

United Response

Supported Living Services

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place between 30 October and 13 November 2015 and was unannounced

The Supported Living Service provide care and support to adults with learning disabilities living in their own homes in the Bradford district. They provide up to 24 hour a day support and also have an outreach service. They aim to support people achieve their goals in their everyday lives both at home and out in the community whilst maintaining their independence wherever possible.

The service had a registered manager in place. 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 told us they felt safe and had no concerns about the way they were treated or supported. Relatives told us they felt their family members were safe and cared for in a respectful way.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

Staff supported people to attend health appointments. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

We found people's medicines were managed in accordance with safe procedures and in line with people's prescriptions.

We noted a number of checks had been completed before staff began working for the service. Staff told us they were not allowed to work until all appropriate checks had been completed.

Staff spoke positively about the way the service was run. Staff told the atmosphere was positive and said they felt well supported. Staff had a clear knowledge of line management and told us they had confidence the service was well led.

Training was planned for the year ahead. The service had a training matrix which identified when refresher training was approaching and who was overdue. The vast majority of staff had completed all mandatory training.

There were sufficient numbers of staff to provide support flexibly. There were systems in place to ensure staff received training, on-going development, supervision and support.

Care plans were developed in consultation with people and their family members. Some care records were not always completed to a consistent level.

People's risk assessments were completed and these covered a range of issues including guidance around accessing the community and personal safety. People using the service and their relatives expressed positive views about the service and the staff.

The service was acting within the legal framework of the Mental Capacity Act (MCA).

People's independence was promoted and staff actively encouraged people to participate in activities.

Systems were in place to record, investigate and respond to complaints.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included annual surveys, house meetings and medicines administration auditing.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Appropriate arrangements were in place to protect people from the risk of abuse.

Care plans contained up to date risk assessments that identified risks to people's safety and/or that of others.

People were supported to take their medicines safely.

The service followed safe recruitment practices which helped to protect people.

Is the service effective?

Good ●

The service was effective.

Staff had received training during their probation period which covered aspects of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and independence and to access appropriate healthcare services.

People were offered choices at mealtimes and supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Relatives told us they were happy with the way their family members were cared for.

Staff gave us examples of how they would maintain and promote people's dignity, privacy and independence.

People and their relatives were encouraged to make decisions about the care and support they wished to be provided with.

Is the service responsive?

The service was not always responsive.

Care records were not always completed and did not always reflect peoples current needs.

People were supported to attend day centres, leisure facilities and community events.

The service had a complaints policy which was available in an easy read format for people using the service and their family members.

Requires Improvement 

Is the service well-led?

The service was well-led.

Staff expressed positive views about the registered manager's approach to managing the service.

The service monitored quality of care through regular contact with people and their family members.

People and staff members told us there was a positive atmosphere from the service.

Good 

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.

The inspection took place between 30 October and 13 November 2015 and was unannounced.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert-by-experience had previous experience with people that lived in supported living accommodation.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 12 people who used the service and four relatives over the telephone to ask them for their views on the service. In addition we spoke with 12 care workers and three service managers. We looked at 10 people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). 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. However we reviewed all information we held about the provider and contacted the Local Authority to ask for their views on the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "I feel safe with staff okay, everything is okay" and, "Oh yes I feel safe with staff." People felt confident to raise concerns and had the contact details to enable them to do so.

The service had a process for the monitoring of accidents and incidents. All incidents were recorded and collated together. The registered manager told us they used this information to look for trends. We analysed the number and nature of incidents against the average number for this type of service and we found the number of notifications made to the commission matched our expectations.

Staff we spoke with told us they had received safeguarding training. The training matrix showed us 204 of 220 staff had completed and were up to date with their safeguarding training. Many of the remaining staff were on leave or absent for other reasons. This showed us a high proportion of staff had been trained in identifying, and responding to abuse. Staff told us about different types of abuse, how they would respond and their responsibilities to report concerns. Staff were aware of the Local Authority safeguarding team and felt confident to contact them directly if they felt the registered manager had not taken appropriate action.

There was a safeguarding policy and procedure in place that had been reviewed in April 2015. The procedure explained types of abuse and how to report abuse; however it did not list organisations to contact in addition to the provider if abuse was suspected. The policy referred to, and was directed towards the welfare of staff and not people that used the service. We spoke with the registered manager about this and they acknowledged the mistakes and agreed to amend the policy. The registered manager had reported safeguarding concerns appropriately to the Local Authority safeguarding team and the Care Quality Commission (CQC).

Before people accessed the service, an assessment was carried out. This included assessing any risks that related to people's needs. The assessment was used by the service to determine if they could meet the person's needs in a safe way. Once a person was supported by the provider, the assessment information was used to create care records and risk assessments for people. We looked at people's risk assessments. People had risk assessments for areas such as 'allegations against staff', abuse, burns and scalds and accessing the community.

People were supported to take risks in their day to day lives. One person's risk assessment identified the risks associated with the person's decisions relating to some elements of their daily living. The care plan detailed the support that should be offered and the actions staff should take if support was declined. Staff we spoke with were able to tell us how they supported this person in line with the care plan. Staff demonstrated they had knowledge of areas of risk pertaining to each person and how they would support each person in an individual way to keep them safe.

There were enough staff to meet people's needs. People and their family members told us staff arrived on time and supported them with their assessed needs. We looked at the staffing rota and saw sufficient

numbers of staff to meet the basic needs of people that used the service. We spoke with staff who confirmed to us they thought there was sufficient staff to support people in a safe way. The registered manager told us recruitment was on-going and new care packages were only accepted when they could ensure they had enough staff to meet people's needs in a safe way.

People received care from competent skilled staff that knew how to protect them from harm. One family member told us staff were competent to look after their relative who used the service. Staff told us they received sufficient training to keep people safe and reduce risk.

The registered manager operated safe recruitment practices. Recruitment records showed that relevant checks were carried out before staff began work at the service. Checks included at least two references from previous employers and/or character references, identity check and a Disclosure and Barring Service (DBS) check. DBS checks identified if prospective staff members had a criminal record/caution or were barred from working with children or vulnerable people.

Where people required support with the administration of medicines this was detailed in their care plans. As part of the medication documentation for people, there was a 'process for administration' sheet that detailed checks to be completed before medicines were administered. This included checks on medicines name, quantity and size. Staff told us these checks were completed prior to all administration of medicines.

Each person had a medication profile in place to describe what medicines they were currently taking and how they preferred their support when taking medicines. For example some people wanted their medicines in their hands and others with a drink of water. Some people were prescribed medicines for as and when required use (PRN). These medicines had a protocol document which explained when they should be given. This enabled staff to support people with pain management in a safe way. Daily stock checks of PRN medicines were completed to monitor usage. Some people that used the service administered their own medicines. We found risk assessments were in place for those people who self-medicated. Medicines were administered in a way that suited each person and staff signed a Medication Administration Record (MAR) to acknowledge the medicines had been administered. Staff were trained in the administration of medicines.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the service they received from United Response Supported Living. People said, "The staff help me do what I want, they're nice." Comments from relatives included, "I have no qualms at all about their safety or care", "My family member is clean and is in better clothes than I am" and, "Staff work well with [person's name]."

We looked at how the service trained and supported their staff. Everyone we spoke with said the staff were competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation's policies and procedures and working with experienced staff to learn from them and gain an understanding of their role. New starters were given up to three months of support and training before being allowed to work alone. Staff told us their induction had been 'useful' and 'effective'. We asked the registered manager for the training matrix. The training system the provider used was a computerised system which indicated when staff were due refresher training. This was an effective system to ensure staff had been trained. We found high proportions of staff had completed the mandatory training courses. We asked about the staff that had not completed the courses and were told they were either sick, on leave or new starters. This showed us the provider supported staff to access relevant training to carry out their roles and responsibilities.

We spoke with a group of staff during a team meeting. Staff told us about the training they had received and confirmed they received on-going training, supervision and support. One member of staff told us, "Training is good." Another staff member told us, "We get service specific training too." Staff shared the overall opinion that they received the training and support to complete their roles effectively.

People were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. As people lived in their own homes, they were supported by staff to create shopping lists and completed their own shopping. Staff told us they encouraged people to eat a healthy balanced diet but people could choose their own food. We spoke with staff about how they supported people with food. They told us they used their knowledge of people to support them to eat. For example one staff member said, "[person's name] goes shopping with staff on a Saturday, they never eat anything they don't want to." If people were at risk of malnutrition the service contacted health professionals for support. People told us they were involved in planning weekly menus, shopping for food and basic food preparation. One relative told us, "My family member is definitely offered enough food." Another said, "The service users are encouraged to help. The staff think service users can all help and try and make their own."

People that used the service lived in different houses in small groups. One staff member told us about the house they worked in, "The people we support help staff cook. There is a menu planned for the week and the people we support go shopping. From the menu and the shopping the service users decide what they eat on a daily basis." Another member of staff told us that menus were planned with people and during this planning staff encouraged people towards a balanced diet. They told us they would offer healthier alternatives for meals. This showed us people were supported to choose their own food and to eat a

balanced diet where possible.

We looked at the way the service provided people with support with their healthcare needs. People who used the service told us their health care appointments and health care needs were co-ordinated by themselves or by staff. People's records included contact details of relevant health care professionals including their GP, dentist, podiatry and opticians so staff could contact them if they had concerns about a person's health. Records showed staff had liaised with health care professionals involved in people's care if their health or support needs changed. Staff were able to describe the action they would take if someone was not well, or if they needed medical attention. This showed us people received support from healthcare professionals when it was required.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had made applications to the Court of Protection for those people who had their liberty restricted in order to support them safely. We found the service was working within the principles of the MCA. The registered manager had a good understanding of how to ensure the correct process was followed where they suspected people lacked capacity.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff team. They told us they got on well with management and staff and were happy with their approach. One person told us when asked if staff knocked on their door before entering, "They do that here." Another person said, "I really like the staff, they are good to me." Relatives were also happy with the staff team and one said, "One of the care staff comes and picks me up by car so I can visit [person's name] every other week. I stay for a couple of hours." Another relative told us, "I see the staff are very good." Staff told us, "Staff have a caring side here" and, "I think we are all caring."

We spoke with people about their privacy needs. They told us staff gave them privacy when they wanted. They told us that staff asked before doing things in their house and made people aware when they entered the house. Policies encouraged staff to respect that they worked in someone's home. Staff supported this and gave us examples of how they protected people's rights to privacy and dignity.

Staff told us they had times of the day when it was quieter and they could spend time talking with people and getting to know them. Staff said this time encouraged positive relationships to be built up with the people that used the service. We observed interaction between one person and a member of staff. The staff member allowed time for the person to answer questions, and where the person struggled, they supported them to say what they wanted to say, rather than answering the question for them. One section of people's care records included a document called 'How I like and need my support'. This document had been created with the person and their family to ensure their views had been recorded and care could be delivered in line with their wishes. This showed staff focused on supporting people to express their own views and be involved in making their own decisions.

We asked people if they were supported and cared for in a way which promoted their independence. People told us they were supported to maintain and build their independence skills both within their own home and as appropriate in the community. People's care records contained a section on independence. This section indicated to staff how to support each person with improving their independence.

People supported by staff had regular person centred planning meetings. Person centred planning is a set of approaches designed to assist someone to plan their life. Staff told us the plans were created around people that used the service. They decided when they wanted their planning meeting, where they wanted the meeting, who to invite to the meeting and what to be discussed at the meeting. This document showed us people were involved in making decisions about their life.

One person told us, "I do what I can." From our discussions, observations and looking at records we found staff understood their role in providing people with person centred care and support. They said they gave people choices and encouraged them to do as much for themselves as possible. Staff were knowledgeable about people's individual needs, backgrounds and personalities. We asked staff about the people they worked with and they told us specific details about each person and how they liked to be supported at certain times. Staff were familiar with people's care plans and the information they gave us about people's

needs and preferences was reflected in people's care records. This helped to make sure people's needs were met in an individual way.

Is the service responsive?

Our findings

People and their families told us they received a service that was responsive to their needs and preferences. People said they received care in a way that suited them and they could change the way care was provided if required.

We looked at the way the service assessed and planned for people's needs, choices and abilities. When new people looked at receiving support from the service, initial assessments were undertaken to identify the person's support needs. Staff then met on a number of occasions with the person and their relatives in their own home to ensure a continuity of care and support. The person visited the supported living house where they wished to move and was introduced to staff and the other people who lived there. Support plans were developed outlining how the person's needs were to be met. The plans were kept under review in discussions with the people that used the service and with their relatives.

We looked at 10 people's support plans and other related records. Most records identified people's support needs in all aspects of their lives and provided guidance for staff on how to respond to them. The support plans included information about people's routines, likes and dislikes and aspirations. There were details about when and how they wished their support to be delivered. People's records included a document called, 'How best to support me' and another one called, 'How to enable and support me'. These documents described to staff what to do and what not to do when supporting someone. Detailed daily records were kept of the care and support delivered for most people. The examples we viewed showed staff supported people in line with their support records. This helped staff to monitor and respond to people's wellbeing. We found reviews for most people's needs and levels of support were being carried out. People and their families confirmed they had been involved with the review process. They told us they were aware of their support plans and confirmed they had been involved with them.

We found support plans differed in quality depending on which supported living service people lived at. Some plans we saw had all sections completed with sufficient details to be able to support people in an effective and person centred way. These plans listed specific information about individuals and what was important to them about how they received their support. Other support plans had gaps in sections and were written in a generic way. For example one person had a 'how to enable and support me' document that was very brief in detail with no person centred information. Another plan had no date on their documentation, making it difficult to see if it was current or not. A further person had no current support plan since their last review in June 2014. One more person had no support plan at all. We shared these concerns with the registered manager who acknowledged information was missing and said they would be looking into these errors as soon as possible. This meant there was a risk people would not receive appropriate care.

This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with people and their families and from looking at records it was clear people were

encouraged to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual and included shopping, going to the cinema, seeing family, swimming and attending day centres. Where necessary staff supported and encouraged people to access the local community. This helped them to participate in their local community and to improve their confidence. People that used the service told us, "I go to a day centre Monday to Friday;" "Staff take me to the shops" and, "I go out with my boyfriend." One family member told us, "Staff take out [person's name] for a wheelchair walk in the park and to restaurants." This showed us people were supported to take part in a range of activities according to their interests.

We looked at the way the service managed and responded to concerns and complaints. The provider's complaints process was available in the office. People told us they were aware of who to speak to and were confident they would be listened to. People told us, "If I have a concern I phone and it is always dealt with quickly" and another person said, "If there are any issues they call me." We looked at the compliments and complaints policy and procedure that the registered manager sent us. The procedure included the action to be taken when a concern was raised and expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with complaints if people were unhappy with their complaint. At the time of our inspection we saw no records of complaints were documented. We spoke with the staff and registered manager who had a clear understanding of what action they would take if they received a complaint. The policy indicated people's concerns and complaints were regarded as opportunities for improvement.

Is the service well-led?

Our findings

There were systems in place to seek people's views and opinions about the running of the service. Relatives and people who lived in the houses had a direct influence on how the service was run from day to day discussions and from involvement in reviews. People we spoke with told us they had chance to speak with staff or service managers about the service. One person told us, "I am listened to; the staff have no choice in that." House meetings were held in supported living houses to discuss any changes that affected people.

The provider had systems in place to monitor the service and improve the quality of care being provided. The registered manager told us they completed quarterly audits for medication, monthly health and safety audits and weekly checks on service audits. The checks on the service audits were observations made in a service when a senior manager visited. This showed staff had put into practise their skills and values. We looked at the last quarterly audit completed in October 2015. This audit covered financial checks, medicine checks, hazards and fire system checks, incidents, supervisions, first aid supplies and gas boiler checks. We were told service managers completed six monthly support plan audits. These audits were in place to identify shortfalls and inconsistencies in support plans throughout the service. Although the service had not identified the concerns we raised around the inconsistent approach to support plans and completion of support plans, the registered manager told us they were going to investigate why plans had not always been completed and why this had not been identified in their quality assurance process.

Systems were in place for monitoring any accidents and incidents and checking they were recorded; outcomes had been clearly defined to prevent or minimise any re-occurrence.

People were not always aware of the management structure at the service. We asked people who the manager of the service was and different names were given to us. However people did not express any concerns about the management and leadership arrangements.

There was a registered manager in day to day charge of the service. The service comprised of a number of supported living houses where people lived. Each one of these houses was supported in the day to day running by a service manager with the overarching support of the registered manager. The registered manager was able to discuss areas for improvement and how the service would be developed.

Staff told us the registered manager provided clear leadership and was committed to the continuous improvement of the service. On the day of inspection we observed the registered manager interact with people that used the service and staff. The registered manager was clear and confident in their role while maintaining a positive atmosphere and culture in the service. During the day of inspection, the registered manager was open and transparent showing a willingness to improve the service. Concerns we raised with the registered manager were acted on immediately demonstrating leadership willingness to act on feedback.

There were clear lines of accountability and responsibility within the organisational structure and they were made aware of the provider's vision, values and philosophy. Staff told us they enjoyed working for the

service. They had been provided with job descriptions, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff told us they received sufficient opportunity to voice their opinions and in staff meetings this was actively encouraged. During the inspection we joined one team for their team meeting and found the meeting to be open and inclusive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not maintain support records that reflected people's current needs.</p>