

United Response

United Response - Merseyside Supported Living

Inspection report

4 Princes Road
Liverpool
Merseyside
L8 1TH

Date of inspection visit:
17 June 2019
18 June 2019

Date of publication:
11 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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- Merseyside Supported Living is a supported living service providing personal care to adults with a learning disability and/or autism. At the time of inspection, the service was supporting 12 people who lived alone or in small shared houses. Each person had their own bedroom and shared living facilities and each property had a room for staff to use when completing paperwork or supporting people overnight.

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 has 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not supported to have maximum choice and control of their lives as staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice however this was not always recorded effectively in people's support plans. We have made a recommendation about seeking people's consent.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People accessed volunteering opportunities and were also encouraged to be as independent as they can within their own homes.

People received care and support from staff who were caring and respectful. People's needs had been fully assessed. Support plans were in the process of being fully reviewed and were person centred and up to date. The manager worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns. Privacy and dignity was respected and people spoke positively about the staff and management team.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings and felt well supported by the current manager.

People knew how to make a complaint and they were confident about raising concerns should they need to.

Medicines were administered by trained and competent staff and people were supported to be as independent as possible. Staff had access to personal protective equipment (PPE) to prevent and control the spread of infection.

There were systems in place to ensure that the quality of the service was monitored.

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 28 December 2016).

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?

Requires Improvement ●

The service was not always 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 - Merseyside Supported Living

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 a number of '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.

The service had a new manager who was 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 the service 48 hours' notice of the inspection. This was because we wanted to be sure people receiving support had time to consent to a visit to their home and were happy to speak with us. We also needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 17 June 2019 and ended on 18 June 2019. We visited the office location on both days and visited people on 17 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the manager, an interim support manager, senior support workers and support workers.

We reviewed a range of records. This included five people's care and medication records. We looked at four staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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;

- There was a policy in place to ensure that people were protected from the risk of harm and abuse and referrals had been made to the local authority safeguarding team when abuse had been suspected.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the manager and the provider which enabled them to analyse trends.

Assessing risk, safety monitoring and management

- Risk was managed safely. Risk assessments viewed were written specifically with the health and care needs of each person at the forefront.
- Care plans clearly directed staff in the use of the equipment needed when supporting people.
- Risk assessments were reviewed regularly. Staff were aware of the risks identified for people in respect of their health and wellbeing and how to manage these safely.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- The service was using some agency as the staffing levels had recently increased for a number of people. One relative also told us, "[The manager] worked really hard to get additional staffing, both me and my husband feel much better now there are more staff". The relative also confirmed that where agency staff were used, these were familiar people who knew the person's care needs,

Using medicines safely

- Medication was managed safely. Medication support plans clearly described the level of support that people needed.

- Medications were stored securely in people's homes and medication was only administered by staff who had the correct training to do so. Where people required specialist medication, additional training was provided.

Preventing and controlling infection

- There were measures in place to help protect people from the risk of infections and there was personal protective equipment (PPE) such as gloves and aprons available.
- Staff had access to infection control training and a policy to support them in their role.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The principles of consent and the MCA were not consistently being met. We identified one occasion where it was stated care was being delivered in people's 'best interests' however there was no documentation to support this. We raised this with the manager and we were provided with assurance during the inspection an urgent review had been sought.
- Where documentation was in place, we found in one support plan it was not always decision specific and had not been kept under review.

We recommend the provider consider current guidance on consent and how to record decisions about care delivered in a person's 'best interest' and take action to update support records accordingly.

- Training records showed that staff had completed training and staff we spoke had a good understanding of consent. One told us, "[People] have the right to refuse. If they have capacity I would explain importance, give space and respect but report any concerns".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop the support plans and risk assessments. Support plans also identified specific outcomes for people.

- People, relatives and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received appropriate training. Staff also told us the training was good and helped them to do their job well.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised set of standards for those working in health and social care.
- Staff were supported in their role through regular supervision and appraisal.

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

- People were encouraged to maintain a balanced diet and support was clearly identified in support plans. This included when a person required a modified diet.

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

- People were supported to attend health appointments. Records of healthcare appointments and their outcomes were written in support plans. This included where staff had made referrals to specialist services in response to changing needs.
- The registered manager worked consistently with other agencies to ensure effective and timely care was received. One relative told us, "[person] has had a few spells in hospital in last couple of months and [United Response] are always helpful".

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

- Staff knew people well and we saw they were treated with dignity and respect. We visited two properties and we observed people being supported in a caring way. There was lots of laughter between people and staff and a lovely atmosphere. People told us, "Staff are great".
- Support plans identified specific needs for people and information was available on the provider's intranet for staff to access if more information was needed.
- There was an equality and diversity policy in place which had been reviewed to reflect current legislation and staff had received training.

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

- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes. The service used person centred planning tools in developing plans and completing reviews. These encouraged people to think about what is working and not working for them and their goals for the future.
- People could choose the staff they wanted to support them.
- We also saw that families had been involved when appropriate and people had access to independent advocacy services. These are services designed to help people to make important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and dignity by asking permission before providing care, making sure curtains were closed and by closing doors.
- Staff were knowledgeable around confidentiality and ensured that personal information was securely stored. One person we visited had their records stored in their bedroom and staff asked permission to share it with us.
- People were supported to maintain their independence and support plans provided information for staff so they understood how to promote this. People told us they were supported to clean their home and cook for themselves. One member of staff also told us, "We try to support people in all activities and encourage people to build on their strengths" and explained how they use pictorial recipe books to encourage people to be involved in cooking.

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

- Care plans were in the process of being reviewed and updated at the time of the inspection. The plans we saw were person centred and accurately captured personal preferences and histories of people. There had been a significant change in management at the service and there were some gaps in regular reviews. People told us however they were being supported to live the lives that they wanted.
- Staff knew people's needs and preferences and explained they had been involved in the review of care plans.
- Staff were eager to share examples of people's personal achievements. We were told how one person had been supported with significant weight loss. Staff told us, "[person] has worked really hard and is more mobile. I am really proud of this".

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.

- People's communication needs had been assessed and information was available in a range of formats where required.
- Support plans detailed individual communication needs.

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 were supported to maintain personal relationships that were important to them and we saw that people who lived together had formed genuine friendships.
- People had activities that they took part in which supported them to be active members of their community. People told us about the activities they enjoyed which included cafes, voluntary work and art classes. One person showed us a certificate they had recently received for long term volunteering.

Improving care quality in response to complaints or concerns

- People who used the service and relatives confirmed they were aware of the complaints process and were confident that any concerns would be listened to. One relative told us, "I will call or email with any issues".
- There was a complaints policy available and information about how to raise a complaint was provided to people. This included an easy read version for people who found this format easier to understand.
- There was a log of complaints which had been investigated and responded to appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however they were able to provide end of life care training for staff.
- The provider also had an 'end of life' planning document where people were encouraged to write down their wishes and feelings about end of life care. We saw that some people had chosen to complete this and family input had been sought.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 manager had developed an improvement plan and completed audits to assess and monitor the quality and safety of the service. These had led to improvements in people's support plans. We found some gaps in the recording of consent and missing documentation where support was delivered in a person's 'best interest's'. We saw the manager responded immediately to address this.
- All of the staff we spoke with were clear about their roles and responsibilities.
- The manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and appropriate notifications had been made. This included their responsibility under duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The manager was clear about the vision and direction for the service and was committed to improving the quality of care for people. Staff also understood the vision. One staff described it as, "It's about being creative and looking at how we can meet people's needs. Being strong and committed to support, being honest, responsive and united".
- Staff said they felt supported by the manager and that their views were encouraged and welcomed. One staff said, "I honestly feel the company is really good at what they do".
- Everyone we spoke to told us the manager was approachable and staff enjoyed working for United Response.

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

- Regular meetings and staff supervisions took place. One staff described team meetings as, "really productive". Staff confirmed they were encouraged to make suggestions and that these were listened to by the manager.
- The provider sought feedback from people through surveys. People and relatives also confirmed they were always able to share their views on the service through meetings and conversations.

Working in partnership with others

- The manager worked in partnership with a range of different services and other health and social care professionals to help make sure people received the right support.