United Response

United Response - Cornwall 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

United Response Cornwall DCA provides care and support to people in their own homes. People who used the service, at the time of the inspection, had a learning disability. The service provides support to people in mid and west Cornwall.

At the time of our inspection 38 people were receiving a personal care service. These services were funded through Cornwall Council or the NHS.

There were three registered managers in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 19, 20 and 21June 2017. The service was last inspected in March 2015 and was found to be meeting the regulations and was rated as 'Good'.

Most of the people we met, had limited verbal communication skills. However we were able to speak with some people, who were positive about the support they received from the service. They said the service was, "Good", and "Fine". Relatives we spoke with said, the service had "Transformed (my relative's) life… previously (they) were not supported just looked after," "I cannot speak highly enough" (about the service), "Excellent, I could not want for a better organisation," and "(My relative) is looked after superbly."

People were safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and typical comments included; "I have nothing but praise for them", and "They listen."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people

with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Really good," and "Very supportive."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

People were involved in recruiting staff, and recruitment processes were satisfactory.

Is the service effective?

Good

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People were supported to access healthcare professionals as necessary.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected.

People were encouraged to make choices about how they lived their lives.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were encouraged to make choices and have control over the care and support they received.

Relatives told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

Good

The service was well-led.

Relatives and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19, 20 and 21 June 2017. One inspector undertook the inspection. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered managers. We visited 13 people who used the service. We had contact with three people's relatives and one social care professional. We spoke with twelve staff.

We looked at five records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We also carried out a postal survey. We sent surveys to six people who used the service and received responses from three people (50% response); 153 staff of whom 15 responded (10% response); Six relatives of whom none responded, and surveyed 11 community professionals of whom none responded.

Good

Is the service safe?

Our findings

People who responded to our survey told us they felt safe from abuse, and care staff who we spoke with, and who responded to our survey said people were safe.

Staff were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take necessary action. Staff received face to face safeguarding training. Staff also were regularly required to undertake safeguarding competencies to check and refresh their knowledge. In our survey all of the staff who responded said they knew what to do if someone was being abused or at risk of harm.

Where the service was involved with people's personal finances suitable records were kept about any money received, money kept, and any expenditure. Any expenditure, where staff needed to help people make a purchase, was supported with a receipt. The registered provider had suitable systems to check, and audit people's monies to ensure it was safely managed.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks when they began to work with the person. Any risks were also highlighted in care plans to heighten staff awareness of these issues.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the needs of the person using the service in negotiation with the commissioning authority. The registered provider ensured staff members were well matched to work with people. A 'matching' document was used to assist in this process. This outlined the interests and attributes a staff member could have which would be helpful when working with the person; for example the type of personality, or shared interests such as sport or knitting.

A staff roster was produced which outlined the staff who worked with each person within their home. The majority of staff told us they worked with people at one address, although some staff members also worked with other people when required, or as part of their working routine. The people the service supported required intensive assistance for example either one or two staff members working with them during the 24 hour period. This was reviewed on a regular basis, by the registered provider and by commissioners to ensure the support levels provided were satisfactory. The registered manager said on some occasions staffing levels had been increased by the registered provider, even though this was not funded by the commissioning authority. The registered manager said "We will do what we believe is right," in terms of providing enough hours to support people safely. The organisation also had a 'rapid response' team of bank staff who could be used if there were staff shortages or additional staffing for other reasons was required.

The registered provider had an on call system, which could be used by people, and the staff who worked with them, outside of office hours. The person on call carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries. Staff told us phones were always answered, inside and outside of office hours.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. Where possible, people who used the service, or family members, were involved in the recruitment of staff. We spoke with one person who had been involved in the recruitment of staff. They told us "I enjoy doing this…I get a choice who I want to work with me."

Most staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Two references were obtained for each member of staff. Staff were required to fill out an application form which included their previous work history.

Most of the people we met needed assistance with their medicines. In each person's home there was a satisfactory medicine management system in operation. This included medicines stored in blister packs, a lockable cupboard, and medicine administration records. We checked five people's medicines. All medicines were stored appropriately, and suitable records were kept about their administration. Clear protocols where in place for any 'as required' medicines people needed. The staff we spoke with all said they had received suitable training to assist people with their medicines, and we were able to verify this was correct, from the training records kept by the registered provider. Staff were also required to undertake regular competency checks, about the administration of medicines, to check their skills and ensure their awareness is refreshed.

We were told staff where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them, and they also were provided with anti-bacterial gel. Infection control training was also provided. The people the service supported all required significant help to maintain their homes. All of the services we visited were clean. From the appearance of people's homes, there were suitable maintenance and cleaning routines in place to ensure homes were hygienic and safe.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. They said the service was, "Good", and "Fine". The relatives we spoke with said, the service had "Transformed (my relative's) life," "I cannot speak highly enough" (about the service)" and , "Excellent, I could not want for a better organisation."

Staff completed an induction when they started employment. Staff told us this included spending time with managers to discuss policies and procedures, and working with more experienced staff so they could get to know people's needs, and any routines they needed to follow. Staff received a copy of the organisation's "Welcome Book" when they started. This included information about the organisation, its ethos, and policies and procedures.

The registered manager was aware of the Care Certificate framework. All new employees were required to complete the Care Certificate unless they were judged as having satisfactory up to date experience, knowledge and skills at the time of coming to work at the service. The registered provider ensured staff completing the Care Certificate attended a four day block release of face to face training which enabled them to have the knowledge and skills to obtain the qualification. There was suitable documentation on staff files to show people had received an induction. Staff were also provided with the opportunity to obtain a Diploma in Care once they had completed the Care Certificate.

Staff told us the training they received was "Very much up to scratch, and updated on time," and "Very good." All of the staff, who responded to our survey, said they were happy with the induction and training they had received. Training records showed staff received training in topics including health and safety, safeguarding, food handling, first aid and fire prevention. Staff also received training specific to the needs of the people they worked with such as autism awareness, moving and handling, epilepsy, and medicines management. All staff received training about Positive Behaviour Support (to work with people who may present behaviour which is deemed as challenging). Some staff received more intensive training in this area depending on the needs of the people they worked with. Training records showed training was up to date, and there was certificates on file to back up the computer records we checked.

Staff told us they received supervision and an annual appraisal. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. Staff said managers were, "Very supportive." Staff we spoke with said they had received supervision and an appraisal.

Most people who used the service required assistance to make their healthcare appointments. Care records showed people had received suitable assistance with these appointments. Records showed people had medical profiles, and these were used to record people's attendance of appointments with GP's, dentists, opticians, consultant psychiatrists and physiotherapists (as necessary), according to their specific needs. People received an annual health check with their GP.

Staff supported some people to prepare food, and eat their meals according to their needs. People were

encouraged to choose what they wanted to eat, and records were kept of what meals people had. Where necessary food and drink charts were kept to ensure people's diet and fluid intake was monitored. Where possible people helped with shopping for their food.

Staff told us they asked people for their consent before delivering care and they respected people's choice to refuse support. People also said they were always addressed in their preferred manner. The staff we observed were very polite and friendly with the people they worked with.

People and their relatives told us people had a team of regular staff who worked with them. This ensured that people could build up good relationships with staff members, and there could be consistency in how care was delivered.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We found the service was working within the principles of the MCA.

Care records showed the service recorded whether people had the capacity to make decisions about their care. If any restrictions had to be put in place, records showed these had been suitably assessed. Records showed there had been appropriate consultation with external professionals and any restrictions were regularly reviewed. Where necessary the registered managers had worked with the Court of Protection to ensure any restrictive practices had been authorised. Training records showed staff received training about the Mental Capacity Act, and the implications of the Act for the people they worked with. All of the staff, who responded to our survey, said they had received training about the Mental Capacity Act, and understood their responsibilities under the Act.

Some people required physical intervention from staff to keep them safe. Staff only performed any interventions if they had received suitable training. Any approved interventions were always the least restrictive. Any interventions were clearly documented in terms of who made the decisions to authorise these and when they were last reviewed. There was evidence in people's files of best interest meetings which had occurred to discuss any interventions used, their appropriateness, and to review them.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same group of staff. The people and relatives we were able to speak with, told us they were happy with all of the staff and got on well with them. Respondents to our survey said they were happy with the support they were provided with. People told us; "(The staff are) all nice," and "There is not anyone I do not get on with. They are really nice people. I enjoy their company." Relatives we spoke with told us: " (United Response had) transformed (my relative's) life," "I cannot speak highly enough" (about the service), "and "(My relative) is looked after superbly." A member of staff told us "It is a delight to care for (the person they worked with). They are very appreciative. We try to give (the person) the best quality of life." Our postal survey results found all respondents were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity. None of the staff we observed appeared outwardly rushed.

Relatives were aware of care plans. A copy of the person's care plan was in each person's home. Where possible people, and their relatives, were involved in drawing up, and in reviewing care plans.

The care records we inspected were to a good standard. They contained detailed care plans and risk assessments so care could be given by staff in a consistent way. Records at the service's office, contained assessments completed by the care commissioners such as the health care trust or local authority.

Relatives and people said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support.

Staff did their best to encourage people to be as independent as possible. Many of the people we met had complex physical and learning disabilities. However, where possible, staff would encourage people do tasks for themselves, or help staff with the task such as making a meal. Records showed people were routinely supported participate in shopping, cooking and housework in their homes

Each person was involved in a range of activities according to their interests and abilities. These included swimming, attending social clubs, drumming sessions, horse riding, hydrotherapy, social trips and going to concerts. Many people had their own vehicles which assisted them to travel around the community.

Good

Is the service responsive?

Our findings

Before staff began to support people, managers went to meet the person and completed an assessment of their individual care needs. There were comprehensive records in people's files outlining the assessment process and where possible information provided by local authority or healthcare trust had been obtained and included in the assessment.

Care plans were developed with the person from information gathered during the assessment process. People and/or their representatives, were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Care plans provided a history or pen picture of the person, and an outline of the people (or social network) that were important to them. Such information provided staff with useful information about people's backgrounds and interests, and helped them understand the individual's current care needs. Care plans were regularly reviewed, and a summary of what the person had done and any changing needs was completed on a monthly basis.

The staff we spoke with said care plans accessible to them both in people's homes, with a copy stored at the service's office. Staff were involved with the daily update of records for the people they worked with. Staff said they knew well the people they worked with. There were regular handovers, and staff meetings so staff could discuss people's changing needs.

People and their relatives said they would not hesitate in speaking with staff if they had any concerns or complaints. Details of how to make a complaint were contained in the organisation's 'Service User Guide.' People and staff, who responded to our survey, said they knew how to make a complaint or raise a concern, and felt if, and when they did, it would be responded to appropriately. People, and their relatives, we spoke with said they found staff and managers approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. A record of complaints was maintained at the registered provider's office. This detailed what the complaint was and what action was taken to resolve the matter.

The registered manager said there were good links with GP's, district nurses, community psychiatric services, social workers and other health and social care professionals.

Good

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. The management were described as "Very good," (Relative) "Very supportive," (Staff member),"They listen," (Relative) and "Very approachable" (Staff member).

Discussion within the management team showed they had an in depth knowledge of people, and their needs, as well as a genuine concern for people who used the service.

We were told there was a positive culture in the organisation. For example we were told, "I feel supported," (Staff member) "Everyone has a positive attitude" (Staff member), "(Staff) care very deeply about the people we support and often go the extra mile to make sure things are working well," and "Excellent, I could not want for a better organisation"(Relative). People and staff responding to our survey all stated they had been asked what they thought about the service, and their views had been taken into account.

There was a management structure in the service which provided clear lines of responsibility and accountability. Due to the complexity of the service, and the individual needs of people, there were three registered managers. Service managers held responsibility for one or more individual services, with these being led by a lead senior support worker. The majority of services provided 24 hour care, with either a 'sleep in' member of staff or a waking night member of staff. Each service could have up to 10 staff. There was an out of hours on call service so staff could contact a senior member of staff if they had a concern, or needed some help or advice. Staff we spoke with said when they had used this, any queries and problems had been resolved satisfactorily. Each individual service had regular staff meetings, usually occurring on a monthly basis. People's relatives were encouraged to come to relevant parts of meetings should they wish to do so.

The registered persons had a comprehensive quality assurance system. This included completing an annual survey to ascertain the views of people, their relatives and others associated with the service. The results of the survey were collated, and a report provided. This showed high rates of satisfaction with the service.

There was a comprehensive system of audits in place. This included regular audits of finances, care records, training, and accidents and incidents. The service had effective systems to manage staff rosters; assessment and care planning; staff supervision and appraisal.

Each service had an audit visit every three months. This was completed by a manager who had no direct involvement of its day to day running. The manager completed a range of checks on the systems within the service, spoke to people and staff, observed practice, and as necessary completed an action plan. Similarly the area manager also visited services to complete regular audits. Financial audits were also completed on a three monthly basis.

The registered manager told us the organisation had a practice development advisor who visited Cornwall on a bi monthly basis to provide staff with training and advice about care practices. Other specialist

advisors, from the registered provider, also visited the service on a regular basis.

The three registered manager were registered with the CQC in in 2013, 2014 and 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.