

United Response

United Response - Limborne Supported Living Services

Inspection report

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Date of inspection visit:
31 October 2017

Date of publication:
21 December 2017

Ratings

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

Summary of findings

Overall summary

United Response - Limborne Supported Living Services provides care and support to people living in two '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. At the time of our inspection 12 people were supported by this service.

This unannounced comprehensive inspection took place on 31 October 2017. At our previous inspection in November 2015 we found that the service was good over all but required improvement in relation to our question 'Is the service safe'. This was because we identified that necessary safeguarding alerts about three incidents had not been made. This was a breach of the regulations.

At this inspection we found that staff understood local safeguarding procedures and their role in protecting people from abuse and avoidable harm. Records showed where concerns about people's safety had been identified the local authority had been appropriately informed. This meant the service was no longer in breach of the regulations.

There were clear management structures at the service and the provider had ensured that the staff team had been appropriately support since the registered managers resignation. An interim manager was currently providing effective leadership to the staff team and interviews for the permanent manager's position were planned for the day following our inspection. We were subsequently informed that a new manger had been appointed, who would apply to the commission to become the service's registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe and well cared for by the staff team who they got on with well. Their comments included, "We get on very well with the staff that are here," "The staff are very kind, caring and welcoming" and "They are looking after me." A health and social care professional told us, "I consider the service to be very safe and caring for the tenants they support."

Staff had the skills and experience necessary to meet people care needs. The service operated an extensive induction process and staff training was updated regularly. Relative told us, "They don't just let new staff get on with things. They have a new staff member and I think she has done three months of supervision" and "The training that they get seems quite good" While staff commented, "We are always going on training."

Recruitment practices were robust and there were sufficient staff available to meet people's care needs. Staff rotas showed planned staffing levels were routinely achieved. The service had one full time staff vacancy at the time of this inspection and agency staff had been used to cover some shifts. People had expressed concerns about the use of agency staff to cover weekend shifts and the acting manager was working to resolve these issues and a new member of permanent staff had been appointed. People told us, "There are enough staff" and staff commented, "We are never understaffed."

Staff and the interim manager understood the requirements of The Mental Capacity Act 2005 and the importance of respecting people's decisions and choices. During the inspection, at both addresses, we observed staff supporting people to make choices and respected their decisions. Care plans provided staff with guidance on how to support people with decision making and staff told us, "[People] all chose what they want to do."

Staff knew people well and understood their individual care and support needs. People's care plans provided staff with detailed information on their individual likes and preferences. As well as guidance on how to provide support to help people manage anxiety. Staff told us people's care plans were, "Very comprehensive." Where specific risks to individuals had been identified staff had been provided with guidance on how to manage these risks. Records showed people met regularly with their key workers to discuss and review care plans and one person commented, "We have a proper support meeting every so often to go through the care plan and discuss whatever we want to do."

People were supported to live active, varied lives and encouraged to be as independent as possible. Care plans included people's goals and long-term aims and staff supported people to develop the skills necessary to achieve these objectives. Everyone who used the service had been supported to find employment and one person was in the process of planning to move into their own flat.

There was a positive and supportive culture within the service and staff took pleasure in describing people individual achievements. The interim manager told us, "I am proud of the way people are treated like equals."

The service's quality assurance systems worked well and were used to drive continuous improvements in performance. Audits were completed regularly and action taken where any issue were identified. Feedback was actively encouraged from people and their relatives. A questionnaire was underway at the time of our inspection had produced consistently positive feedback. People's comments had included, "I get a lot of help and I can do what I want."

The service records were well organised and policy documentation accurately reflected current practices.

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. Where staff had identified concerns in relation to people's safety these concerns had been shared appropriately with the local authority.

There were sufficient staff available to meet people's needs and the service operated robust recruitment practices.

Medicines were managed in accordance with best practice and people were supported appropriately to manage their finances.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well led.

Good ●

United Response - Limborne Supported Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 October 2017 and was unannounced. The inspection was completed by one adult social care inspector.

The service was previously inspected on 9 November 2015 when it was found to be good overall while requiring improvement in relation to our question Is the service Safe? Prior to the inspection we reviewed previous inspection reports and the Provider Information Record (PIR). The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the nine people who used the service, three relatives, four members of care staff, the acting manager and a health and social care professional who regularly visited the service. In addition we observed staff supporting people at both of the addresses at which the service provided support. We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People consistently told us they felt safe while receiving support from their care staff. A health and social care professional told us, "I consider the service to be very safe and caring for the tenants they support." While staff said, "I believe people are safe here."

At our previous inspection we found three incidents of possible abuse had not been reported to the local authorities safeguarding team. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found managers and staff had a good understanding of their role in protecting people from harm and of local safeguarding procedures. Staff told us they would report any concerns to their manager or supervisors who they were confident would take appropriate action. Records showed staff received regular training updates on safeguarding procedures. Contact details for the local authority safeguarding team were readily available to all staff. Records showed that the service had informed the local authority where they were concerned for the safety of the people they supported. This meant the service was no longer in breach of the requirements of the regulations.

People's care plans included detailed risk assessments and clear guidance for staff on how to ensure people's safety was maintained while encouraging as much independence as possible. In addition, these documents included a recent photograph of the person and information about areas they enjoyed visiting for use by emergency services in the event that the person failed to return home when accessing the community independently. A health and social care professional told us, "I've worked with staff around several different issues of varying degrees of complexity and find them to be very competent in understanding risk, needs and being able to support people safely."

People's care plans included risk assessments and guidance for staff on how to protect both the person and themselves from each identified risk. The service supported people to take risks where necessary to gain life skills and further independence in relation to specific activities where risk taking was necessary, for example, crossing roads without support. Staff described how they had worked with a person over a significant period of time to enable them to gradually develop the necessary skills and confidence to complete a task safely. Where any accidents or incidents occurred these had been documented by staff and investigated by managers to identify any areas in which changes could be made to prevent similar events from re-occurring.

On the day of our inspection there were enough care staff on duty at each address to meet people's care needs. Staff rotas showed these staffing levels were consistently achieved. People and relatives told us, "There are enough staff" and "Most of the time there seems to be just enough staff." While staff said, "We are never understaffed."

The acting manager told us there was currently one staff vacancy and that agency staff were being used to cover these shifts. People told us, "Agency at the weekend happens quite a lot" and "I would really like to have normal staff, I am not keen on agency." People were particularly unhappy about the use of agency staff

at the weekend, as this could impact on their ability to prepare the roast dinners that people enjoyed sharing together. One person commented, "I don't know if they will know how to cook."

The acting manager was aware of these issues and was working with agency staff providers to ensure these issues were resolved. In addition a specific agency staff information pack had been developed to provide staff new to the service with the details of each person's individual needs. Relatives told us, "They do try to get the same agency staff in, they definitely do" while staff commented, "We have had some agency staff at the weekend but that will be covered once the new staff member starts, they are just waiting for their DBS."

Appropriate recruitment checks had been completed to ensure prospective staff were suitable for employment in the care sector. These included Disclosure and Barring Service (DBS) checks and references from previous employers. People who used the service were supported and encouraged to take part in the interview processes for new members of staff and one person told us, "Tomorrow I am doing the interviews for the new manager, I have done interviews for other staff before."

People received their medicines as prescribed. Medicines administration records (MARs) had been fully completed and records showed all staff had received training in how to support people with their medicines.

People were supported to maintain the environment of their homes, which were clean and tidy on the day of our inspection. At one address staff were unclear how to acquire additional personal protective equipment including gloves and aprons when required. We discussed this with the acting manager who immediately made arrangements for additional supplies to be procured.

Staff supported people to manage their finances as independently as possible and specific care plans had been developed detailing the level of support each person required. This included information on how to help people to plan for shopping trips and guidance on how to support people with banking transactions. For example, one person liked to collect money from the bank each week. Staff worked with this person to identify how much money they wanted each week and then complete a cash withdrawal slip on their behalf. The person was then able to visit the bank independently. People were encouraged to collect receipts for purchases which they made independently and staff recorded details of all support they had provided with finances. These records were regularly reviewed by the acting manager and reconciled with bank statements if people were happy to share this information with staff.

Is the service effective?

Our findings

All new members of staff completed an extensive 11 week formal induction before they were permitted to provide care independently. This included training courses the provider considered mandatory, an introduction to the service, numerous supernumerary shifts where new staff observed how each person's care and support was provided and completion of the care certificate training. This national recognised training programme is designed to help ensure new care staff have a wide theoretical knowledge of good working practice within the care sector. One relative told us, "They don't just let new staff get on with things. They have a new staff member and I think she has done three months of supervision."

All staff received regular training updates through a combination of on line and face to face training to ensure they had the necessary skills to meet people's needs. Records showed staff had recently completed training on topics including; first aid, positive behavioural support, safeguarding, epilepsy and the Mental Capacity Act. Staff told us they felt sufficiently skilled and that training was regularly refreshed. Staff comments included, "Our training is updated regularly," "They let you know when it needs updating" and "We are always going on training." Relatives said, "The training that they get seems quite good." A health and social care professional reported, "[The staff] appear to be well trained by the organisation."

Staff told us they were well supported and received regular supervision from managers. They told us, "Supervision, they do those once a month" "[The senior support worker] is definitely hot on those" and "I am absolutely well supported."

The service worked well with others to ensure people's needs were met. Information was shared promptly and appropriately with health professionals where staff had identified concerns in relation to people's wellbeing. A Health and social care professional told us staff were, "Very active in joint planning and decision making, and they are very open to ideas and suggestions from professionals, working hard to consider creative solutions for the people they support and readily listening to direction and advice when needed."

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. We found that the service was working in accordance with the principles of the MCA. Throughout our inspection, at both addresses, we observed staff supporting and facilitating individual decision making. Where people were perceived to be considering unwise choices these issues, possible risks and outcomes were clearly and carefully explained. This was done discreetly and with compassion to ensure people understood the likely consequences of their choices and actions. Staff told us, "[People] all choose what they want to do." Care plans provided staff with detailed guidance on how to present information to people to enable them to make meaningful decisions. For example, one person's care plan stated, "You can relate things to me by comparing them to things I have done or experienced before that I have enjoyed. Explain

things simply to me don't give me too much information all at once. I will ask lots of questions, reassure me."

There were appropriate systems in place to meet people's needs if they became upset or anxious. Staff were provided with detailed information on events likely to cause distress and specific guidance on distraction techniques that had previously been used successfully. The service's policy was not to use forms of physical restraint and staff confirmed this.

People told us they enjoyed cooking and took turns to prepare meals with support from staff. On the day of our inspection, one person was supported by staff to make a shopping list for ingredients for the evening meal. They then independently visited a local supermarket and purchased the identified items. This demonstrated the service's approach and commitment to supporting people to develop their own independent living skills.

Is the service caring?

Our findings

People consistently told us they were happy with the care and support their staff provided. People's comments included, "We get on very well with the staff that are here", "The staff are nice people", "Staff help me out, I like them" and "They are good, they are." Relatives told us, "The staff are very kind, caring and welcoming" and "I think they do the best they can."

People's care plans included information on personality characteristics they preferred in their support staff as well as details of any specific skills needed to meet their needs. This information was used to inform recruitment processes. In addition, people who used the service formed part of the interview panels for staff. This increased the likelihood that new staff would get on well with the people they supported.

During our inspection we saw that people were comfortable spending time with their staff who they approached for support and reassurance without hesitation. People told us, "They help us any way they can." We saw and heard people laughing and joking with their support staff throughout the inspection and noted that the atmosphere at both addresses was positive, relaxed, supportive and informal. The interim manager commented "It lifts your spirits when you can hear people laughing with staff."

Staff knew people well and spoke knowledgeably about individual's needs and preferences. Staff told us the people they supported were, "fabulous" and took obvious pride while describing to us their achievements. Staff commented included, "[Persons name] has grown enormously in the last two years" and "We learn from both sides."

In the late afternoon of the day of our inspection, one person became upset. Staff listened carefully to the person's concerns and compassionately provided reassurance. The person was extremely comfortable with their support staff and clearly valued both their opinions and the support provided. Staff were able to predict events and circumstances likely to cause people anxiety. These issues were highlighted and discussed during handovers to ensure staff used consistent techniques while providing support.

The service recognised the importance of maintaining links with people's friends and family. On the day of our inspection a Halloween party was being arranged at one address while at the other address a party had been held the previous evening. People told us they regularly hosted events to which friends and family were invited. Relatives said there were always made to feel welcome while visiting and one person's relative told us, "They had a BBQ for parents so we could get to know the other people who lived at the service."

During our inspection staff acted to ensure people's privacy and dignity respected. When one person began discussing an issue in public, staff discreetly encouraged the person to a more secluded area where their conversation could be conducted in private.

People were supported and encouraged to be as independent as possible. Where people's wishes clashed with those of their relatives the service worked collaboratively with both parties to identify how best to

proceed. For example, one person's family had concerns about their safety while accessing the community independently. As a result the service had worked with the person to develop necessary specific skills and had gradually reduced to amount of support provided to enable the person to achieve their goal while ensuring their safety.

Is the service responsive?

Our findings

Before people moved into the service detailed assessments of their specific needs were completed. These processes were designed to ensure both that the service could support the person's needs and that they were likely to fit in with the people currently supported by the service. As part of the process people and their relatives were invited to visit regularly before they moved in. One person's relative told us, "They came to the house and visited and we visited them. [My relative] spent a couple of afternoons there and then started staying overnight. It was all done very gradually." Information gathered during the assessment process formed the basis from which people's full care plans were developed.

People's care plans were informative, comprehensive and designed to help ensure people received personalised care that met their needs. They included information about people's individual likes, interests and details of preferences in relation to both communication and how they preferred to be supported. Staff told us people's care plans were, "Very comprehensive, very good."

A daily task list for staff had been developed. This detailed how and when each person wished to be supported. This document was updated daily and used during staff handovers to ensure people's care and support needs had been met.

Care plans included objectives and goals people wished to achieve. Each month people met with their key worker to discuss progress towards these goals and to identify any additional support needed to achieve their aim. For example, one person had a long term goal to live more independently. Staff had worked with the person over a significant period of time to develop the skills necessary to achieve this goal. This had been achieved and arrangements were in place for the person to move into their own home in the month following our inspection. In order to support the person through this significant transition arrangements had been made to enable staff, the person knew well, to continue to provide support once they moved to their new address.

People and where appropriate, their relatives had been involved in the development and review of individual care plans. People told us, "We have a proper support meeting every so often to go through the care plan and discuss whatever we want to do" and "I do have review meetings with them." Relatives commented, "I have been involved in the process, they talked to me about the care plan" and "I think they are getting to know [my relative] well."

The service used learning logs to record details of people's individual achievements, successes and where unusual events occurred that indicated possible changes in the person's support needs. These records were detailed and informative and were reviewed both during staff handover and monthly meetings between the person and their key worker.

People were supported to live independent, full, active and varied lives. Staff had recently focused on supporting people to gain employment. The interim manager told us, "Everyone has been supported to find some type of employment" and during our inspection we saw people, preparing for and returning from

work. Individualised check lists had been developed to support people while preparing to go out independently. During our inspection people used these systems to ensure they had everything they needed before going out.

There were systems in place to ensure any complaints received were fully investigated and acted upon. Relatives told us if they reported any minor issue or raised any concerns these were promptly addressed. Relatives comments included, "I have no complaints at all" and "I would have no hesitation to talk with the manager and area managers if needed. Everything I have raised has always been addressed." In addition, people were specifically asked if they had any concerns or complaints during their regular review meetings with the key worker or during monthly tenants meetings. Records showed that when people raised issues they were addressed promptly. For example, one person had complained that an agency staff member had taken some of their food without permission. This agency staff member had not been permitted to return and the provider had made a formal complaint about the incident that had been investigated.

Is the service well-led?

Our findings

People were complimentary of the service provide by United response and told us, "They are looking after me" and "I am quite happy." People's relatives spoke highly of the organisation commenting, "Overall I am very impressed", "We think it is pretty good" and "My overall impression is that they are a very caring organisation".

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The previous registered manager had resigned in July 2016, a new manger had been appointed but had also subsequently resigned. During this period the provider had ensured that the service was adequately supported. An interim manager had been appointed to provide leadership to the staff team while a new registered manager was being recruited. Relatives had been informed of these changes and told us, "I was informed there was a temporary manager" while people said, "[The interim manager] seems to be doing as good a job as he can." A health and social care professional told us, "I have worked with a relief manager for a short time who I have found to be very helpful, supportive and questioning in an appropriate way." Staff told us they had been well supported during this period. One staff member commented, "We have gone through a period of change, we are building a team with some new members of staff and it is starting to get more stable".

Interviews for the permanent manager's post were due to be completed on the day following our inspection. We were subsequently informed that one of the candidates had been appointed and would subsequently be applying to become registered.

The service had clear leadership structures. The interim manager was responsible for the service's overall performance and was not included on staffing rosters. At each address the senior carer was responsible for day to day leadership with support and guidance from the interim manager. Senior carers were included on care staff rotas but were allocated time each week to focus on their management responsibilities.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. The Interim manager told us, "I am proud of the way people are treated like equals."

People's feedback was valued an acted upon, tenants meetings were held each month to discuss the service performance. The minutes of these meetings showed that where people had raised issues these had been promptly addressed and resolved. In addition, annual surveys of people and their relatives were completed. These surveys were underway at the time of the inspection and we were subsequently provided with their results. The feedback provided had been consistently positive with comments including, "All the staff have been very caring and supportive of [Person's name]", "I get a lot of help and I can do what I want" and

"United Response is to be congratulated for its consistency".

The service's quality assurance system were robust and designed to drive continuous improvement in performance. Regular audits of medicines, finances, accidents and incidents had been completed to ensure all staff complied with relevant procedures. In addition, regular assessments of the services performance were completed by staff from the provider other registered service. These assessments were designed to ensure the service complied with legal requirements. People's relatives told us, "[person's name] goes round to some of the local services with the quality checking team to help with their checks." Where quality assurance systems identified any issues, action plans were developed to ensure these issues were resolved.

Information was stored securely and records were well organised and accessible. The service's policies and procedures were up to date and accurately reflected current practices.