

United Response

Horton House

Inspection report

8 Ditton Street
Ilminster
Somerset
TA19 0BQ

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About this service

Horton House provides personal care in people's own homes. At the time of the inspection the service provided personal care and support to nine people living in their own homes.

The service provided support to younger adults with learning disability, autistic spectrum disorder, sensory impairment and physical disability. Personal care was provided to people as they required it. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, the service assisted people with their housekeeping, shopping, attending appointments and other independent living skills.

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 told us they felt safe with staff who supported them. The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people living in their own homes.

People's needs were assessed before the service started to support them, to ensure their needs could be met. People's needs were met by suitable numbers of staff.

People were supported by staff who were well trained to meet their individual needs. The service worked closely with people's families and other professionals to improve the care and support they provided.

Staff asked people for their consent before supporting them. People felt they were supported well by the staff team, who respected their choices and decisions. People were supported by staff who respected and promoted their privacy, dignity and independence.

People, and those close to them, were involved in planning and reviewing their care which meant care plans were specific to each individual. People's communication needs were identified within their care plans. People's views were central to how the service was run.

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

The service was well managed; management were open and honest. There were effective systems to monitor the quality and safety of the service. There was a strong commitment to continuous improvement.

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 (Report published 8 November 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Horton House

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

This inspection was carried out by one inspector.

Service and service

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from 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 used all of this information to plan our inspection.

During the inspection

During the inspection we visited one housing development where seven people lived. We also spoke with

five care staff and the registered manager. We looked at two people's care records. We contacted people's relatives and health professionals who supported people for their views of the service between inspection dates. We received four replies from relatives and one from a health professional.

After the inspection

We looked at staff training records, quality assurance records and satisfaction surveys.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. One staff member said, "It is very safe for people. We prioritise people's safety."
- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse, which staff had read.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager had contacted the local authority safeguarding team when they had any concerns about people's safety and took appropriate action to ensure people were safe.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risk assessments were in place which identified possible risks to people living in their own homes. These included risk assessments relating to people's health conditions, the medicines they took and their environment.
- Staff knew about risks to people and told us how they worked in ways which reduced them. Records showed risk assessments were reviewed regularly and were up to date.
- One relative told us the provider was, "Very efficient in the safety aspect of their support."
- Any incidents or accidents which occurred were recorded and reviewed by the registered manager and discussed with staff.
- A monthly report of incidents and accidents was sent to the provider's quality and compliance manager so that trends could be identified and measures put in place to avoid recurrence.

Staffing and recruitment

- People's needs were met by suitable numbers of staff. One person said, "Staff come in to help me every day. I always know who is coming. I can call them if I need any extra help."
- The staff rota was planned in advance, so people knew which staff were supporting them and when.
- There were vacancies in the staff team, which we discussed with the registered manager. These hours were covered by regular agency staff who knew people well. Recruitment was ongoing, with interviews taking place during our inspection.
- Safe recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer

recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- People helped recruit new staff. One person told us, "I help with interviews. I ask my own questions. I enjoy it."

Using medicines safely

● Some people were supported with their medicines. People collected their medicines from the pharmacy with staff each month. Records were kept which showed that people received their medicines as prescribed.

- Staff were trained in administering medicines and their competency was assessed before they supported people. This included medicines used 'as and when required'.
- Staff told us they felt confident that the training met their needs and were clear about what they could and could not do with regard to medicines.
- People had a safe place to keep their medicines in their own home.

Preventing and controlling infection

- People were protected from the risks of infection.
- Staff received training regarding infection control and used personal protective equipment such as gloves when supporting people with personal care. Staff were also trained in food hygiene as they prepared food for some people.
- People lived in their own homes, which were kept clean and hygienic. One person said, "I keep my house clean and tidy. Staff help if I need them to."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were thoroughly assessed before the service started to support them, to ensure their needs could be met.
- People's care plans were clear, up to date and reflected people's individual needs and choices.
- People said they were supported by staff who knew them well and knew their preferred routines and needs. One relative said, "[The registered manager] has done everything in her power to ensure our son is supported in the way he prefers by a team of his choosing."
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences.

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

- Some people were supported with cooking, eating and drinking. People told us they chose what they wanted to eat each week, made a list and then went food shopping with staff.
- People were encouraged to have a varied and healthy diet.

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

- People saw healthcare professionals according to their individual needs.
- Care plans showed people's health care needs were clearly described and closely monitored.
- People's on-going healthcare needs were met by staff working together with other professionals such as a specialist epilepsy nurse and a speech and language therapist. One health professional said, "I find it is a very much equal partnership in the work I do alongside United Response."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged and supported to make decisions about their day to day lives and the care they received. One person said, "I decide for myself. I know when I need help and the staff help me." One relative said, "I feel my son is well looked after and his needs are met and he himself has a voice and is listened to."
- People had their capacity assessed to determine their ability to make decisions. When more complicated decisions were made in people's best interests, either their legal representatives (if they had them) or others close to them decided. This process had helped one person buy their own home.
- At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were well supported by staff. Staff treated them with respect and cared about them. One person told us, "All of the staff are great. I love living here." Another person said, "I love all of the staff. They're great." One relative told us their family member "Is very happy and that is all I could ask."
- People had built trusting relationships with staff over time. The registered manager had identified some inconsistent staff practice and had addressed this. One relative said, "Our son is more settled and happy in his life now than at any other time and that is down to consistent support from staff who know him well."

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

- People told us they were able to make decisions about what they did and the care they received.
- People were involved in planning their care as much as they were able to be. People planned and attended their care reviews. For some people, this was a particularly significant achievement.
- Staff worked closely with people's families to plan and review care. Most people said communication with the service was very good, other than one relative who thought it could be improved upon. One relative said, "Working very closely with the families is one of the main reasons I think United Response work very well. I have been involved with the whole process."

Respecting and promoting people's privacy, dignity and independence

- People told us all staff respected and promoted their privacy and dignity. Staff had been trained to provide care in a sensitive and dignified way.
- Staff described how they ensured people's privacy was maintained when they supported people with their personal care.
- People were supported to be as independent as possible. One person said, "I go out on my own. It's fine. I like meeting new people and going to different places." Staff saw their role as enablers rather than just carers. This was a particular focus of the service.
- One health professional told us, "The two individuals I work with have flourished under the care of United Response and have come a long way with their independence and skills."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care because each person had a care plan which gave information about their wishes, abilities, needs, likes and dislikes. People, and their families, were involved in care planning. One relative said, "I have always had questions and queries answered promptly and have always found that each member of staff acts quickly and professionally."
- Staff knew people well and how they liked to be supported. This helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines.
- People's care was adapted to meet their changing wishes and needs. One health professional told us they found the service, "To be efficient, person centred and responsive to issues. They contact me appropriately with concerns and are happy to follow up with anything that is required."

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 abilities and needs were identified in their care plans.
- A wide range of communication methods were used to make sure people 'had a voice' and were given information they needed. These included speech, sign language, written communication, 'easy read' documents, pictures and symbols and 'social stories' (a tool to help understand the nuances of communication between people).
- Staff communicated patiently and effectively with each person. They had specialist training in various methods of communication to meet people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People were given their own copy of this in an easy read format. The service had not received any complaints, but the procedure was clear about who people should contact if they had a complaint.
- People were asked if they were happy with their care and encouraged to raise issues or concerns. When these were raised, they were listened to and improvements made. One relative had raised a recent concern about their family member's independence. They told us, "The key worker did speak to me about this and we have made some plans to improve this."
- No one had any complaints or concerns during our inspection. One person said, "I am very happy telling staff if I'm unhappy about anything. Things are always sorted out and are made better."

- In addition to the formal complaints policy, the registered manager encouraged people to discuss any worries at any time. One person told us, "I often pop in to see [name] the manager and have a chat and a cup of tea with her."

End of life care and support

- The service was designed to support younger adults so did not specifically provide end of life care.
- No one was currently receiving end of life care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had a clear ethos for service. This had been focused upon by the registered manager since their appointment in January 2019, to ensure staff were providing consistent, person centred support, which promoted people's independence. The registered manager told us, "All staff have to share our values. We are enablers more than carers, here to meet people's needs and aspirations and make sure they achieve them."
- Staff were happy in their roles but had been through a lot of change, especially managerial change. They hoped for a period of stability now. One staff member said, "We have had lots of managers and seniors here over time. Some good, some not so good. The manager now has her own ideas, but it's fine. Things seem to be more organised now. She is very efficient. If you call her or send an email she gets back to you really quickly."
- People said the registered manager was open, honest and approachable. One person said, "The manager [name] is really good." A relative told us, "The managers are all approachable and supportive." During the inspection we saw people and staff were very relaxed and comfortable speaking with the registered manager.
- The registered manager understood the requirements of 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. People and staff said the registered manager was very open and easy to talk to. One relative said, "It is not always plain sailing setting up packages for your loved ones, but I have always felt that United Response has acted honestly which I think is so important."

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

- People used a service where the managers and staff felt well supported by the provider. There was a clear management structure, which worked well, with senior staff having their own responsibilities such as supervising care staff.
- The provider had comprehensive systems to monitor standards and ensure people's safety. This included other managers visiting the service to talk with people and staff and to check standards were being met. These systems were able to highlight areas for improvement to ensure people's safety and well-being. Required improvements were made.
- Staff were well trained. They told us they now had regular supervision sessions and performance reviews

where they could discuss their work and highlight any learning needs. This helped to make sure people were always cared for by staff who understood their needs and could effectively support them. One member of staff said, "The training is good. Our one to ones just didn't happen before. That's all changed now."

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

- The registered manager visited each of their services and had an excellent knowledge of the people who used the service. This enabled them to constantly seek people's views and ensure the staff worked in accordance with people's preferences and lifestyle choices.
- People, relatives and staff said they were included in decisions made and were able to make suggestions or share their views. One person said, "I love giving feedback. I have written to staff to tell them how good they are. I also ring the manager to give feedback on staff."
- The provider carried out satisfaction surveys to seek people's, relative's and staff member's views. Results of the last surveys were positive. One relative told us, "I have been very impressed with the whole service United Response have given to our whole family." Another relative said the provider, "Has been supporting our son since 2016 and have been by far the best service he has used."

Working in partnership with others

- People used a service where staff worked with other professionals and family members to make sure people received the care and support they needed. One relative told us, "We feel included and feel our opinions are valued. After having had such an awful experience with a previous service provider I can honestly say the team have changed all our lives for the better."
- Staff worked with health professionals to ensure people received any treatment and support they required. One health professional told us, "Overall, I think United Response are a brilliant service and have had no issues when working with them."