

United Response

Kumba Imani Millenium Centre

Inspection report

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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 

Overall summary

We carried out this announced 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Kuumba Imani Millennium Centre is located near the centre of Liverpool and provides the office base for a shared lives service provided by United Response. The shared lives service matches adults, predominantly with learning disabilities, with host individuals and families living in Liverpool and the surrounding local authority areas.

Summary of findings

The people actually providing the service are called shared lives carers; they are self-employed and are supported by staff employed by United Response who operate the service.

A shared lives service is essentially an opportunity for someone to live in a family setting. Placements are generally long term and there are many occasions where someone has lived with a carer since shortly after their birth. Both carers and the people being supported see the relationship as being a 'part of the family'.

At the time of our inspection 27 people were being supported by 26 carers.

The service operates as United Response and not Kumba Imani Millennium Centre; this is simply the office address where they are based. This is an administrative error regarding their registration and will be dealt with as a separate issue. It has no impact on the service being offered. Because everyone involved with the service recognises it as United Response we have referred to it as such throughout the report.

The service has undergone a lot of change recently and some of the carers were originally recruited by Barnardo's. As a direct consequence of the changes there hadn't been any new placements for approximately five years. The newly registered manager and the three care co-ordinators employed by United Response were in the process of looking at expanding the service being provided and were currently assessing new carers who in turn will be matched to new people who need this kind of service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Shared lives carers were knowledgeable as to what care was needed to keep people safe and they had been caring for them for several years. They were professional, compassionate, dedicated and well trained and supported for the role.

The shared lives carers we spoke with told us they were fully involved with the support the people living with them received and they had regular reviews with their named care co-ordinator approximately every six weeks.

All of the relationships we observed during the home visits were relaxed and warm and we saw that people were living in a caring environment.

All of the shared lives carers we spoke with said they felt confident to express concerns and complaints and were confident that management would respond quickly and take any necessary action.

Because of the nature of the service being provided the views of the people being supported were obtained via the six weekly reviews undertaken by the care co-ordinators employed by United Response.

We found that the people receiving a service were being supported by skilled and competent carers who in turn were being supported by the staff members employed by the service. This ensured that people were being protected.

Summary of findings

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.

Because of the nature of the service provided placements can be long term and in reality a shared lives carer could have someone living with them from shortly after their birth. As a result both carers and the people using the service see the relationship as being part of the family. People said they were happy with the carers they were living with and had done so for many years. They saw the shared lives carer as a parent. We believe that the people we visited in their homes were safe.

Staff and the shared lives carers knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Good



Is the service effective?

The service was effective.

The shared lives carers we spoke with told us they were fully involved with the support the people living with them received and they had regular reviews approximately every six weeks.

We looked at a total of five care plans in the office to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date.

Good



Is the service caring?

The service was caring.

After obtaining consent we visited four people being supported by the service and three of the shared lives carers. Two of the people receiving the service told us that they liked living with their carer and that they were part of the family. They also told us that they liked the care co-ordinator who visited them.

All of the relationships we observed during the home visits were relaxed and warm and we saw that people were living in a caring environment.

The shared lives carers explained how the people living with them were 'part of the family'. They gave examples of activities the person living with them took part in. These included practical matters such as employment, attending day services, art classes, as well as holidays and family parties. Carers also supported the person to access any community healthcare services for example, their GP, dentist and optician. They told us they did this in the same way as they would with any other family member.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

All of the shared lives carers we spoke with said they felt confident to express concerns and complaints and were confident that management would respond quickly and take any necessary action.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Shared lives carers told us they were aware of the process to follow.

Is the service well-led?

The service was well led.

United Response sought the views of the shared lives carers via questionnaires and any issues identified would be addressed independently with them. We looked at some of the most recently completed forms which contained the following comments; “X [co-ordinator] is very experienced and knowledgeable, always sorts things out” and “I have trust and confidence in the service”.

Because of the nature of the service being provided the views of the people being supported were obtained via the six weekly reviews undertaken by the care co-ordinators employed by United Response. This was often with the carers rather than with the people themselves. This was done for practical reasons because some of the people being supported see themselves as living with their family rather than receiving a service. This system worked for the people we spoke with. In addition to the six weekly reviews the manager of the service undertakes an annual review with each carer. Any issues would then be dealt with.

Good



Kumba Imani Millenium Centre

Detailed findings

Background to this inspection

The inspection team was made up of a lead inspector for Adult social Care, the team leader from the Care Quality Commissions policy team who have designed the new inspection methodology 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 .

The provider sent us a provider information return [PIR] before the inspection which we used to prepare for the visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information held by the Care Quality Commission (CQC) relating to this provider.

We had originally given the provider 48 hours' notice of our inspection, unfortunately due to practical circumstances and the fact that none of the four staff employed were due to work in the office at the time of our planned visit the inspection was moved back a week. The inspector and team leader visited the service on 6 August 2014. The expert by experience contacted shared lives carers via the telephone on 29 August 2014. On the 3 September the inspector carried out three home visits and spoke to four people being supported by the service and their three shared lives carers.

During our inspection we spoke with a total of four people who used the service, eight shared lives carers and four staff members, including the manager employed by the service. We have also spoken to an officer from St Helens council who use the service.

Is the service safe?

Our findings

The service had effective procedures for ensuring that any safeguarding concerns they had regarding people being supported by the shared lives carers would be appropriately reported. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The four staff members we spoke with, including the manager were able to clearly explain how they would recognise different types of abuse and how they would report any allegation of abuse. They told us that the shared lives carers received regular training to make sure they were up to date with the process for dealing with any concerns and reporting any type of abuse.

The shared lives carers we spoke with on the telephone and during the home visits confirmed that they had received the appropriate training and if they had any concerns they would pass them on to one of the staff members employed.

The training records we looked at confirmed that all staff and shared lives carers had completed training in safeguarding and were kept up to date in this area. They were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse. This helped to demonstrate that people receiving a service were being supported by skilled and competent carers who in turn were being supported by the staff members employed by the service. Everyone we spoke with confirmed that they were receiving regular training and that it was up to date.

The staff members visited the carers approximately every six weeks to check and review the placement; both staff and carers confirmed that any issues, including safety were discussed. The staff employed by United Response also spoke to the person using the service as part of the review process.

Staff members and shared lives carers were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (2005). We saw evidence that when necessary a best interest decision, the process used

to ensure a person's rights were protected had been taken to protect one of the people who was receiving a service from United Response. This was in relation to the person's finances.

Because of the nature of the service provided placements can be long term and in reality a shared lives carer could have someone living with them from shortly after their birth. As a result both carers and the people using the service see the relationship as being part of the family. People were happy with the carers they were living with, had done so for many years and saw the shared lives carer as a parent.

The carers we spoke with all stated that the people living with them were part of the family and they did not see or treat them any differently. The people we spoke with during the home visits who were able to tell us said that they liked living with their carers. All of the carers we spoke with on the telephone commented that they respected the rights and dignity of service users as they would their own family members. They told us that the people living with them were an integrated part of the whole family and were safe. Adaptations such as hoists, frames, lifts, stair rails, wet rooms etc were in place where necessary.

Shared lives carers were knowledgeable as to what care was needed to keep people safe and they had been caring for them for several years. They were professional, compassionate, dedicated, well trained and supported for the role.

Services such as United Response are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that they had done this appropriately when required. They had also notified the Local Authority safeguarding team.

We saw that risks to people's health and wellbeing had been identified for areas such as the environment and access to the community and measures were in place to manage these so the people who lived with the shared lives carers were safeguarded from unnecessary hazards. These were being reviewed regularly. We could see that the staff members were working closely with the carers and, where appropriate, the person being supported.

The shared lives carers who actually provide the service are all self-employed so they are not appointed. They have to go through an approval process, this covered similar areas to being employed, for example the completion of an

Is the service safe?

application form, sending for references and obtaining a disclosure and barring check [DBS]. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. When the approval process was completed the individual's application was submitted to a panel appointed by the provider who then assessed it and

if successful approved the person as a carer. The applicant is then issued with a certificate. No new carers had been approved recently so we looked at the files for two carers to check that effective approval procedures had been completed. We found that the appropriate checks above had been made to ensure that they were suitable to work with vulnerable children and adults.

Is the service effective?

Our findings

The shared lives carers we spoke with told us they were fully involved with the support the people living with them received and they had regular reviews with their named care co-ordinator approximately every six weeks.

We asked staff members and carers about their training and they all confirmed that they were receiving regular training and that it was up to date. We checked a sample of training records and saw that they had undertaken a range of training relevant to their role. The provider used computer 'e'learning for some of the training and shared lives carers staff were expected to undertake this when required. One of the carers told us; "I recently had a refresher in First Aid. We are always having discussions and if I feel I need more training in a specific area I just ask. We now have access to E-Learning on the internet which is very convenient". During a telephone discussion with one of the carers they were able to explain how they had been involved in discussions about new epilepsy medication for the person they were supporting. This included the district nurse from the local GP surgery providing them with specific training which enabled her to administer this safely if required.

The shared lives carers we spoke with told us that they received support from their named care co-ordinator who visited them to undertake their reviews. They were also able to speak to them whenever they needed to. We checked the support plans kept in the office and could see that this process was well established. The visit which was called a 'home visit report' covered a variety of topics including, the placement, any respite needs, the health of the person receiving the service, the health of the carer, finances, day services, health and safety, review [by the manager] and any issues regarding benefits. This process

also identified if there was a need for an independent advocate; we saw evidence of this taking place in one of the support plans we looked at. There was also space for any general notes to be made. We saw that the staff members and shared lives carers monitored people's support plans as part of this process.

Two copies of the support plan, risk assessments and placement agreements were completed, one was kept in the office and the second copy was for the carers. We looked at a total of five care plans in the office to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date.

We saw that people's support files included a 'health passport' which would be taken to any hospital appointments. This contained personal information such as name, date of birth and GP details. It also had information about matters of particular importance to the person, how they consented, behaviour issues and signs of distress.

The shared lives carers generally took responsibility for liaising with any other services involved in the person's care and they accompanied people to any appointments, such as the GP that they had. Carers would discuss any health needs during the home visits undertaken by the care co-ordinators.

In addition to the support plan the staff members also completed a placement agreement which contained a description of the service to be provided. This was signed by the shared lives carer.

Is the service caring?

Our findings

After obtaining consent we visited four people being supported by the service and three of the shared lives carers. We also spoke to five carers on the telephone. Two of the people receiving the service told us that they liked living with their carer and that they were part of the family. They also told us that they liked the care co-ordinator who visited them.

All of the relationships we observed during the home visits were relaxed and warm and we saw that people were living in a caring environment.

The shared lives carers explained how the people living with them were 'part of the family'. They gave examples of activities the person living with them took part in. These included practical matters such as employment, attending day services, art classes, as well as holidays and family parties. Carers also supported the person to access any community healthcare services for example, their GP, dentist and optician. They told us they did this in the same way as they would with any other family member.

The shared lives carers told us that they fed back regularly to the care co-ordinators via a telephone call, email and during face to face meetings such as the home visits. Any

changes or updates were recorded which ensured people's care was constantly monitored. Comments included; "Every time something changes we have a meeting. My manager [care co-ordinator] is in touch virtually every week and I see her about every six weeks" and "I've been caring for X for 10 years now. I think I know her pretty well".

Because of the communication needs of the people being supported we have been unable to obtain any direct quotes from the people using the service. Carers recognise this and have commented; "We had a questionnaire from Bolton Council but X can't answer any of the questions. I had to put myself in X's shoes but suppose there's not much you can do about that" and "I had a questionnaire from United response but haven't filled it in. It's not fair as X cannot give any input and I would have to answer for him. One says 'Do you like living here?' well I would say YES wouldn't I?".

During the home visits we saw that the shared lives carers and the people they were supporting were very relaxed with each other. The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. It was obvious that the care was being provided in a family type setting and the people receiving the service were happy living with their carer and their family.

Is the service responsive?

Our findings

The eight shared lives carers we spoke with were very positive about the service being provided and the staff members that worked with them. We also spoke with the four staff members, including the manager during our visit. They explained that there hadn't been any new placements for approximately five years.

Shared lives carers are entitled to 25 days respite a year and the people living with them spend this time in services provided by a third party such as the local authority. The manager explained that they were looking at developing their own 'in house' respite facility when the service expands.

All of the shared lives carers we spoke with said they felt confident to express concerns and complaints and were confident that management would respond quickly and take any necessary action. Comments received included, "They are very supportive and when it comes to benefits etc they will come to meetings as they understand it better", "I often speak to my social worker and United Response, and totally, honestly have never had to complain about anything. I know the complaints procedure which is on the front of the folder and have emergency numbers in my purse, fridge and with friends should I need it" and "When you are fighting for equipment a manager will come to the meeting to support us. It's always nice to have a professional with you when they try and palm you off with something cheap and totally inappropriate".

No new placements had been made for approximately five years so we asked the manager to explain what would happen when, given the plans to expand the service a new placement is needed. They explained that people would be referred to the service by a social worker employed by the respective council. The council would complete a full assessment about the person they wanted the service to support and send it as a referral to United Response. Upon receipt of the referral one of the care co-ordinators would also carry out an assessment to see if the person's needs could be met. The purpose of this assessment was to find

out specific likes, dislikes and wishes including the type of person they wanted to support them. Following the assessment a possible 'match' would be identified, if this was not possible from the carers already approved then the service would advertise for a suitable carer in order to try and meet the request. Once a 'match' had been identified the two parties would be introduced to each other and a period of getting to know each other would commence. If successful the placement would start and a placement agreement would be drawn up. This sets out the term of the placement and is in effect a contract which explains who will do what and when. .

When a placement is agreed one of the staff members employed will complete a support plan for the individual based on the social workers assessment, their own assessment and any relevant risk assessments, including where necessary an assessment of the person's own home.

We saw that the on-going review of support plans was taking place and issues identified were being dealt with appropriately. The manager and staff members explained that they were looking at ways to help ensure the service fitted people's needs, this included spending time with the people being supported in order to check that things were alright with their placement. Staff members also attended any review meetings that were held at the day centres the people using the service attend.

United Response had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Shared lives carers told us they were aware of the process to follow. The home visits undertaken by the care co-ordinators were the main method the service used to assess the quality of the care being provided and to ensure people were happy with their placement and the carer supporting them. Most of the people receiving a service were unable to communicate directly regarding complaints so this system relied on the co-ordinator building up a relationship with both the person receiving the service and the shared lives carer to ensure people did not have any complaints.

Is the service well-led?

Our findings

United Response sought the views of the shared lives carers via questionnaires and any issues identified would be addressed independently with them. We looked at some of the most recently completed forms which contained the following comments; “X [co-ordinator] is very experienced and knowledgeable, always sorts things out” and “I have trust and confidence in the service”.

Because of the nature of the service being provided the views of the people being supported were obtained via the six weekly reviews undertaken by the care co-ordinators employed by United Response. This is often with the carers rather than with the people themselves. This is done for practical reasons because some of the people being supported see themselves as living with their family rather than receiving a service. The people using the service we spoke with and the shared lives carers did confirm that the staff employed by United Response also spoke to the person using the service as part of the review process but this was arranged on an individual basis. All of the evidence we saw during the inspection demonstrated that this was working.

In addition to the six weekly reviews the manager of the service undertook an annual review with each carer. Any issues would then be dealt with.

We found that the shared lives carers understood their roles and responsibilities well and complimented the management on the support provided to them. Comments included; “My manager [care co-ordinator] comes to see me every six to eight weeks. She’s been the most supportive of the three to date. I can contact her at any time, phone or email and she provides me with other contact numbers when she is on holiday. She seems to have empathy with our situation”.

The shared lives carers told us that the service regularly asked them for their opinions and feedback at meetings. They told us, “There is so much going on I can’t attend open meetings as I have to arrange extra care. However, we are always in contact”, “They are very nice and treat me really well. They ask all the right questions and do the job properly. They don’t just visit for a friendly chat but are sort of a critical friend, giving advice but making sure you do it right”, “They are so helpful. If I am not up to date with changes they will help to sort it out like my Housing Benefit” and “My manager [care co-ordinator] is brilliant even at weekends. They are contactable 24 hours a day. They told me not to worry even if it was in the middle of the night”.

There were only four staff members, including the manager employed by the service so any issues were discussed as and when they arose. In addition there were regular staff meetings. Information could be passed on, issues could be discussed and staff or managers could raise concerns. The three staff members we spoke with on the first day of the inspection told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the registered manager.

Periodic monitoring of the standard of care provided to people funded via the respective local authority was also undertaken. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to a representative from St Helens council who told us that there had been issues with the service in the past but the current manager and staff had ‘turned things around’. We were told; “It is working really well now and the people [shared lives carers] are saying they are supported”.