

United Response

United Response - Derwent DCA

Inspection report

United Response
Genesis Enterprise and Business Centre, King Street
Alfreton
Derbyshire
DE55 7DQ

Tel: 07989479288

Website: www.unitedresponse.org.uk

Date of inspection visit:
22 June 2018

Date of publication:
09 August 2018

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

United Response Derwent DCA is a domiciliary care agency that provides personal care to adults with a learning disability living in their own homes. Some people lived alone and others with one or two other people that were also receiving a service from United Response Derwent DCA. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The 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. The aim of the guidance is to assist services in enabling people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

We inspected this service on 22 June 2018. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were nine people in receipt of personal care support at the time of this inspection visit.

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

At our previous inspection on 7 and 23 February 2017 although the service was not in breach of any regulations; the overall rating given was 'requires improvement'. This was because not all staff were able to effectively communicate with people using their preferred method of communication. We had received mixed views from people's families and the staff team regarding how approachable local managers were and some staff reported a lack of confidence in their line managers. Some staff did not know who the registered manager was or that they were an additional person they could raise their concerns with. At this inspection visit we saw improvements had been made.

Staff had a good understanding of people's communication methods and received training in Makaton sign language when they supported people that used this method of communication. Makaton uses signs and symbols and is used to support hearing people with learning or communication difficulties.

The registered manager had sent out information to staff, people that used the service and their family representatives to remind them of their role and contact details. A logbook had been put in place to enhance the communication received by the registered manager.

People were supported to understand how to keep safe and staff were clear on their role on protecting

people from the risk of harm. Staff understood their responsibilities to raise concerns and record safety incidents. These were reviewed and analysed to ensure actions could be taken to reduce risks and promote a safe environment.

Individual risks to people were identified and people were supported to take reasonable risks to promote independent living. Environmental risks within people's homes were also undertaken and people were supported to raise any concerns regarding improvements with their landlord, to ensure they were protected by the prevention and control of infection and reduce the risk of trips and falls.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character. There were sufficient staff to support people and the skill mix of staff ensured people's needs were met. Medicines were managed safely and people were supported as needed to take their medicine as prescribed.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to be as independent as they could. The staff team knew people well and were provided with the right training and support to enable them to promote people's independence and autonomy.

People were supported with their dietary needs and to access healthcare services to maintain good health. A period of transition was provided to support people when they moved home to ensure the person received support that met their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The importance of gaining people's consent to the support they received was understood by the staff team.

Staff knew about people's individual capacity to make decisions and supported them to make their own decisions. Where people were unable to make certain decisions, the staff ensured that best interest decisions were made in accordance with legislation.

People were supported develop and maintain interests and be part of the local community to promote equality and integration. The registered manager actively sought and included people and their representatives in the planning of care.

There were processes in place for people to raise any complaints and support provided when needed to enable people to raise concerns. People and their representatives were encouraged to express their views and opinions about the service provided.

A positive culture was in place that promoted good outcomes for people. People who used the service, their relatives and the staff team were all involved in developing the service; which promoted an open and inclusive culture.

Staff had a clear understanding of their roles and responsibilities. The registered manager and provider understood their responsibilities of registration. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective.

Staff understood how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff worked with health care professionals and monitored people's health to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences and supported them in their preferred way and promoted their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

People were supported to live the life they chose and were consulted and involved in the running of the service. The registered manager understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were fully met. Systems were in place to monitor the quality and safety of the service and drive improvement.

United Response - Derwent 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 comprehensive inspection took place on 22 June 2018 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection and to the staff that supported people. The inspection team consisted of one inspector.

We used information the provider sent us in the Provider Information Return. 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.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider.

We visited three people at their home, however due to their needs they were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the support provided to people and how the staff interacted with them.

During the inspection, we spoke with the registered manager, two team managers, one senior support

worker and two support staff. Following the inspection, we spoke on the telephone with one person's relative.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited, supported and trained. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email copies of their audits so that we could see how the provider monitored the service to drive improvements. The manager sent this to us within the required timeframe.

Is the service safe?

Our findings

The relative we spoke with confirmed that staff supported their relation to maintain their safety. They said, "I am confident that [Name] is safe with the staff."

Staff understood how to protect people and told us they would be confident to report any identified concerns. The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this. One member of staff told us, "I would phone the on call or my line manager with any concerns. We covered reporting to the local authority in our training but I have never had to do that." The staff we spoke with confirmed they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse.

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise risk, whilst supporting people to maintain as much choice and independence as possible. For example one person's health had deteriorated. The registered manager had taken action to ensure their changing needs were met. Referrals had been made to the appropriate professionals for a reassessment of their needs. We saw this had resulted in the person receiving the appropriate equipment to support them when needed. One member of staff told us, "We have had training on using the hoist; although we don't need to use it regularly yet as most of the time [Name] is able to walk; it's just there for emergencies." Where people required the use of specialist equipment to support them checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs. Staff confirmed they supported people to keep safe by undertaking the fire evacuation procedure with them; to ensure people knew what they had to do." This showed us the provider had proactive measures in place to minimise risks to people's safety.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff received training on how to support people when they demonstrated behaviours that put themselves or others at risk of harm. We saw that positive behaviour support plans were in place for people who may display behaviours that put themselves or others at risk of harm. Plans included the person's behaviours and how to support them in a way that reduced the likelihood of them demonstrating these behaviours and guided staff on the support the person needed when they did exhibit behaviours.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. The relative we spoke with confirmed that the staffing levels in place were sufficient to meet their relations needs. We saw that people were supported to access community facilities with support.

There was consistency in the support provided to people. Staff and relatives confirmed that support was provided by a regular staff team. One staff member told us, "I work mainly with the same two people so there is consistent support and occasionally I will support another person overnight."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. One person had been involved in interviewing care staff and had their own set of questions to ask prospective staff members. This demonstrated that people were supported to be partners in their own care.

We looked at how staff supported people to take their medicines. People had support from staff to take their medicines. We saw information recorded in care plans regarding how people preferred to take their medicine. A medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This provided a clear audit trail for staff to follow. We saw that there were protocols in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given. Staff understood their responsibilities to ensure good standards of hygiene were maintained. Staff confirmed that they were able to access a supply of personal protective equipment (such as gloves and aprons) as required. We saw that people were supported by staff to keep their homes clean.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager and service managers to look for any patterns or trends; to enable them to take action as needed. For example, we saw that action had been taken to support one person with their mobility needs. This had been identified following incidents where the person was unable to independently stand. The person had received an assessment from a health care professional and equipment was in place to support them when needed.

Is the service effective?

Our findings

At our last inspection people's known communication methods were not always supported consistently. At this inspection improvements had been made and we saw the staff has a good understanding of people's communication methods and were able to effectively communicate with them. One member of staff told us, "Everyone has a communication plan which tells us how they communicate. We use this to get to know and understand what they like and don't like but when you work with people every day you soon get to know them and how they likes things done and what they like." Another member of staff said, "With [Name] what they want to do is dependent on how they feel, which is true for any of us. We can tell by the way they are if they are having a good day. There is a lot of information in their care plan on how to support them." Detailed information was seen in people's support plans regarding their method of communication and what certain behaviours or how the person presented themselves meant. This enabled staff to provide effective support based on people's preferences.

People received support in line with good practice guidance and they were protected under the Equality Act; as the potential barriers they faced because of their disability had been removed to ensure they were not discriminated against. This was because a variety of equipment and adaptations, to enable people to move around their home independently, had been made available to them. Where people required any equipment to support their mobility, the registered manager made relevant referrals to ensure people received the equipment needed. This showed us that the staff team worked with different organisations to help deliver effective care.

The relative we spoke with told us the staff were competent and capable of undertaking the tasks they performed to support their relation. They said, "The staff know [Name] and how to support and encourage them."

Staff had the knowledge they needed to provide effective support for people. New staff received an induction that prepared them for their role, and ongoing training was available for staff to ensure their practice remained up to date. One staff member told us, "New staff shadow experienced staff for six to eight weeks and receive training. The registered manager confirmed that staff new to care completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff confirmed they received ongoing training. One told us, "The training is good. Whoever you work with you receive training specific to their needs plus all the mandatory training. I have three days of training next week; we are definitely kept up to date." Staff confirmed they received supervision and appraisals. One member of staff told us, "I have regular supervisions from my line manager." Another member of staff told us, "I get supervision but I can contact my line manager or the registered manager at any time, they are both very approachable."

People were supported to maintain their nutritional health and to follow a healthy balanced diet. Where

required people were supported with specific diets for that met their needs with guidance from health care professionals. For example one person required a soft diet due to their risk of choking. Discussions with staff regarding this person's dietary needs reflected the guidance and information seen in their support plan.

When people were supported to move home, this was done in a way that ensured their needs and preferences were met. For example one person was being supported to move into a new home where another person already lived. They were supported by staff to visit the other person in the community and then for tea at their new home. The person was being supported at their own pace and the pace of other person they would be living with. This ensured a smooth transition took place for both people to enable them to adapt to the changes in their life.

The staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. We saw referrals were made when needed to healthcare professionals to assist people with their changing needs.

We saw that people had a health action plan which provided support staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services. A hospital passport was also in place that was used when people attended hospital appointments to support healthcare professionals in providing individualised care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager confirmed that the majority of people that were supported with their personal care lacked the capacity to make some decisions. Where people had restrictions placed on them as they needed support for their safety, an application to lawfully restrict their liberty had been made. We saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received which included accessing the community.

Is the service caring?

Our findings

We saw a positive and caring approach was provided by the staff team. For example, we saw one person wanted a drink and the staff member that was supporting them was attentive to their needs and supported them to prepare a drink.

People's communication methods were recorded in their support plans, and alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be, by enabling them to communicate their preferences and wishes. This supported people to be in control of their daily lives.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that two people had used an advocate to support them when they moved into their current home.

Staff had a good understanding of people's needs and the support they needed to maintain their dignity. One member of staff was seen supporting a person discreetly to change their clothes.

People were supported to maintain relationships that were important to them. For example, we saw that people were supported to contact and spend time with their relatives. The relative we spoke with said, "The staff are lovely and I get along with them all. We all work together to ensure [Name] gets a good life and lots of opportunities."

Is the service responsive?

Our findings

Staff demonstrated that they knew people well. For example they were able to tell us how people liked to spend their day and knew about their interests, likes and dislikes. We saw that people's daily routines varied and they were supported to participate in interests and hobbies outside of their home and relax at home in their preferred way. The registered manager and the staff team ensured people's social inclusion by promoting purposeful recreational and social opportunities. The relative we spoke with told us, "Since [Name] has been supported by United Response their life has improved dramatically. They have so many opportunities now to spend their time as they want and explore new things, like going to concerts."

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them such as pictures and photographs and by the use of objects of reference.

People's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. We saw, and the relative we spoke with confirmed, that support plans were developed with the person and these were detailed, personalised and up to date. The relative told us, "[Name] is involved in their support plans and I am consulted and involved and [Name] is happy with that."

We saw that staff were supported to understand Human Rights principles through induction and training which included checking staff's understanding by observing their practice. United response also ran a group for the staff team and people that were supported. This group supported people to share their own culture and beliefs. This empowered people to feel valued and supported them to develop their understanding of equality and diversity.

A complaints procedure was in place and this included an easy read version that was given to people when they started using the service. Staff confirmed that people were asked on an ongoing basis if they were happy with the support they received. This was also discussed in reviews with people and their families.

The registered manager confirmed that two people had been supported to raise a complaint with their landlord regarding repairs that were needed. This had been successful and the landlord had confirmed these repairs would be undertaken.

No complaints had been made regarding the service in the last 12 months.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

Is the service well-led?

Our findings

At our last inspection not all staff and relatives spoken with were clear who the registered manager was. This was because team managers were responsible for the direct line management of care staff within people's homes. The registered manager showed us the memos that had been sent out to staff and to people's relatives that clarified their role and provided contact details. This ensured both staff and relatives were aware that there was a higher line of management that they could contact if they needed to. A log book had also been introduced to ensure the registered manager had up to date information regarding the people that were supported.

The relative we spoke with and staff were clear who the registered manager was and confirmed that they could speak to them when they needed to. One member of staff told us, "I know who the registered manager is and how to contact them but I have a line manager that I would go to first. All the management team are supportive. There is an on call as well so there is always someone available if you need advice."

The registered manager told us they were supported by the provider to understand their responsibilities and develop their knowledge. The registered manager shared an office base with the service manager and team managers and communicated regularly regarding the support people received. Regular management meetings were held and a communication book was also in place to enable the management team to keep each other updated around service changes. The registered manager confirmed they attend forums on specialist subjects which gave them an opportunity to network with other agencies and services. They confirmed they received one to one supervisions and appraisals.

The relative we spoke with told us that they felt the service was managed well. Comments included, "I have a good relationship with the registered manager. Any issues I have had have always been sorted. I can ring them up and they are straight on it."

We saw that people were encouraged to express their views through a range of methods. These included satisfaction questionnaires and person centred reviews. These were completed with people and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care. For example people were supported to plan their holiday destinations and household improvements they wished to make.

People's right to confidentiality was protected. All personal records were kept securely at the provider's office. Each person had a copy of their care records, available to them at their home which they maintained responsibility for. We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.

Regular audits were undertaken by the management team to check that people received good quality care. Monthly audits covered any incidents and accidents, health and safety and medicines management. We saw that key records such as people's support records and risk assessments, environmental checks of people's

homes and health and safety checks were undertaken on a regular basis.

The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. An internal quality team also supported the registered manager in driving improvement. We saw that any required actions had been addressed.