United Response

Kent DCA

Inspection report

United Response
378a Cheriton Road, Cheriton
Folkestone
Kent
CT19 4DX

Tel: 01303270024
Website: www.unitedresponse.org.uk

Date of inspection visit:
11 January 2016
12 January 2016

Date of publication:
29 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 and 12 January 2016. The registered manager was given 48 hours' notice of the inspection. The previous inspection took place 30 July 2013 and found no breaches in the legal requirements.

Kent DCA is a service that is registered as a domiciliary service providing supported living to people in their own homes. They support people living in multi occupancy accommodation and single dwellings (such as clusters of flats) in Ashford, Folkestone and Hawkinge as well as outreach support. The service supports adults who have learning disabilities, physical disabilities and mental health needs. It supports people with complex health needs however 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 25 people were receiving a personal care service although the service provides support to other people as well. Some people required 24 hour support which was provided in supported living accommodation. Many people the service supported had previously challenged traditional services and required bespoke and flexible support packages.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. 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 registered manager of this service oversees the running of the full service and is supported by service managers who are based geographically to manage different areas of the service.

People told us they received their medicines when they should and felt their medicines were handled safely. However we found shortfalls in some areas of medicine management. Most risks had been assessed and guidance was in place to keep people safe, but not all.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. People, relatives and professionals were overwhelmingly positive about the service received. Comments included, "I can't fault it". "(Family member) has been at their happiest here". "It all centres around them".

The service was innovative and used assistive technology to enable people to be as independent as possible. People that had previously required constant staff supervision were able to have privacy and independence with staff accessible nearby. Those that had previously challenged services were able to live their life to their fullest potential.

The leadership and coaching provided by the registered manager and service managers ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them.

Training records were up to date and staff received regular supervisions and appraisals. Each member of staff had a personal development plan. The provider worked with other organisations to ensure staff received current and best practice training and information. Staff were very positive about the support they received from their managers and enjoyed working for the provider. All staff demonstrated passion and commitment to providing the best possible care and opportunities for people to live life to the full.

People had positive relationships with their support staff that knew them well and used their shared interests to help people live interesting lives. There were enough staff available to meet people's needs and people were busy and engaged with their communities. They were supported to make and maintain friendships and relationships that were important to them.

There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their individual needs and wishes. The service was flexible and responded to changes in people's needs.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. People were involved in the recruitment and selection process.

Staff respected people's privacy and dignity. All interactions between staff and people were caring and kind. Staff were consistently patient, compassionate and they demonstrated affection and warmth in their contact with people, which was reciprocated.

People were involved in the initial assessments and the planning their care and support and some had chosen to involve their relatives as well. Care plans detailed people preferred routines, their wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were involved in review meetings about their support and managers used technology and other methods to increase and encourage people's involvement.

People and their relatives had opportunities to give feedback about the service. Any complaints and feedback were listened to carefully, taken seriously and used to improve services.

The provider had sustained outstanding practice, development and improvement at the service. The provider had achieved awards and accreditation and continued to work in partnership with organisations to develop best practice within the service. Staff were highly motivated and were actively involved in and contributed to continuous development and improvement.

The provider had a strong set of values that wee embedded into staffs practice and the way the service was managed. Staff were very highly motivated and proud of the service. The provider and managers used effective systems to continually monitor the quality of the service and had ongoing development plan for improving the service people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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?

Requires Improvement

The service was not always safe.

People were not fully protected against the risks associated with medicine management. Administration records did not always show whether a medicine had been administrated. There was a lack of guidance relating to some medicines.

Most risks associated with people's support had been identified, but not all. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

People were fully protected by robust recruitment processes. There were sufficient numbers of staff to meet people's support needs.

Is the service effective?

Good

The service was effective.

People received support from staff that skilled, trained and knowledgeable in meeting people's needs. They received coaching and support from managers to ensure they delivered the best possible service.

People were encouraged and enabled to make their own informed choices and decisions, both within the service and the local community.

People's health needs were met and they were supported to stay healthy, active and well.

Is the service caring?

Outstanding

The service was outstanding in providing caring staff to support people.

The registered manager, managers and staff were committed to a strong person centred culture.

Relatives felt staff went the extra mile to provide compassionate

and enabling care.

People were always treated with dignity and respect and staff adopted a kind and caring approach.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's support routines and their wishes and preferences.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received, which was used to improve the service.

People were actively involved in the community and undertook activities they enjoyed.

Is the service well-led?

Good

The service was well-led.

There were systems to audit and identify any potential improvements to the service. The registered manager and service managers promoted an open and inclusive culture that encouraged continual feedback.

The registered manager and service managers promoted strong values and a person centred culture. Staff were committed to delivering person centred care and managers ensured this was consistently maintained.

The service worked effectively in partnership with other organisation to keep abreast of current good practice. There was strong emphasis on development and improvement, which benefited people and staff.

Kent DCA

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 checked 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 11 and 12 January 2016 and was announced with 48 hours' notice. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR) in August 2015. 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. Prior to the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection the provider supplied information relating to the people using the service and staff employed at the service. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments and associated care records, three staff recruitment files, the staff training, supervision and appraisal records, a rota, accident and incident records, medicine and quality assurance records and surveys results.

We visited five people who were using the service; we spoke with the registered manager and eight members of staff. People were not always able to tell us about their experience of receiving care and support from Kent DCA so we observed staff carrying out their duties, communicating and interacting with people to help us understand their experiences.

After the inspection we spoke with four relatives about the service their family was receiving. We also contacted eight health and social care professionals who had had recent contact with the service and received feedback from six.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when staff were supporting them. One person said, "Of course I do". In a recent satisfaction survey all those that responded to the question, felt safe with their support staff. One person commented, "My team know how to make me feel safe and encourage me to get out of my comfort zone and be safe".

People we spoke with told us staff managed their medicines and they got their medicines when they should and these were handled safely. However people were not fully protected against the risks associated with medicine management.

Medication Administration Record (MAR) charts we examined showed that there were gaps in signatures to confirm the medicines had been administered or a code to explain why it had not. This was in relation to a particular topical medicine so we were unable to ascertain when the cream had been administered to the person.

Where people were prescribed medicines on a 'when required' basis, for example, to manage pain or skin conditions, there was individual guidance for staff on what these medicines were for, when and how they should be given, but they lacked information about when staff should seek professional advice on their continued use. This could result in people not receiving the medicine consistently or safely.

Risks associated with people's care and support had mostly been assessed, these included people's environment, behaviours that challenged, eating and drinking, leaving their accommodation, falls, choking, cooking, accessing the community, handling finances and moving and handling. There was guidance in place to reduce these risks and keep people safe. Some people had health conditions, such as diabetes, but assessments and guidance did not identify the signs and symptoms a person may display when they became unwell due to these conditions or what action staff should take to keep the person safe. Staff were about to receive training in managing diabetes and discussions identified they knew what the signs and symptoms might be in such circumstances. However to help ensure people remain safe guidance should be in place.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(1)(2)(a)(b)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear medicines policy in place. Staff had received training in medicine administration and their competency was checked by senior staff to ensure they followed good practice and people received their medicines safely.

People told us they felt safe and would speak with a staff member if they were unhappy. During the inspection the atmosphere within people's homes was happy and relaxed. There were good interactions between staff and people, some with good humour. People were relaxed in the company of staff and staff

were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Accidents and incidents involving people were recorded. The service manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident and to reduce the risk of further occurrences. Reports were then sent to the registered manager for review and the health and safety department who monitored for patterns and trends. Records showed that all incidents and accidents were discussed at staff meetings to ensure any learning was identified and any changes needed were implemented to keep people safe. For example, records showed that the guidelines for a person crossing the road had been reviewed and discussed at a staff meeting.

People had their needs met by sufficient numbers of staff. At the time of the inspection people received between 35 and 105 one to one support hours per week and may also have a staff member sleeping in or access to a staff member sleeping in for them and other people. Staffing levels were kept under review and were based on people's one to one support hours. People's one to one support hours were covered using a team of staff on a rota basis. Staff told us they felt there were sufficient numbers of staff on duty to meet people's chosen activities, health appointments and needs. During the inspection staff were responsive to people and were not rushed in their responses. The provider used their bank staff to cover any leave. There was an on-call system covered by the senior staff and management.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited recently. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character. The registered manager told us as part of the staff recruitment, people who used the service were given opportunity to be a part of this process. This way people could give feedback and applicants could be observed in how they interacted and responded to people they may support. This helped ensure people felt comfortable and safe with staff that might support them.

Good

Is the service effective?

Our findings

People and their relatives were happy with the care and support they received. In a recent satisfaction survey the majority of relatives that responded felt the service was "Excellent" others felt it was "Good" and one felt it was "OK". Their comments included, "Quality of care + standard of excellent staffing". "The quality of staff is always good, but some go the extra miles to provide an excellent service". Relatives spoken with told us they were "very confident" or "more than confident" that the staff were skilled to meet people's needs. One said, the staffs training and demeanour is incredible. They are trained properly and inducted into (family members) ways". Another said, "(Family member) has complex needs and lived in house with other people, which was a disaster, but since being here things have improved and a lot better for him".

Health and social care professionals told us that the staff were very knowledgeable and skilled as well as being a consistent core staff team and understood people's needs very well. They commented that staff had very good in-house training and regular meetings for updates. They felt people enjoyed a good quality life with a team of staff who were knowledgeable about their needs and very caring. They said it was evident that people's choice was promoted and valued. One professional said, "Team members are specially selected to be best able to meet (their) needs. They have regular and very positive team meetings, which I have attended on several occasions when a problem had been highlighted and these happen regularly at frequent intervals and immediately any small issues is identified to ensure that consistency of approach is maintained".

One social care professional told us it was difficult to talk about every single example of all the good practice noticed in the service; however they did tell us about a person with very complex needs and how they were making good progress with social inclusion and their family were delighted with the support they received.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people during the inspection. For example, whether they would like a drink, where they would like to sit and what they wanted to do. Records showed that when a person had refused breakfast staff were patient and offered this again several times until the person chose to have their breakfast and that people were offered a choice of food. In a recent satisfaction survey everyone that responded said they chose what food and drinks they had.

Care plans were written and some were enhanced with pictures and photographs. They contained information about how each person communicated, such as 'use clear concise communication, make eye contact and use my objects of reference to help me understand. Don't keep repeating something just because I'm taking my time to decide whether I want to do that and when'. Care plans showed how best to offer choices to each person, such as offer two choices of something to aid a person's decision making. We saw that staffs practice reflected this way of communicating during the inspection. Staff were patient and not only responded to people's verbal communication, but their behaviour or gestures. Pictures and photographs were used to enable some people to make informed choices or access information, such as who was going to be supporting them and what was planned for today including activities.

Staff had received training and had a good working knowledge of the key requirements of the Mental Capacity Act (MCA) 2005. They put these into practice effectively, and ensured people's human and legal rights were respected. The registered manager told us that no one was subject to an order of the Court of Protection. Sometimes people chose to be supported by family members or friends and when this was the case this information was recorded in the care plan. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records and discussions confirmed there had been best interest meetings in relation to medical treatment and tenancy agreements, where all the appropriate people had been involved. It was apparent that the registered manager and staff understood the process, which had to be followed when one was required, which meant that people's right to make the decisions they were able to, were upheld.

People told us they received their service from a team of regular staff and records and staff confirmed this. The registered manager told us that following initial information and phone calls where they discussed people's needs they would match members of staff to cover the support. The matching process was based on people's needs and staff skills and experience, hobbies and interests and individual profiles were used to aid this process. For example, where a person had an interest in computers they had been matched with a member of staff that had the same interest so they had common ground to build their relationship. Staff told us where it was identified that the support arrangements were not working changes were made to ensure people were supported by staff they felt most comfortable with and staff talk about an example where this had been the case. In a recent satisfaction survey one person commented, "I get to change support times to fit in events and groups I want to go to".

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included completing a workbook and attending training courses. The new Care Certificate had been introduced and new staff had or were undertaking this training. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. In addition to this staff shadowed experienced staff. One staff member told us how this was organised to ensure all that parts of a person's support was shadowed until the staff felt confident and were competent to work on their own, which was usually about two weeks. There was a rolling programme of training in place, including eLearning and face to face training, so that staff could receive updates to their training and knowledge.

Some specialist training had been provided, such as training on person centred thinking, epilepsy, dementia, sexuality and relationships, Autism and mental health awareness. Staff felt the training they received was "Good", gave them confidence and enable them to meet people's needs. One staff member told us the provider "is interested in training and we can suggest any training". They gave examples of where this had happened, such as sensory training and assisted technology and how to use this training. The provider had produced a DVD, which could be used for training on relationships.

Staff were also trained up to level 3 in positive behaviour support, which was accredited by the British Institute for Learning Disability. The foundations of positive behaviour support is understanding why the individual exhibits challenging behaviour ("triggers"), and addressing the issues to prevent further episodes of challenging behaviour. This assessment is also known as a functional behavioural assessment, and is used to create an individualised support plan. Positive behaviour support aims, through positive methods, to teach the individual new behaviours and enable them to achieve what they want to achieve. We found this approach was embedded into staffs practice and had resulted in less incidents of challenging behaviour

and people have a better quality of life as a result.

The service worked effectively in partnership with other organisations to make sure they were training staff to follow best practice. The included working with a leading academic group and producing training materials in partnership with them, such as booklets on communication and leadership. The Tizard Centre is one of the leading academic groups working in learning disabilities and mental health services. Their primary aims are to advance knowledge about relationships between organisations and their outcomes and to help services develop their own competence to provide and sustain high quality and comprehensive services and address issues of social inequality.

Forty-five percent of staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The service had achieved recognised accreditation schemes, including 'Investors in people', 'investors in diversity' and 'positive about disable people'. The provider demonstrated a proactive approach to staff members' learning. All staff had a personal development plan and staff told us they had opportunities to discuss their learning and development through team meetings, one to one meetings with their manager (supervision) and an annual appraisal. Managers worked within people's homes where there was shared occupancy and where there were a cluster of individual accommodation so they were able to observe staffs practice and coach them whilst supporting people. Team meetings were organised for each team that supported an individual or a group of individuals. Items discussed included any health concerns, people's development, accessing the community and any current risks and strategies. Staff were able to discuss any issues and policies and procedures were reiterated. Staff said they felt very well supported, they felt valued, listened to and enjoyed working for the provider. One member of staff also talked about the good team work and how they could rely on other team members for support.

People's needs in relation to support with eating and drinking had been assessed and recorded. People told us they liked and were happy with the meals staff prepared. People were supported where possible to be involved in planning their weekly menus, shopping and meal preparation. Staff told us how they encouraged a varied and healthy diet. Some people used adapted cutlery to aid their independence whilst eating. Where people were at risk of poor nutrition or hydration they were monitored closely and staff were aware of what the recommended daily fluid intakes were for individuals. Professionals had been involved in assessments and advice and guidance was followed through into practice. Staff told us this had resulted in one case of success where due to a health condition a person had had to follow a strict diet, but with good support and encouragement this had now been relaxed to a healthy and varied diet and monitored closely. Staff supported people with any special diets, such as diabetic and soft diets.

People were supported to be lead healthy and active lives regardless of their age or physical ability. People were supported to maintain good health. Some people had ongoing complex health care needs and this resulted in staff supporting people to attend health appointments and assessments. People were also supported to attend appointments and check-ups with dentists, doctors, the nurse, chiropodist and opticians. Staff told us they knew people and their needs very well and would know if someone was not well. Staff told us about a recent incident when they had recognised concerns with a person's teeth during brushing. The person had been supported to visit the dentist. Staff kept people's health needs under constant review and could tell us in detail about how people were monitored and the consequences of a poor diet or lack of fluids. Records showed they made appropriate referrals to health professionals, such as the Parkinson nurse, physiotherapist and occupational therapist. One care plan detailed exercises

recommended by a physiotherapist and staff told us these were completed daily. Another care plan detailed transfers recommended by an occupational therapist using photographs to make them clear for staff supporting the individual effectively. Staff told us they used 'DisDAT' (Disability Distress Assessment Tool) to aid their monitoring of some people. This was intended to help identify distress cues in people who because of cognitive impairment or physical illness had limited communication. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff that supported people were up to date with their current health needs. Staff demonstrated in discussions they understood people's health conditions and needs and how these impacted on the individual and their lives. Social care professionals told us that some people were aging and had complex health needs, which were met exceptionally well and they were supported to maintain their mobility as much as possible. One relative told us staff went to great lengths to sort out any health concerns.

Outstanding ☆

Is the service caring?

Our findings

People told us they liked all the staff, who they said were kind and caring. People demonstrated by their affectionate interactions with and positive reactions to staff that they were happy and supported well. In a recent compliment letter one person had commented, "I am treated as a person – a valued person" and "Having independence is very valuable". A recent satisfaction survey noted comments about the staff including, "The support workers are kind and caring". "The staff I have are very friendly and easy to talk to". "Staff give me support to see my friends and give me the right level of support with those friends. They give me time to spend with family". "I like working with my support team. I enjoy the fun we have and know that I can go to them with problems and they will do their best to sort out the problems. I look forward to seeing them when they're next on shift". "They help me feel more confident with travelling around on my own". "Hard working and trust worthy staff". "Have a laugh and good support".

Relatives that we spoke commented that the staff were "very caring"; they are "dedicated and amazingly committed". "They do the little things that are important, like keep in touch with families and support (family member) to send birthday cards and buy a present". "They are absolutely marvellous". The staff stay, there is a low turnover, they all love being there". "They are always on the ball and can tell me what's happening". (Family member's) support is centred towards him and what he wants". "It is amazing that they go that extra mile and they are remarkably fond of (family member)".

Relatives satisfaction survey comments included, "…with the help of United Response staff, (family member) has achieved a great deal of independence and an enjoyable and varied life". "I would like to say how impressed I am with the two members of staff… (family member) is happy, contented, learning new skills and made friends with the support and help that these ladies provide. We feel privileged as a family to say (family member) is supported by United response. So it's a big thank you from us keep up the good work". "…is treated with kindness and dignity".

Feedback from health and social care professionals was extremely positive. They told us the staff were very kind, compassionate, caring and people were very well cared for and always treated with dignity and respect. They felt managers and team leaders unfailingly role modelled dignity and respect towards people and other professionals at all times as well as providing training and regular supervisions. Staff and management worked to ensured that they maintained good relationships with families and to ensure that family contact was maintained wherever possible. One professional said they knew a person's family were comfortable with the support and particularly reassured by the open way in which the service communicates with them and maintained close relationships. Another told us "I think the service at United Response is excellent and always delivered in a person centred way".

During the visits to people's homes we observed that staff took the time to get down to people's level, listen and interact with them and act on what they said. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or gestures. Different approaches were used to suit people's personalities, at times there was laughter and good humour and other times staff sat with people and spoke quietly, conversations were always inclusive of people. When a member of staff thought

that a person did not quite understand the question we asked they gently intervened, so the person did not become distressed. Staff were quick to pick up signs that a person was not quite happy and offered a reassuring hand to rub their shoulder, whilst quietly reassuring them as well.

We saw one person returned from a pub lunch, which they told us they really enjoyed and they had been supported to buy a bunch of flowers whilst they were out. When they were ready the staff member sat at a table with the person after getting a vase and supported them to arrange them. Later when this was done and the flowers were on view we saw they were sitting with the person encouraging them to do a puzzle for themselves, this often took several encouraging comments, but with patience the person managed to do the puzzle themselves. Another person was shaking musical instruments whilst listening to music and a staff member sat with them chatting quietly about the music.

The service demonstrated a strong person centred culture and used innovative ways to help people express their views and develop their communication. We saw how staff had put together a series of photographs in preparation for one person's review meeting so what was being discuss was more meaningful and encouraged them to talk about the things they had done. These were then transferred onto their television during the review discussions. Staff also spoke about how this person had developed their communication by using a picture board. Their board contain photographs of their planned activities and what staff member would be supporting them. Staff told us about an occasion when the person had been told a staff member was sick and could not come in, but a different member of staff would come. Staff said the person went to their collection of photographs and was able to change the board themselves something that had not happened previously.

In another instance the registered manager told us how one person's wish was to live on their own in their home (as they had always lived in shared accommodation), but there were complex health and safety concerns. The registered manager said they had provided equipment and the person now had an active life during the day where they were engaged, which meant they slept better at night and a sensor mat was used to ensure their safety and give them the freedom they wished and a sleep in member of staff was on site and linked to the sensory equipment instead of in their room.

At a shared occupancy bungalow the registered manager had worked with a company who carried out an assessment and then suggested equipment to keep people safe. In this case sensory mats and walkie-talkies were used, which meant the front door did not have to be locked and people who lived there gained the freedom to come and go as they pleased.

Many of the staff team were long standing team members with many working years for the provider, enabling continuity and a consistent approach by staff to support people. Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that there were good and meaningful interactions during people's support time.

Staff were matched to support people with shared interests. In discussions each staff member we spoke with demonstrated a passion and commitment to the people they supported intent on playing their part in ensuring people they supported had the best quality of life possible. We heard from staff how other staff "went that extra mile" with people they supported. For example, one person and a staff member shared an interest in computers, but there was a problem with the individual's computer, which the staff member could not fix, so in their own time they had taken the individual to Canterbury college to get the issue resolved.

Another member of staff supported a person with an interest in trams and the staff member as a surprise had order a model tram off the internet and staff told us the delight when the person received it was wonderful.

People were supported to keep good contact with family and supported to attend group activities where they met up with friends. One relative told us, "(Family member) is encouraged to maintain contact with us; I get photographs and letters about their progress". Some people were supported to attend the provider's community network centres where groups were run and people could join people from the local community to share an interest and forge new friendships. One person talked about how they enjoyed the choir group, which ran on a Monday and the registered manager told us how one person they supported had lent a local resident, who they had met at the centre, use of their washing machine because theirs had broken. Staff members sometimes ran these groups in their spare time and this in itself encouraged people they supported to attend and join in.

The service had also held events to build relationships with people, their families and the local community. The registered manager talked about art exhibitions that had been held to exhibit art work that had been completed by people who received support whilst attending groups. Staff also ran community fete days and a pop up shop where people who used the service could run stalls. This demonstrated the staff's dedication in giving their own time and resources to put on extra events for the benefit of people receiving care and support.

During visits to people's homes staff talked about people in a caring and respectful manner. Management ensured that support arrangements provided continuity and a consistent approach to the support people received. We saw staff supporting a person from their easy chair to go to their bedroom. They were patient, went at the individuals own pace and explained clearly what was happening and what they needed the person to do independently so the transfer was undertaken safely. Care records were individual for each person to ensure confidentiality and held securely. Care plans promoted people's privacy and dignity. For example, during personal care routines where people chose they were left alone in the bath for a soak whilst staff remained outside. Others stated that staff should knock on people's doors and wait to be asked to come in. In a recent satisfaction survey 100 percent of relatives that responded that people were always treated with dignity and respect.

People's independence was promoted and maintained wherever possible. People's care plans detailed what people could do for themselves however small. For example, making a hot drink, shopping and laundry. Care plans stated that encouragement was to be given to be independent in tasks, such as cleaning teeth. Goal planning was used to take small steps towards bigger goals. For example, a long term goal was to have a major part in the laundering of my clothes, but a smaller step was to put the washing in the machine. One person told us how they could now put their own washing in the machine. One staff member told us, "We support people, not do it for them". Social care professionals told us that staff supported and encouraged people to as much for themselves as possible to maintain their independence, both in their home and in the local community. They said goals were set for people and it was clear that thought and knowledge of the person in question had been taken into consideration when setting these goals. A relative told us, their family member started slowly with goal planning, such as going out into the community, but staff were building on this, but things go at the individual's own pace.

Staff talked about how people had developed since being supported by the service. The registered manager told us that people displayed far less challenging behaviour than they had previously. They felt this was down to providing support where people could be actively engaged during the day, which helped them to sleep better at night and the individual was supported by a team of staff who saw the person an individual

and not as behaviour. Staff understood their behaviour through specific training and knowing them well as a result of good continuity of support. Another person had developed their confidence with staff and was now able to accept, benefit from and enjoy a variety of staff support them.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one needed to access any advocacy services. Details of who people wanted to support them was recorded in their care plan. The registered manager told us an advocate had been used in the past as part of a best interest meeting about a tenancy agreement.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received and felt it met their needs. In a recent satisfaction survey relatives felt the general standard of support, quality of care and personal care was excellent or good.

People were involved in the initial assessment of their needs and in planning their support. The registered manager told us that for most people it was important to have their own space and accommodation with support and this was what staff worked to achieve. Referrals came from the local authority, but on occasion's people have approach the service because they have known about it through the community network centres. An initial lengthy telephone call gathered information about the type of support that a person required. Following this written assessments were obtained from the care manager and other professionals involved in the person's support as well as having discussions. People and their family, where appropriate, then either visited the registered office or the registered manager visited them to discuss and go through information packs. The registered manager told us a home visit was always undertaken at some point. The registered manager then worked with people, their families and professionals to put packages together although this could be over a lengthy period of time.

A new format of support plans was being implemented at the time of the inspection. The registered manager told us that it was planned that each person would have the new format in place by the end of April 2016. The new care plans would provide a streamlining of records with all the information in one place about people's support needs. Care plans contained details of people's preferred morning and evening routines, such as an in-depth step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves, however small and what support they required from staff. One bathing support plan did not show such detail, but this was updated during the inspection once highlighted. Another contained some out of date information about a medicine, but this was being transferred to the new format and updated during the inspection. Some people that displayed behaviours that may challenge had a positive behavioural support plan, which had detailed descriptions of what might happen and when and how staff should manage this to keep people safe. Some support plans were enhanced by the use of photographs to make them more meaningful to the individual. Care plans gave staff an in-depth understanding of the whole person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the visits to their home and as recorded in daily reports and in discussions with staff.

Staff handovers, daily reports and team meetings were used to update staff regularly on people's changing needs. For example, we saw that following observations and feedback from staff, a person's morning routine was changed so they had their personal care before breakfast instead of the other way round and this had worked better for the individual. People were involved in review meeting to discuss their support. This was a meeting held with the individual, their family and their care manager and staff. In some cases staff used technology to aid people's communication and participation at the review meeting. Social care professionals told us that reviews were undertaken regularly at the request of service managers and staff prepared well for them and provided very good written reports and updates to accompany these. One

commented that people were facilitated as far as possible to take part.

People were at the heart of the service. Staff spent time chatting with people whilst supporting them and responding to their need for company. People had been asked about their personal histories and any interests or hobbies and all efforts were made to support people to continue with these. People had a programme of varied activities in place, which they had chosen. In a recent satisfaction survey comments about activities included, "I enjoy going out and doing different hobbies". They attended various interactive groups, which included groups run by the provider at the community network centres for the local community as well as people supported by the service, such as computers, drumming, choir, bingo, art and craft and line dancing. The registered manager told us groups were inclusive and helped people forge relationships with other people there.

Other activities had included outings to a garden centre for lunch, out for a coffee, listening to music or playing instruments, doing puzzles, sensory room, massage and reflexology and a drive or a walk. One person told us how they had been supported to go out and have a pub lunch that day, which they had enjoyed. Another person told us about how they had enjoyed going on a train and getting their favourite sausage and chips for tea. People were aware of their activity programme and talked enthusiastically about some of the sessions. Health and social care professionals felt that activities were person centred and people had access to the community most days, in order that a "tailor made" approach could be effectively implemented. A relative told us how their family member liked riding their bike and went out on long bikes ride with a staff member on their bike.

Family and friends were seen as an important part of people's social life and were encouraged to visit or call and had their birthdays recorded in people's care plans. In a recent satisfaction survey all those that responded and required support said staff helped them to keep in touch with their friends and family. One staff member told how one person thought they did not have any family, but an out of the blue telephone call had led to them being supported to meet their new found family and stay in contact.

One person told us they would speak to the service manager if they were not happy and people had received a copy of the complaints procedure. There was an easy read complaints procedure although the registered manager told us that it was more likely any issues or concerns would be picked up by people's behaviour and staff understanding or investigating what this meant than verbal complaints. There had been two complaints in the last 12 months, which had been investigated and responded to. The registered manager welcomed complaints and saw this as a way of improving and developing the service.

People had opportunities to provide feedback about the service provided. People had regular review meetings where they could give feedback about their support. People, their relatives and care managers were encouraged to complete annual questionnaires to give their feedback about the service provided. The analysis of these were very positive. Managers also had offices or worked within the multi occupancy homes or blocks of accommodation so were available to people, their family members or visiting professionals.

Good

Is the service well-led?

Our findings

There were audits and monitoring of the service to help ensure the service ran effectively and people remained safe. Audits included 'quality checks', which were checks and observations made by two people who used the service supported by the job coach (independent member of staff) checking other parts of the service. If there was any negative feedback an action log was developed following the visit by the service manager. We spoke with one person who was a quality checker, which was a paid role and they talked about visiting a service and how good it was for the people living there. The quality checks met annually to discuss how the scheme was progressing and any training that might be required. In addition the registered manager regularly audited each establishment and service managers audited other establishments managed by a different service manager. This included discussions with people to seek their feedback and checks on support plans and associated records, positive behaviour support plans, complaints, supervision, the rota, staff files, and observations. Periodical audits of the service were also carried out by the finance department and health and safety department. However the shortfalls in relation to risk and medicine management had not been identified during audits and therefore this is an area we have identified as requiring improvement.

Managers at all levels had meetings within the organisation to share good practice ideas and problem solve. These meetings included discussions on recruitment, health and safety, any risks to the service, development and training. Any accident and incidents were discussed to see if lessons could be learned. The registered manager told us about an incident when a person had used the wrong aerosol as a deodorant which caused a skin rash. Checks have since been put in place to ensure this doesn't happen in the future. The open and progressive culture of the service meant that people received continually improving support.

There was an established registered manager in post who was supported by service managers and team leaders. The registered manager was based at the registered location office. Social care professionals told us that the service managers were well supported by the registered manager, who they also found supportive and helpful. They felt there was good direction from service managers who were overseen by the registered manager. The registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concerns, which they always acted on. Staff were able to use the provider's computer systems to raise questions about the organisation, their policies and procedures. In addition staff received 'link magazine' each quarter, updating them on news and events within the organisation and celebrating achievements. All staff received a monthly briefing to share learning, which identified health and safety alerts, news and new developments, such as tumble dryer fire risks and how the provider was going to implement the new care certificate.

Service managers and team leaders were based in the multi occupancy homes or the blocks of accommodation. Service managers undertook hands on shifts, but their main purpose was to provide clear day to day management and to coach and lead their staff team by example. This was an effective way to monitor the service and ensure the culture reflected the provider's values. Some service managers were supported by team leaders who worked approximately 60 percent of their hours 'hand on' and 40 percent on administration or staff supervision. This approach was effective to help ensure people received consistent person centred support from staff and we heard examples of where staff 'went that extra mile' for

people they supported. During the inspection there was an open and positive culture within the service, which focussed on people.

The registered manager and service managers adopted an open door policy regarding communication. Staff felt the registered manager and service managers motivated them and other staff. Staff felt management listened to their views and ideas. One staff member said, "Your ideas are valued and listened to, which is a boost to your confidence". Staff told us that if their service manager was off they knew they would receive a supportive telephone call from the registered manager checking everything was alright. Other comments about the management team included, "Very supportive, dedicated, brilliant, hardworking and an open door". "Fantastic, very very good, door is always open; they know the service users and can be hands on". In a recent satisfaction survey relatives felt management were approachable and responsive.

Health and social care professional consistently spoke highly of this service. They told us that this service was definitely one of their preferred and most highly respected providers due to their ability to effectively implement their philosophy of care, which put people at the centre and designed input around their specific individual needs. They also felt service managers had high standards and were very hands on with people and gave excellent support to their staff team. They had no concerns at all and said that vacancies at this service were usually very sought after from their team. Professionals told us their experience with United Response was that they provided a high standard of support. One said, "This is an excellent example of how a service can be designed to meet the needs of an individual and I have no hesitation in reporting that it is a real treat to work with such a dedicated team".

Staff were willing to go 'the extra mile' for people who may have struggled with placements in the past. The registered manager had been creative in the use of staff resources, assistive technology and person centred planning to improve the lives of people who had previously not been enabled to live fulfilled lives.

People received a welcome pack, which was given at the start of using the service. It was easy read and contained information about what people can expect from the service and how to complain should they need to. The provider produced a 'Family and Friends Newsletter' to keep people informed about news and changes. People who used the service received an 'Easy News' each quarter and this newsletter included current news items, such as the terrorist attacks in Paris, in an easy read and using pictures and photographs. The registered manager told us that during the election an 'easy news' was produced to help people understand their choices and their right to vote.

Staff said they understood their role and responsibilities and felt they were very well supported. They told us "Staff are supportive to each other and there is an achievement from working with the service users". Staff said they used the provider's social media and other systems to ask questions and keep abreast of changes and access policies and procedures. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. This effective team work meant staff worked together to develop their practice and provide continually improving support for people.

The registered provider had a clear mission statement and vision and values which were owned by the staff and underpinned their practice. These were person centred and focussed on people having the opportunity to be part of their local community. Staff were aware of the values through induction, training and the policies and procedures. They told us the service "Treats people in a person centred way, they match staff to service users regarding their interests, they promote and encourage independence and these things are

embedded into the way we work". The registered manager and service manager's consistently demonstrated passion and commitment to providing an excellent service for people. The values were owned by staff that were just as committed and enthusiastic about their role and responsibilities so that they delivered the best possible service to people. This was evident in the way people's communication was enhanced and had freedom and choice about how they wanted to live their life.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. This included working with the Tizard Centre in Canterbury and in conjunction with them produced training materials for staff. The registered manager told us that a leading academic group also came in and did sampling for research purposes. They were member's recognised bodies including the Housing and Support Alliance working in partnership in setting up supported living services, the Institute of Fundraising and the Driving Up Quality Code.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes and awards. This included Investors in People, Investors in Diversity, Positive about Disabled People and Contractors Health and Safety Assessment scheme.

The registered manager received consistent support from the registered provider and the resources required to drive improvement were available. There was a strong emphasis on continually striving to improve. There was a development plan in place for the service. The registered manager told us about a new scheme that had recently been introduced where a member of staff had particular responsibility for looking at peoples' skills in order to develop work opportunities for people they supported. Staff were involved in the ongoing development of their service. They attended development meetings to look at how the service could streamline their systems and improve.

The service had actively sought and acted upon the views of others through creative and innovative methods. This included quality assurance surveys completed by people, their relatives and professionals involved in their care. During August 2015 people responded to surveys sent out by the provider and the majority of responses were very positive. Where there were any negative responses the registered manager completed an action plan for each negative comment. We saw this included contacting people and discussing their responses, checking if they wanted a copy of the complaints procedure (as the response was they were not aware of the complaints procedure) and in another case the person had misunderstood the question and therefore there answer should have been positive.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)