

United Response

# United Response - Fylde Coast Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

United Response - Fylde Coast Supported Living is a supported living service providing personal care to 15 people. At the time of the inspection there were 14 people receiving support in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

#### Right Support:

People's needs were assessed, and care plans were developed to promote positive risk taking. However, some people's care documentation needed additional information or had passed their assigned review date. Staff were trained in the safe storage and administration of medicines; however, we noted some concerns that were addressed by the management team during the inspection. People's homes and decor was personalised and reflected their personalities, showing their choices and decisions had been respected. Adjustments had been made in people's homes to promote their independence and keep them safe. Staff were knowledgeable on what actions to take should they see any safeguarding concerns or hear any allegations of abuse. One staff member told us, "Staff are absolutely safe living here, safeguarding is our priority, keeping people safe our main role."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. When people lacked capacity to make specific decisions, we found the service was following the best interests principle. Relevant authorisations had been granted by the Court of Protection where people's liberties were deprived.

#### Right Care:

The service had enough staff to meet people's needs and keep them safe. Staff knew the people they were supporting well, including their health and wellbeing needs. Staff were trained and skilled to offer support and guidance to quickly lessen or minimise people's distress. Staff and visitors were welcomed into people's homes. Staff knew how to ensure people had the choice of eating a healthy diet.

### Right Culture:

People had the choice of carrying out their daily living tasks and leisure activities in their local area. When people had chosen to opt out of certain tasks their decisions had been respected. Staff told us they could raise concerns with managers and feel safe and supported. People were comfortable and relaxed in the company of staff. People and staff had a friendly rapport and positive relationships had formed through the continuity of support. The management team worked alongside staff and with outside agencies to keep people safe and achieve their goals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (published 30 May 2018).

### Why we inspected

We received concerns in relation to staffing, leadership and the management of risk and people's care needs. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-led sections of this full report. The provider has taken immediate action to address the concerns found.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response - Fylde Coast Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to systems and processes to ensure documentation is accurate and reviewed in line with the providers policy.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# United Response - Fylde Coast Supported Living

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector and 1 Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 7 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We sought permission to meet other people and arranged the visit times around their appointments and activities. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14/11/2023 and ended on 21/11/2023. We visited the location's office/service on 14/11/2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 4 supported living tenancies and met 5 people. We saw people's interactions with staff and if they were happy and comfortable in their presence. We looked to see if people's homes reflected their personalities, met their physical and sensory needs, was clean and if the culture was caring and empowering.

During the inspection we spoke with 16 staff members and 5 relatives. This included 2 area managers, 2 team managers and a senior support worker. We met or spoke on the telephone with 10 support workers and emailed the registered manager.

We reviewed a range of records. This included 5 people's support plans and several medication records. We looked at a variety of records relating to the recruitment of 3 staff, the management of the service, including policies and procedures, risk assessments and audits. After the inspection we looked at training data and quality assurance records and continued to seek clarification from the registered manager and management team to confirm evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Timely action was taken by the management team to address the administration errors noted during this inspection.
- Two people did not have all their prescribed 'as and when required medicines' in their home. This meant should they have needed additional medication it would have been unavailable to them at that time. This issue was addressed during the inspection.
- Robust systems were in place to retrain and reassess staff competencies.
- The provider managed risks to people's safety. They assessed, managed and reviewed people's identified health risks and strategies to manage their health conditions and emotional distress. The provider was reviewing risks when the inspection started.
- Staff were aware of strategies to help people manage their anxiety, so were less reliant on medicines to manage behaviours.

### Assessing risk, safety monitoring and management

- Not everyone had a PEEP in their home. A PEEP is a plan for a person who may need help to evacuate a building or reach a place of safety in the event of an emergency. Not all PEEP's had information to help people to leave their home safely.
- Some care plans did not hold all the information related to people's unique behaviours. However, staff were knowledgeable on how to support people. Some people's care plans needed updating and had passed their given review date. The provider had started reviewing care plans before we started this inspection.
- Regular fire drills were taking place. One person was able to describe what they would do if they had to leave their home quickly and where they should go to stay safe.
- The provider supported people in positive risk taking. People developed skills and confidence so they could experience the same opportunities and choices others had. Becoming more independent meant people did not always need constant staff support around daily living skills.
- The provider assessed people's needs, compatibility and the risks related to shared living before people moved in together. There was a 'getting to know each other' transitional period where people met their prospective co-tenants. Staffing levels reflected the level of support people needed to manage the risks and remain safe.

### Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff starting

work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider ensured staffing arrangements were in place to meet their assessed needs.
- People were supported by a core team of staff. This commitment to staffing continuity enabled strong, deep relationships to form, and this had a very positive impact on people's lives.
- Staff knew how to consider people's individual needs and wishes. We saw positive interactions between people and staff. New staff shadowed experienced staff, while getting to know people and how they liked to be supported.

#### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on people visiting. One person and staff told us they could have visitors into their homes at any time. One relative told us, "I'm always made to feel welcome."

#### Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and changes were implemented. The provider was conducting an internal review of the service, at the time of our inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it, what steps to take, and who to contact to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. One staff member told us, "People are safe, definitely safe. We are very attentive to people's needs and wants." One relative commented, "[Family member] seems to feel safe and we think she is."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some people had not had documentation related to their care reviewed in line with the provider's policy. Systems and processes were being reviewed to lessen the chances of this happening again.
- The management team were aware of the current national best practice guidance, including how to support people with learning disabilities and autistic people and how to protect their wellbeing and rights. For example, staff knew how to support people well and to offer alternate support to medication when they got distressed.
- Before moving into their new home, house moves were planned with potential co-tenants, and multi-disciplinary teams. These included staff members, local authorities and family members before it was agreed that their needs could be met, and the person moved into their new home.

Staff support: induction, training, skills and experience

- All staff completed mandatory training as well as additional training which was relevant to people's specific needs.
- All staff completed an induction when working at someone's home.
- Staff told us they felt supported by their management team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw evidence that the provider had worked well with other professionals to ensure people's health needs were met. Staff were seen to be focused on ensuring people's health needs were reviewed. One relative told us, "It all works very well. All letters for appointments go to the house and staff always tell me what's gone on. I don't have to chase to find out what's been happening."
- People were supported to access alternative therapies to support their wellbeing which also helped in the reduction of stress and anxiety.

Adapting service, design, decoration to meet people's needs

- People's homes were adapted to meet their needs and keep them safe. This included accessible bathrooms and ceiling hoists to help with moving and handling.
- People's homes and décor reflected their preferences, likes, hobbies and experiences.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place for the provider to deprive a person of their liberty. When people lacked capacity to make specific decisions, we found the service was following the best interests principle. Best Interests is a statutory principle set out in section 4 of the Mental Capacity Act. It states that 'Any act done, or a decision made, under this Act or on behalf of a person who lacks capacity must be done, or made, in their best interests.' One relative told us, "Finances done through the court of protection. I'm happy with that." One staff member said, "We've been taught don't assume people don't lack capacity and don't assume they don't understand."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audit systems and processes had not found the shortfalls we found. They did not highlight the concerns we found around, medicines management, care planning and risk management. For example, no 'as and when' medicine on site or care plans not identifying some unique behaviours, and lacking strategies to help people manage these behaviours.

The above matters were in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not consistently effectively run their systems to assess, check and improve the quality of the service provided. The provider had not ensured records related to people's care were exact and complete.

- The management team were aware improvements were required in the service delivered and had started to review records and systems before we started our inspection. They took immediate action to address the concerns we found.
- The management team were clear about their roles, and there was a framework to check quality performance, risks, and regulatory requirements. This included quarterly 6 monthly and external audits. An area manager told us, "I focus on practice and improvement, quality of life, where there is a lack of engagement and a lack of training." The service was introducing electronic care management systems. The area manager told us, "It is proactive, responsive and will help highlight patterns of behaviour and closed cultures."
- The provider and registered manager supported people to live in their own homes with their own tenancy agreements. People's personal and private areas of their homes reflected their likes, personalities and choices.
- The registered manager kept up to date with current guidance and legislation to ensure their legal responsibilities were understood and met.
- There was a clear emphasis to improve and provide positive outcomes for people from both staff and management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour was understood by the management team. The management team co-operated in

investigations when concerns had been found, sharing comprehensive information to support the investigation process.

- The management team understood their responsibilities to keep us informed of events which may affect people. It was clear if any complaints were made, they would be listened to, and their concerns and worries would be investigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At this inspection, we found there was a commitment to promoting the values of independence, empowerment and inclusion shown in people's care records. We saw that people achieved outcomes they valued and reflected their preferences.
- Throughout this inspection, we saw the service followed the recommended model of care for people with autism and learning disability. It met the principles of right culture, right care, right support. People's choice, control and independence and human rights were respected and promoted.
- Staff spoke positively about the management team. One staff member told us, "[Team manager] is a hands-on manager, she will always offer time and support to people. [Registered manager] has massive knowledge of people, it's a great asset." A second staff member commented, "[Registered manager] has been my rock."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback on relatives having the opportunity to share their views formally. One relative told us, "We're asked for feedback about once a year. A questionnaire." A second commented, "We've never been asked for our views. Never been asked to complete a questionnaire." We saw some completed questionnaires with actions taken by management based on responses from families.
- Meetings took place where staff could discuss their views, share feedback and receive updates on the service, policies and procedures.

Working in partnership with others

- Records and discussions with staff showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. One staff member told us, "We have good links with the surgery and the learning disability team."

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 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>We found no evidence people had been harmed however, systems were not used effectively to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm.</p> <p>17(1)(2)(a)(b)(c)</p>