United Response

Ipswich DCA

Inspection report

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Date of inspection visit: 8, 9, 13 and 17 July 2015
Date of publication: 10/08/2015

Ratings

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

Overall summary

We visited the offices of Ipswich DCA on 8 July 2015 and the visit was announced. We carried out visits to people who use the service on 9, 13 and 17 July 2015, we also telephoned people who used the service during this period.

The service provides care to people who may have a learning difficulty or are on the autistic spectrum. People may also have a physical disability. This support may be in individual accommodation or shared houses.

There was 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 we visited were happy and relaxed. They were involved in the activities of daily living and attending outside appointments supported by staff. Staff were knowledgeable about the people they supported engaging with them in a friendly and relaxed but respectful manner.

There were suitable arrangements for the safe storage, management and disposal of medicines. Where people

Summary of findings

may lack capacity to make particular decisions the decision making process was recorded and the appropriate people consulted. The Mental Capacity Act 2005 and how it affected this service was understood and put into practice by staff.

There were sufficient suitably qualified staff to meet people's needs. A mix of part-time and full-time staff gave the service flexibility to support people with their various interests throughout the day. People using the service were involved in the recruitment of staff. Appropriate checks were carried out to ensure staff were suitable to work in this type of service. Staff were supported through a system of induction and training.

People were encouraged to participate in decisions relating to the running of the service and how their care was provided. Regular meetings took place for people who lived in shared housing supported by the service. People living in the shared housing visited other shared housing where the service provided support to carry out quality assurance surveys. There was a robust system of quality assurance checks in place.

Support records were detailed and contained specific information to guide staff who were supporting people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff kept people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the care needs of people receiving support.

Good

Is the service effective?
The service was effective.

Staff received support through regular supervision and training.

The service met the requirements of the Mental Capacity Act 2005 and actively involved people in the decision making process.

People chose their own food and were involved in meal preparation.

Good

Is the service caring?
The service was caring.

Staff demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

People were involved in developing their support plan.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and regularly updated.

People had access to a range of meaningful activities.

There was a complaints procedure available in a variety of formats.

Good

Is the service well-led?
The service was well-led.

There was an open and relaxed atmosphere in the locations where support was provided.

Support staff were supported by the management team.

There was a system of quality assurance checks.

Good

Ipswich 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 8, 9, 13 and 16 July 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of speaking with young adults.

Prior to our inspection we looked at information we held about the service. For example, when the service notified us of any significant incidents or events. The provider also completed 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. We also sent a survey to people and their relatives to gain their view of the service.

As part of the inspection we visited the offices of the service where we spoke with the registered manager and area manager, looked at four staff files and records relating to the management of the service such as audits and training records. We visited three locations where the service provides care to people. During these visits we spoke with three people who used the service and eight staff and looked at seven people's support plans. We also spoke with seven people who used the service and three staff on the telephone.

We also requested information from the local authority about support they had provided to the service.

Good

Is the service safe?

Our findings

All of the people we were able to speak with told us they felt safe when receiving support from the service. People spoken with were able to describe ways in which they kept themselves safe of how they were kept safe. One person said that they felt safe because support workers used a hoist to help them into bed. Some people were able to describe the things they should do to keep themselves safe such as putting the safety chain on the front door and asking people for identification. The service had also used innovative ways to support people to understand what keeping safe meant. For example in one of the houses where a group of people were supported the local fire service had attended a house meeting to provide information to people.

Staff we spoke with were able to confidently explain the signs of abuse and how they would report it. One member of staff said, "I would raise a safeguard as I have been trained, but if I was not happy for any reason I would speak with the safeguard team directly." The registered manager had previously informed the local authority and the Care quality Commission of safeguarding concerns and taken all appropriate actions to ensure people's safety.

Risks to individuals were managed appropriately. People were involved in decisions about managing risks associated with their choices in a way that allowed them to be independent as possible. Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. People were able to access the community either on their own or with support staff. One person described the work they did in the local community and how they travelled to their work. Staff explained how the person's travel route had been worked out to enable them to travel alone and therefore be as independent as possible with the minimum of risk.

There were processes in place to enable managers and the provider to monitor accidents and incidents. This helped ensure that any themes or trends could be identified and investigated. It also meant that any potential learning for incidents could be identified and cascaded to the staff team, resulting in continual improvement. In response to an incident staff were now required to sign all individual risk assessment in support plans not just one signature indicating they had read the support plan.

All of the people we spoke with said there were sufficient staff to support them with their care and with the activities they attended. A mix of full time and part time staff gave the service the flexibility to meet people's individual support needs particularly with regard to activities carried out in the community.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new staff began work. For example Disclosure and Barring checks were completed and references were obtained. People took part in the selection process and their views were both valued and taken into account.

People told us they received their medicines as prescribed . There were suitable arrangements for the safe storage, management and disposal of people's medicines. Staff ensured that people's medicines were reviewed annually by their GP, meaning that people received medicines that were appropriate to their needs. Training records confirmed staff had attended medicines training. When speaking with staff we found them to be knowledgeable about the medicine that needed to be administered.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff with the right skills and knowledge. In response to our survey one relative had written, 'We are very

impressed with the knowledge shown by staff in all areas of support. We feel they are well trained

and implement that training at all times.' The area manager, registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's support needs and backgrounds. People had an allocated key worker who worked closely with them to ensure they received consistent care and support.

New staff were required to undertake an induction process. This consisted of a mix of formal training for the essential skills that would be required to provide care and shadowing experienced staff. There was a formal induction check list to support the initial induction and plan the six month probationary. The area manager explained to us plans to put the new the Care Certificate in place.

The training records for the service showed that staff received regular training in areas essential to the service such as health and safety, infection control and food hygiene. Further training in areas specific to the needs of the people receiving support was provided. For example, challenging behaviour, epilepsy and communication techniques.

The provider operated a management development programme designed to ensure managers in the service had the required skills. A variety of subjects were covered including quality assurance and practice leadership.

Staff received supervision sessions every eight weeks. These were structured and included a re-cap of the previous meeting, a review of the staff member's strengths and development needs. Staff told us that they received the support and training they required to support people effectively.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where appropriate, applications had been made to the Court of Protection. Care plans contained a decision making profile which described how to present information to a person, how to help the person understand and when the best times were to ask the person to make a decision. Where important decisions were made, such as the purchase of a new car, the person was involved in the decision making process as much as possible. This decision making process was comprehensively recorded and included what had been done to support the person in making the decision and who else was involved in the decision making process.

People told us they were involved in planning their meals and shopping for food. One person said, "Sometimes we end up going to Asda and make a list and we pick what we want." Where a person required a special diet due to a medical condition staff were aware of what they could eat and were knowledgeable about how the person's diet was managed. The person's care plan contained information on the dietary treatment for their condition. Where people needed specific aids to eat their meals independently, such as a plate guard, we saw that these were available. Healthy eating was encouraged. Where regular weight checks had identified that a person had put on weight this had been discussed with them and the person had decided to cut out snacks and had subsequently lost weight.

People were supported to maintain good health and access relevant healthcare services. They were supported to attend their annual health check with their GP to ensure any changes in their medical needs were identified. A record of planned appointments with health care professionals was kept in the care plan and the outcome of visits was recorded in the care plan. Each person's care plan contained a Health Passport with information about their condition and the care they required to be used if the person needed to go into hospital.

Good

Is the service caring?

Our findings

Due to people's complex health needs we were not able to verbally seek everybody's views on the care and support they received. We observed people were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation.

People who were able to speak with us knew care staff well and told us about activities they had been involved in with staff members such as fishing and trips to the cinema. Each person has a member of staff has a key worker who worked with them on a regular basis. The registered manager told us that the service tried to match people's interests with that of their key worker, for example football, the person and the key worker could then participate in that interest together.

Staff helped people establish and maintain meaningful relationships with families and friends. Important dates such as relative's birthdays were recorded in the person's support plan. One person told us how they had been out to choose a birthday card for a relation with the support of their key worker.

Staff responded to people's needs in a caring and meaningful way. Where practical support was required this was provided promptly to relieve distress or discomfort. However, where appropriate we saw that care staff did not take over but supported the person to complete the task.

Relatives were positive about the way in which care and support was provided. Responses to our survey included, 'We have been greatly comforted by the quality of support afforded,' and 'I am very happy with the quality of the service that is provided for my [relative], nothing is too much bother for them, they have regular contact with me.'

People had regular one to one sessions with their key worker where they discussed and reviewed their support plan. We asked one person if they were involved with their support plan and they readily went and got it from their room, , and went through it with us. Some parts of the support plan were written in easy read. The person demonstrated a familiarity with the contents of the support plan. All of the people we spoke with said that staff discussed their support plan with them. Support plans contained details of the person's preferences and choices. They were written in a personalised way for example, 'How I like my support at night.'

People's privacy and dignity was respected. Support plans were kept in people's own rooms meaning they had access to them when they wanted. People told us that they had the privacy they needed. One person said that if they wanted they went to their bedroom to listen to music or the radio. One relative had responded to our survey with, 'All the staff are polite and welcoming whenever we visit and [person's] friends and family are always welcome to visit.' The service actively engaged with Suffolk Council dignity advisors to ensure best practice was followed.

Good

Is the service responsive?

Our findings

We saw that people contributed to their assessment and support planning as much as they were able. One relative replied to our survey with, 'We felt that the initial assessments undertaken by staff were very thorough…..'

Parts of the support plans were written in an easy read format and were written in a personalised way. Support plans recorded what was important to a person and what was important for a person. People were involved in the regular updating and review of their support plan. This was carried out with between the person and their key worker with the involvement of other members of family if appropriate.

People were supported to take part in a wide range of meaningful activities. These were personalised and individual to the person, for example horse riding, attending football matches and fishing. People could socialise within communal areas of the service, the garden or their own room. Participation in group activities such as gardening and in one location feeding the chickens was encouraged.

There was engagement with the local community. People attended work placements where they were able, visited local shops or entertainment venues. The support provided on these activities varied with the needs of the person for example one to one support for one person to attend a local social club, another person going on their own to their work placement with appropriate risk assessments in place.

Participation in the wider community was encouraged. For example people had been supported to take part in the recent general election. The provider had produced a guide to the election and recruited a correspondent with learning difficulties to produce reports which were available on the providers YouTube channel.

At one location the service provides support to people who are hearing impaired. The area manager told us that a number of support staff employed at this location are hearing impaired. This gives the support staff an understanding of the challenges faced by people receiving care.

Regular tenants meetings were held in shared houses. Issues discussed at these meetings included outings and holidays. We saw that at one house the way menus were planned was changed in response to suggestions by people using the service.

The service carries out regular quality assurance surveys. They followed a variety of formats including written surveys to relatives. Another way the service seeks feedback is for a person living at one location where care is provided to visit another location and carry out surveys with people living at that location. The results of these surveys are analysed and feed back to people in the appropriate format. Areas for improvement were identified and action taken.

The organisation had a complaints procedure which provided information on how to make a complaint. People were aware of how to complain. One person told us, "It's in our folders and on the side in the staff room." People told us there was someone that they could complain to if they needed. These included the manager, support staff and their key worker. An easy read version was available for people which used written and pictorial symbols so that it was presented in a meaningful way

Good

Is the service well-led?

Our findings

People and staff told us they were actively involved in developing the service. People we spoke with told us they knew who the manager was and felt confident to speak with them. One member of staff said, “The manager listens and asks our views.”

The service emphasised the importance of supporting people to develop and maintain their independence and live the lives they chose. The registered manager and area manager gave us an example of a couple who were no longer receiving support from the service and were living more independent lives.

Each location where people received support from the service had different links with the local community. These varied depending on where the service was located and the needs of the people receiving support. People regularly accessed the community to do their shopping and to attend social functions. At one location a person had expressed an interest in poetry. They had been supported by the service and the provider to organise an afternoon of creative writing and poetry at a local library.

All staff we spoke with described to us an open and supportive culture in the service. At all the locations we visited staff told us they would be confident to raise concerns within the service and felt that they would be listened to. Regular staff meetings were held where staff were able to raise any issues or concerns. Managers we spoke with talked of the importance of effective communication across the service. This was achieved with monthly team leader meetings, and a briefing which went out monthly to all staff.

The service encouraged open communication with people who used the service, those that mattered to them and staff. People we spoke with said they attended tenants meetings where they got to talk about the things that they wanted. One relative replied to our survey, “We are happy with the communication between the Agency and ourselves.” One member of staff described management, “Always having an open door.”

The service had a clear line management structure. All staff had a job description so that described their role and responsibilities. Staff told us that the management team visited locations regularly to discuss issues, these ranged from the replacement of curtains in one service to the development of separate accommodation to meet the needs of a particular person. All staff received regular supervision to discuss their performance. Staff we spoke with told us they felt supported in their role.

A system of audits, surveys and reviews were used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as infection control, medicines, staffing and care records. Some quality assurance surveys were carried out by people receiving support at another location where the service provided support. We saw that where areas for improvement had been identified action plans were developed which clearly set out steps to address the issues raised.

The area manager regularly recognised and encouraged good work by members of the staff team with letters of thanks or a recognition payment.