

United Response

# United Response - Spire DCA

## Inspection report

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14 March 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

United Response – Spire DCA is a supported living and domiciliary care service providing personal care. The service provides support to people with a learning disability and autistic people. At the time of our inspection, 47 people were using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their individual needs. People were protected from the risk of abuse and relatives told us they felt the service was safe. Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated.

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

**Right Care:** Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place. People received care in a safe and consistent way and people's care plans detailed information on the monitoring and preventative actions staff were required to take to reduce risks which had been identified.

**Right Culture:** People were supported to maximise their independence and to pursue hobbies of interest to them. Staff felt valued and well supported by the management team. The registered manager understood their responsibilities and regularly reviewed the quality of the service through the audit systems in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 07 February 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and medicines concerns. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection

that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United response – Spire DCA on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# United Response - Spire DCA

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 17 '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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started

on 7 March 2023 and ended on 15 March 2023. We visited the location's office and 3 supported living services on 7 March and 14 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 19 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, area manager, team managers, service managers, quality and compliance auditor and support workers. We reviewed a range of records. This included 4 people's care records and 4 people's medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse and understood how to report any concerns they had to relevant professionals.
- Relatives told us they felt the service was safe. One relative told us, "It's extremely safe, staff all know [person]" and another relative told us, "[Person] feels safe, and gets the amount of support beneficial to them".
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of recurrence.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, we found detailed care plans in place for people who at times experienced feelings of distress, they provided person centred guidance for staff to follow on how to positively support people and reduce the risk of harm to the person and others.
- Positive risk taking was supported by staff, this encouraged people's choice and independence. We found risk assessments had been completed and were regularly reviewed.
- Environmental risks had been assessed. This ensured staff were aware of any risks when they were supporting people in their homes.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were actively involved in recruiting staff. We saw evidence which people had created interview questions and took part in the recruitment selection process.
- Staff received mandatory training and competence checks to support people safely which included specific training to meet people's individual needs. We found training was ongoing and staff were supported through regular supervisions.

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction. Staff received regular checks and direct observation of their practice to ensure medicines were

administered safely.

- Audits of medicine administration records were conducted, and appropriate actions had been taken to address any shortfalls identified.
- Stock levels of medicines corresponded with the records in place. We found regular checks of stock levels were in place which reduced the risk of errors.
- The service was following STOMP principles (Stop the over medication of people with a learning disability). Staff had ensured people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- The provider ensured that infection, prevention control measures were in place to protect people, their visitors and staff from the risk of infection.
- Staff received training in relation to infection prevention and control and told us how they managed infection risks.

#### Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the management team, these were reviewed by the registered manager, to identify if actions were required to reduce any further risks.
- We found 1 complaint had not been dealt with in a timely manner, we discussed this with the management team who provided us with assurances that lessons had been learnt and steps had been taken to prevent a recurrence of this issue.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Following our last inspection, the provider and registered manager had made improvements to their systems and processes to ensure effective management and oversight of the service.
- We found the service had recently had a reconfiguration of the management structure, this had positively enhanced the registered manager's oversight of the service and support available to staff.
- The provider and registered manager had a quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified, improvement plans were put in place. For example, the registered manager had identified that improvements were required to the detail recorded in people's care notes. We could see this had been actioned and staff had been provided with additional support in how to complete the notes correctly.
- The management team and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.
- The registered manager had identified areas for improvement in relation to improving people's care plans. We saw evidence this was being addressed and actioned.
- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

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

- People were supported to maximise their independence and to pursue hobbies of interest to them. We saw evidence that people were supported to seek employment and to attend courses of interest to them.
- Staff felt valued and supported by the management of the service. Staff told us, "I feel supported, my direct team and manager support me very well in the role." And another staff member told us "Our manager is very good and goes above and beyond."
- People and their relatives spoke positively about the management of the service. One person told us "I get good support; I speak with a manager every day." And a relative told us "We have confidence in united response they are pretty good. I would recommend them."

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

- People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, through questionnaires and in person. Relatives told us when they had raised a concern it had been promptly resolved.
- Staff meetings took place regularly. We reviewed the minutes of these meetings and could see key topics such as updates to people's care plans and training had been discussed.

#### Working in partnership with others

- The service worked in partnership with other professionals such as Learning Disabilities services and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.