas such as medicines, environment, documents and finance. In addition to these service monitoring checks took place as well. The service checks included paperwork, first aid, fire, infection control, health appointment check and seeking feedback from people and staff.

In addition to these we found that the service also used Quality Checkers. Quality Checkers perform a unique role in monitoring services. People who provide services can miss important information or fail to ask a crucial question as they have not experienced that service. Quality Checkers have direct experience of using services and know what to ask and where to look to find answers.