United Response

United Response - West Sussex DCA

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 17 September 2018 and was announced.

This service provides care and support to people with a learning disability in two 'supported living' settings, so that they can live in their own home as independently as possible. This consisted of two residential houses which were within walking distance of each other. The houses were close to local amenities of shops and transport routes. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection seven people lived in the two supported living houses but only four of these received personal care and support. Each person had their own private bedroom and shared other areas of the house with the other occupants. This consisted of the kitchen, lounge and dining areas plus bathrooms and toilets.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risks to people were assessed and there were measures in place to ensure people were protected against any identified risks.

People said they were supported well to maintain and develop their independent living skills and said they felt safe at the service. Staff were trained in safeguarding procedures and had a good awareness of the importance of protecting people.

Medicines were safely managed. Sufficient numbers of staff were provided and checks were made on the suitability of new staff to work in a care setting. Staff were trained in infection control and prevention. The provider had a system for reviewing any incidents or accidents.

The provider supported staff with a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed. People prepared their own meals with staff support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Support was provided to people to live independently.

Staff had a good awareness of people's rights to care and to be treated equally irrespective of any disability, age or sexual orientation. People were involved in decisions about their care. People's privacy was promoted.

People received responsive care which met their individual needs and preferences. People were supported to attend social and recreational activities.

There was a complaints procedure, which was provided to people who said they were able to discuss any issues or concerns they had.

The service was well led. The culture of the service supported people to take part take part in how the service ran and in providing person centred care which helped people develop independent living skills. There was oversight of the service by the provider organisation and staff were supported to develop their skills and knowledge. There was a system of checks and audits regarding the safety and quality of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Whilst risks to people were assessed and measures in place to mitigate these we have recommended the provider considers developing policies and procedures where people use cleaning chemicals or other potentially harmful substances.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 17 September and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people. We spoke with two care staff, the lead senior support worker and the registered manager.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and records of medicines administered to people.

Good

Is the service safe?

Our findings

The care plans identified any risks or vulnerabilities people had and there were corresponding care plans to keep people safe. These included people's ability and risks regarding managing their finances, crossing the road, going out alone and managing people's mental health. We noted that in one of the bathrooms people had access to cleaning products, which were potentially damaging to health (COSHH, contamination of substances hazardous to health). The registered manager stated these had been purchased by people themselves. The provider did not have a policy or risk assessment regarding people in a supported living setting having access to cleaning chemicals which were potentially harmful. There were policies and procedures for employees but not for people. The process of assessing risks to individual people purchasing and using such products was not assessed. Following the inspection, the registered manager said the risks to each person were assessed and no risks to people were identified.

We observed people were comfortable with care staff. For example, one person asked for staff support when they spoke with the inspector. Another person said they felt safe as there was staff available all the time and that they could ask for assistance when they needed it. People also said they had a monthly meeting with a designated staff member called a keyworker where they could raise any concerns.

There were policies and procedures regarding the safeguarding of people. Staff confirmed they received training in the safeguarding of people and said they considered people were safe and looked after well.

Sufficient numbers of staff were provided to meet people's needs. Care staff told us there were enough staff to meet people's needs. Staffing was provided on the basis of the assessed needs of each person and as funded by the local authority commissioners. There was staff duty rota which reflected these hours. This meant there was always at least one staff member on duty.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records were kept when staff supported people to take their medicine; these were signed by the staff member and the person being supported. People said staff supported them to take their medicines.

Staff were trained in food hygiene and infection control. There were policies and procedures for staff regarding infection control and prevention.

Care records showed incidents were reviewed and arrangements for care updated when needed. Incident and accident forms were completed when needed and the provider had a system whereby this information was reviewed by a team at the provider's head office.

Good

Is the service effective?

Our findings

People said the staff provided the support they needed. For example, people said they were independent in areas of their daily life, such as washing clothes and that the staff were available to support them when they needed. Another person said staff were good at supporting them by listening and talking to them.

Staff were trained in equality and diversity and in advocating for people. The provider informed us that people's human rights and person-centred care underpinned 'everything we do.' Examples of person centred care were noted throughout the inspection. The provider supported staff with a range of training and instruction in current best practice regarding the care of people. Newly appointed staff received an induction and registered to complete the Care Certificate when appropriate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. The registered manger was qualified in the Diploma level 4 in leadership and management. Eight of the 13 staff were qualified to level 2 or 3 in the Diploma in Health and Social Care or NVQ. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff told us they induction programme was good and prepared them for their role. The staff also said the training was of a good standard and that they were able to develop their skills and knowledge. Staff confirmed they received regular one to one supervision with their line manager, which was confirmed by well-maintained staff supervision records.

People were supported by staff to prepare their own meals. Care plans included details of what assistance people needed in order that people could maintain and develop their independent living skills in shopping for food and in meal preparation. A meal plan was devised for each person. People told us they received help with preparing meals and others said they were more independent. Staff also supported people to budget their finances and to purchase food of their choice. People's weight was monitored for any weight loss or gain.

Each person had a health care file with comprehensive details about maintaining their health. This included appointments regarding dental care, eye sight, foot care and annual health checks at the GP practice. People had a record called a 'Hospital Passport,' so information could be passed to health care staff should the person be admitted to hospital. Arrangements were made for people to be assessed or treated regarding more specialist health care services when this was needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care records showed people were consulted about their care and had signed their care plan documents to say they agreed with them. People said they were consulted about their care and said they attended monthly reviews where they were able to discuss their care as well as any concerns they had.

Good

Is the service caring?

Our findings

People had good working relationships with staff. For example, one person said of the staff, "They're nice. Friendly. They help me to attend activities." Another person said they got on well with the staff and said they felt able to discuss any problems they had. Staff interacted well with people and people felt comfortable approaching staff. One person was happy to speak to the inspector but was not confident about this. This person felt able to ask for support from a member of staff who helped them communicate what they wished to say. Care plans included details of emotional and mental health needs for people and how to staff should support people if they became upset or unwell.

Staff described the service as treating and valuing people as adults where care was person centred and based on people's rights. Another staff member said the provider and the management of the service were passionate about the care of people and promoting people's rights; the staff member said this approach was disseminated to the staff team. There were policies and procedures regarding people's rights to privacy and dignity as well as in providing person centred care. This was monitored by the provider's management team by observations of staff working with people.

The provider had had policies regarding treating people as individuals and to support them to make decisions. Care plans were person centred and reflected individual people's needs and preferences. There was extensive evidence to show people were involved in decisions about their care which they were able to confirm to us. People were supported to develop their independence. People described how they were assisted to maintain and develop their independence in managing their finances, shopping for food and in preparing meals.

Consideration was given to assessing which staff were best suited to work with each person and if people wished to have a male or female care staff member supporting them. People's privacy was promoted. Staff knocked on people's bedroom doors and waited for a response before entering. People were able to have a key to their bedroom door and the front door of the accommodation.

Good

Is the service responsive?

Our findings

People received personalised care and support which was responsive to their needs. People told us they received care and support which helped them to live independently. For example, one person told us the staff supported them to prepare their own food and to go shopping. Another person said staff assisted them in taking their medicines. Care plans were person centred and showed care was bespoke to what each person needed support with. Details were recorded about budgeting, meal planning and support people needed with personal care. The care plans reflected people's personal preferences and lifestyle choices under heading such as, 'What's Important To Me.' Mental health and behaviour needs were assessed and there were good records regarding people's mood and mental health so staff would be alerted to when people needed additional support. People were also supported to attend leisure and occupational activities including work and holidays.

People's needs were thoroughly assessed and each person had a one to one meeting with a staff member each month where they could discuss their needs. This was confirmed by people who said this gave them the opportunity to raise any concerns or issues they had which staff then helped them to resolve.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Details about people's communication needs were assessed along with details about how staff supported people with this. Care records also showed people were assisted by health care professionals with communication and speech. Care plans included pictorial diagrams for easier understanding by people and information was displayed in a way people could understand and use.

The provider had a complaints procedure which was provided to each person in the Statement of Purpose. There was a format for recording and dealing with any complaints. The provider had not received any complaints in the 12 months prior to the inspection.

At the time of the inspection there were no people in receipt of end of life care. The provider stated its commitment to ensuring people's rights to die in their own home were upheld.

Good

Is the service well-led?

Our findings

The service was well-led. The culture of the provider was person centred where people's care was individualised to reflect their needs and preferences. The provider valued the input of people to the development of service provision by involving them in quality monitoring of the service. People and their relatives were also asked to give their views on the service via survey questionnaires. Staff demonstrated they promoted people's rights and for people to make their own choices. The provider had policies regarding equality and diversity and stated its commitment to treating people equally irrespective of age, sexuality or disability as well as to not tolerating any form of prejudice or discrimination. We found these values were promoted by the staff and management. For example, the provider was liaising with the landlord of one of the supported living homes so that adaptations could be made to ensure people with mobility needs could access the service.

The provider was responsive to people's changing needs, such as adjusting staffing levels when needed. Staff said the service was well-led, that people's changing needs were met.

The service had a registered manager. 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. Staff said they felt supported and that they worked well as a team. Staff gave examples of times they felt supported by the provider with counselling or dealing with difficult situations which could have affected their well-being or work. Staff also said they felt supported by the registered manager. Staff meetings took place where staff could discuss issues about the service. The provider invested in staff training and development and there was a practice development team so staff were updated on current care procedures. Staff described the training as being of a good standard.

There was a system of delegation whereby two lead senior support workers supervised the staff, such as in the absence of the registered manager. Staff also had access to an 'on call' management team, such as at night and weekends.

The provider used a number of quality assurance audit checks regarding the safety and performance of the service. These included an audit every three months by the provider's area manager; this covered health and safety, staff supervision, medicines and people's care plans as well as observations of staff working with people. Audit checks were made on a regular basis regarding people's finances and the safe management of medicines. These checks included actions for making improvements.

The staff worked with other agencies to provide coordinated care to people.