

United Response

United Response - Nailsea DCA

Inspection report

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Date of inspection visit:
31 May 2017
01 June 2017

Date of publication:
14 July 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

United Response is a domiciliary care service providing supported living to people in their own homes. They support people living in multi occupancy accommodation, single dwellings and those living with family (outreach support). The service supports adults who have learning disabilities, physical disabilities and mental health needs. Although it supports people with complex health needs, it does not provide nursing care. The support provided aims to enable people to live as independently as possible. At the time of the inspection there were 21 people receiving a personal care service. Some people required 24 hour support which was provided by the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall although people received responsive care that was outstanding. This was because the service provided highly personalised care that identified people's individual's goals and aspirations. People received support to live a meaningful life that created opportunities to access work, the community and social events. Staff enabled people to achieve skills that would improve their quality of life.

Why the service is rated good:

Staffing levels were safe to meet people's needs. The staff team were trained and received support from the management.

Staff were kind and caring. People felt staff respected their privacy and gave them choice and control about their care and support.

Medicines were stored and administered safely. Risk assessments were in place to support people safely whilst ensuring people's independence was retained. Staff were knowledgeable about how to safeguard people from abuse.

People's health needs were met and people benefited from support from staff relating to all medical and well-being appointments.

Care plans were person centred and gave clear guidance to staff on how to support people. Feedback was sought from people, relatives and professionals. Systems were in place to monitor and improve the quality of the service.

The service had a positive and person centred culture. People were at the centre of the service and were involved with interviews and the local community. Positive feedback was received about the registered manager from people, relatives and staff.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

People received highly personalised care that enabled them to live a full and meaningful life. People were supported to undertake opportunities including work, social activities and contribute to their local community.

The service was highly responsive when people's needs changed. It identified individual ways of empowering people to be involved in achieving aspirations and goals that were important to them.

People and relatives feedback described the service as amazing.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place that checked and monitor the quality of the service.

People, relatives and staff all felt happy and supported by the registered manager.

Notifications were being made if required.

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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 comprehensive inspection was carried out on 31 May and 1 June 2017 and was announced with 48 hours' notice. This meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

During the inspection we visited seven people although not all people were able to tell us about their experiences. We spoke with two relatives, the registered manager and five support staff. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and two care plans. Following the inspection we made phone calls to five relatives about the service their family member was receiving.

Is the service safe?

Our findings

The service was safe.

People, staff and relatives all felt safe. One person told us, "Yes, I feel safe. I love my house." One relative told us, "I think they are all brilliant, [Name of person] only has staff they know".

People were part of the recruitment process. The registered manager felt this was important as people could be part of selecting the staff they wanted supporting them. People told us this was important to them. Records confirmed the questions people had asked at the interview. Staff had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults and were knowledgeable about the correct action to take if they had any concerns. One member of staff said, "I would report any type of abuse. Start by going to the manager, or higher manager, CQC and if needed the police. I feel people are safe".

People had individual risk assessments that identified potential risks and gave guidance to staff on how to support people safely. Assessments included risks such as nutrition and hydration, personal care, behaviour and mobility. Staff knew people well and were able to confirm the details of people's individual support. There were also environmental risk assessments. This meant risks were identified to enable staff to support people safely.

People were supported by staffing numbers to meet their needs. People and relatives felt improvements had been made in the last six months by the agency and new staff had been recruited. The registered manager confirmed they were actively recruiting to vacancies in the outreach service. People told us, "Fantastic support staff" and "I only have staff I know. I won't have agency staff." Another person told us, "Yes I have regular staff," they then went on to name them. Relatives told us, "My [Name of person] doesn't have bank staff only staff they know" and "Staff have built a great relationship with [Name of person], 100% better".

The service recorded incidents and accidents there was an overview of the incident what had occurred, any injuries and the immediate action taken.

People received their medicines safely and when required. Staff had received appropriate training and competency checks. All medicines were stored securely and appropriately. Regular audits took place by senior support staff. Records confirmed this.

Is the service effective?

Our findings

The service provided effective care and support. People told us, "Quite nice. Yes I get choice around my food and what I eat." Another person told us, "They are a good company, really good staff." One relative told us, "They are very good on the whole. Real improvement".

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity and best interest decisions had been considered. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were supported through regular supervisions. Supervision were an opportunity to meet one to one with their manager. Supervision included discussions around training, development and any issues the staff member maybe experiencing.

Staff received regular mandatory training in, equality and diversity, first aid, safeguarding vulnerable adults, manual handling and safe administration of medicines. Records confirmed this. Staff comments included, "Training is great" and "We get lots of training." New staff received an induction which took them through different aspects of their role. The induction was aligned with the Care Certificate. Staff had access to additional training which was tailored to the individual people they provided care and support to. For example, staff had received training in Diabetes and positive behaviour management.

People's care plans included any dietary support people required with their eating and drinking. People who required their meals to be modified in a certain way had guidelines and risk assessments in place. Staff knew people well and were able to confirm specific support they provided to people.

People received support from staff to access health and social care professionals. For example, people visited the opticians, dentists, hospital, GP and attended annual health checks. Records confirmed appointments and any outcomes. Relatives confirmed the support the agency provided. One relative told us, "Staff help [name of person] with all their routine appointments, like eye tests, dentists, ear tests and annual health check".

Is the service caring?

Our findings

People were supported by staff that were kind and caring. People's comments included, "Staff are kind" and "I'm happy." One relative told us, "I think they are brilliant, they are very very sensitive. Overall they are good people". Another relative told us, "Really happy. Staff are amazing".

Staff were respectful and polite. They spoke with people in a kind and caring manner. During the inspection we observed office and support staff engage with people in conversations about areas of interest to them. Such as holiday's, work and social interests.

People's privacy was respected. One person confirmed how staff provided them with privacy and respect whilst support them with a shower in the mornings. Another person felt staff supported them in a non-judgmental way. They told us, "They don't judge me or put me down. They are respectful of my wants and needs". During the inspection we observed staff talk to people in a respectful and dignified manner.

People's care plans confirmed their communication needs. Staff communicated with people in their preferred way. Some people had communication boards that confirmed what activities the person had picked to do that day. It also showed guidelines for staff to follow and pictures of the staff working with the person that day.

People were supported to make decisions and choices about their care and support. During the inspection people made choices about how they wished to spend the day. Some people spent time at home, others at work and in the community. Where people were unable to express their views staff and relatives told us that would gauge how people were during the day and afterwards to see how they reacted to the experience. One relative confirmed how this had worked really well at building a picture of their preferences. This was because they noticed a difference to how the person was if they had done something which they had not enjoyed. An example was when the person goes outside they felt they were always much happier that evening.

Is the service responsive?

Our findings

The service was very responsive.

People and their relatives told us they received exceptionally personalised care that was tailored to their individual needs, preferences and wishes. People told us, "They are really good. They helped find me work." Another person told us, "Best team ever. I can't fault them." Another person told us, "My support worker is fantastic." One relative told us, "Staff are amazing, we can't fault them staff have an extremely good working relationship with [name of person] they share ideas and talk about different options." Another relative told us, "United Response do what she wants".

People were supported by the service to reach their individual aspirations and goals. The registered manager confirmed how one person had recently identified they wanted to explore a business idea about making chocolate and selling it locally. They explained how the person was going to be supported by support staff to visit a chocolate factory to explore this idea further. The provider employed a job coach. The registered manager confirmed if the person wished to take the idea further the job coach could support them. They confirmed the job coach had previously supported another person to undertake paid employment within the service. They now worked every Wednesday. The registered manager felt it was important to recognise and support people with their aspirations and goals.

People were actively encouraged when they wished to be supported to undertake work which was tailored to their individual needs. One person told us how they wanted to find employment. They raised with their support staff they wanted to undertake voluntary work. They confirmed how delighted they were with the support from staff they now had two jobs they enjoyed. They told us, "They helped me find my jobs, like looking on the internet and looking around places. My support worker approached [name of employer] and I now work here." On the day that we spoke with them they were independently walking to their job. This had also been part of their individual goal of walking to work they were very happy they had achieved this with the support from their support staff. They described their staff as, "Really good staff. A good team and company."

Another person was supported by staff once a week to undertake paid employment in the office. We observed them buy milk for the office and undertake cleaning and polishing of the sideboards in the office. The person was unable to communicate what this meant to them. However we saw them undertake their work with great enthusiasm and determination. One member of staff who was familiar with supporting this person described how staff support the person with their individual support plan. They told us, "We go shopping and [name of person] will pay for the shopping themselves if we say for example, you need a two pound and 50 pence coin they can then pay themselves. We also support them to go to the gym and undertake an exercise class." This was important so that they could remain active to undertake other activities they enjoyed.

People were supported to undertake meaningful activities that were important to them. For example, one person had been supported by support staff to access a voluntary group within their local community. The

group supported the local community by cleaning and visiting local restaurants. The person's relatives confirmed how positive this had been to their loved one's well-being. They felt this was very beneficial to the person who enjoyed being outside and was also developing skills, building friendships and becoming part of the local community.

Staff treated people in a holistic way and worked together to improve all aspects of people's lives. For example people undertook employment paid and unpaid. Daily life skills were encouraged and promoted around shopping, cooking and cleaning. Traveling and accessing the local community was important to people. The registered manager spoke about the importance of setting manageable goals for people. They told us people were at the centre of the service. They said the service aimed, "To ensure we understand the person. What are their aspirations and support needs. Small steps to build confidence. It is all around the person, we are very person centred." The registered manager gave examples of how people had achieved goals. Goals included how people had achieved being independent at going to work, getting to work via a bus and using the local skittles alley. They also told us of other goals people had expressed in wanting to achieve. One example was a person who wished to be baptised. They had started to support the person in what arrangements needed to be made.

The agency found creative ways for people to be empowered and to live a full and meaningful life. People were part of developing social activities within the local community. For example one person was running a cooking group that could be attended by anyone. The aim of the group was to enhance and build upon existing skills, including shopping for the ingredients, cooking the meal and then sitting down as a group to eat what they had made. The recipes were designed to allow anyone in the group to follow. The cooking group supported people with Makaton signs and symbols. This meant people who had individual communication needs were able to shop, follow the recipes and participate within the cooking group.

People were supported by staff who recognised people's changing needs. For example, when one person was no longer able to participate in playing football the agency had responded by finding another way they could be involved in an activity they enjoyed. They were now an active part of supporting a local football team. They assisted at their matches, provided water at half time, setting up the pitch and providing encouragement from the side lines. In recognition of their active support and involvement the team had given a thank-you training jacket to the person. We saw pictures of the person holding up a winning shield with the football team whilst wearing their training jacket. They looked very happy in the photo and had a big smile on their face.

People were encouraged and supported to be part of social events and interviews for new staff. Two people told us they were an active part in interviewing new staff. They had prepared questions that were important to them. They felt this had involved them in selecting the staff that they wanted to support them. They also told us they were an active part in the committee for the service. This involved organising coffee mornings and skittles events. They confirmed their active role in making the posters for the events and how they helped set up for the events on the day. They confirmed they were about to start planning the next social event and that they would be participating in the planning meeting. This was something they both looked forward to.

People's care plans were person centred and contained important information such as what the person liked and disliked, their wishes and support needs. People contributed to the assessment process where people were unable to express a preference, the service consulted with their close relative to gain further information on people's preferences.

The provider had a complaints policy in place. All people and relatives felt able to speak with the registered manager or raise any concerns with staff if they needed to. One person told us, "If I had a problem I would report it, but I can't fault them." Another person told us, "I would speak to [name of registered name] any problems I tell her I'm not happy." One relative told us, "We have come in today for a private chat. [name of the registered manager] is always happy to see or speak with us." People had a copy of an easy read complaints policy in their file. We saw where a complaint or concern had been received these were responded to with any actions logged.

Is the service well-led?

Our findings

The service was well-led

A registered manager was in post at the time of our 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 2008 and associated Regulations about how the home is run.

We received positive feedback about how the service was managed. One person said, "Tell [Name of registered manager] to call me, to come over for coffee." Another person told us, "Good relationship with [Name of registered manager] the first person I go to, or [Name of service manager] or the senior chief executive." Relatives told us, "The new manager has addressed a lot of the issues. We meet them every three months for meetings." Another relative said, "I can call [Name of registered manager] or email her." Staff told us, "Very good. Always available is [Name of registered manager] and [Name of service manager]" and "I love my job. I can always talk to [Name of registered manager]." The registered manager demonstrated an open door policy as during the inspection they had visits from, people, staff and relatives.

The service promoted and encouraged a person centred inclusive culture. The provider's aims and objectives for the service were to, 'Make sure that the people we support play a full, active part in identifying and planning their support, and are involved in making decisions about the care, treatment and support that they receive.' It also aimed to, 'Enable people with learning disabilities, mental health needs, and/or physical disabilities to experience the same rights and responsibilities as everyone else and to take control of their lives. Our vision is a society where people with learning disabilities, mental health needs, and/or physical disabilities are equal participants and have access to the same rights and opportunities as everyone else'. We found people experienced this as during the inspection people accessed the community, undertook paid and voluntary employment along with attending local exercise classes, either independently or with support from staff. People were an equal part of interviewing for new staff and were an important part of developing community involvement with cooking classes, skittles and fun days.

Systems were in place to regularly monitor the quality of the service. The provider sent yearly feedback questionnaires. These were sent to people, relatives and professionals across all services they provided. Results were positive. The registered manager undertook, staff, relatives and resident meetings. They also undertook regular audits of paperwork, accidents and incidents, care records and medicines. The regional manager undertook quarterly audits, which monitored the overall service provided.

Staff meetings were an opportunity for staff to pass on important information such as any changes to people's care needs and wellbeing. Records confirmed actions the registered manager needed to address. One member of staff told us, "Team meetings are often, once a month".

Prior to the inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection and

found we had been notified as required. This meant that we are able to build a full and accurate picture of incidents that had occurred in the service.