

United Response

# United Response - Ipswich

## 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 provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This announced inspection was started on 2 August 2018 and we visited people who used the service in their own homes. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting or meeting people.

On the day of our inspection, there were 60 people being supported with personal care by the service.

During our last inspection in July 2015 the service was rated as good in all the key questions and good overall. At this comprehensive inspection, which we carried out on 2 August 2018 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. Because the rating remains Good, this inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a long standing 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.

Some people shared a house with other people who use the service and others lived individually. The registered manager oversaw the running of the service, and each individual shared house had a service manager.

The service continued to be well led; the registered manager was organised and knowledgeable about the people being supported and was well supported by the providers of the service. People, their relatives and the staff told us that the registered manager was open, supportive and had good management skills. There were robust systems in place to monitor the quality of service the providers offered people.

We saw examples of positive and caring interaction between the staff and people supported by the service, people were treated with kindness and respect. People were able to express their views and staff listened to what they said, respected their views and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People and their relatives told us that they still felt safe using this service. People were protected from

bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff clearly understood their responsibilities to raise concerns and there were arrangements in place for reviewing and investigating incidents when things went wrong. Staff told us they would not hesitate to report any suspicions they had about people being abused.

Risks were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect them from harm.

Staffing levels were sufficient to keep people safe and staff continued to be safely recruited which helped protect people from harm. People continued to be supported to manage their medicines in a way that ensured that they received them safely and at the right time. There were also appropriate infection control practices in place.

People's needs assessments were detailed and they received effective care in line with current legislation from staff who had the knowledge, qualifications, skills and experience they needed to carry out their roles.

The management and staff were a strong team and worked well together to ensure that people received consistent person-centred care when they used or were supported by different services. Staff still asked people for their consent before they supported them in line with legislation and guidance.

Caring and supportive staff offered advice to people to help them make healthy decisions around food and supported them to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and gain access to healthcare services when they were needed.

People received care that was personalised to them and responsive to their needs. Although people told us that they rarely needed to complain, we saw that the service listened to people's experiences, concerns and complaints. They continued to take action to investigate their complaints, learn by their mistakes and make any changes needed to avoid them happening again.

## 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

### 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 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.

Two inspectors carried out this announced inspection on 2 and 3 August 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting people.

Before our inspection the provider 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority. We observed care and support people received when we visited people in their homes.

We looked at records in relation to five people's care and spoke with 11 people who used the service, and two people's relatives after the inspection by telephone and email. We also spoke with the registered manager and two service managers and we also spoke with eight care staff. We also looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

During our last inspection we found the service to be Good, during this inspection we found the same level of protection from harm and risks as at the previous inspection, in July 2015. Staffing numbers remained consistent in meeting people's needs and the rating continues to be Good.

People told us that they felt safe in the service. One person said, "I am safe, [the staff] make sure of that." A relative commented that they had confidence that their relative was supported to stay safe and was well looked after.

When asked if they thought people were safe, a staff member said, "I do think they are safe, we do everything we can do to keep [people] safe."

There were systems in place designed to protect people from abuse. People received support from staff trained to recognise and report abuse. One staff member told us, "We have the training to make sure we know how to keep [people] safe, if I suspected anyone was being harmed I would report it immediately to my line manager."

Where a safeguarding concern had occurred, the records showed that the service took action to help ensure that a similar incident would not happen again. The service had undertaken rigorous investigations if concerns were raised. The registered manager told us that they worked with those involved in any safeguarding referrals to ensure the best outcome for all involved and said, "We put people's wellbeing first and would not hesitate to take action if we need to."

Safeguarding posters were displayed in the office and copies of the services' safeguarding policy guide was given to people telling them who they could speak to if they had any concerns or were worried.

Risks to people were well managed. The registered manager told us, "We have support plans and we promote a culture of dignity and respect so we make sure we adapt to the needs of the individual, for example if a person has epilepsy, we have a monitor in place at night to keep them safe without disturbing them." Risk management plans were developed to cover different areas of people's lives. The risk assessments included risks associated with people's health, self-medicating and accessing the local community independently. Where people had been assessed as being at risk there were systems in place to minimise the risk. This included seeking support from outside professional healthcare teams, including speech and language team, physiotherapists and occupational health team. In their provider information return (PIR) the service told us that they took a positive approach to risk management, taking into account, 'What was important to the person as well as what is important for them.'

Risk assessments and interventions were in place that identified potential triggers for anxiety and distress, so staff could recognise the need to act quickly to limit behaviour that challenged. Staff undertook conflict management training so that they were prepared to support people in these situations.

People, their relatives and staff told us that there were enough staff to keep them safe. People told us that they had not missed any of their planned activities because staff had not been available. If more staff were needed when people went out, they were provided. One person told us, "[The staff] here are the best I've ever had, there are always plenty of them on duty." One person's relative told us, "Staff are with my [relative] whenever they need them and help them achieve so much."

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care. When new staff were recruited care was taken to match their personality to the people they would be working with.

People told us that staff help them make sure they took their medicines on time. One person said, "[The staff] help me to remember to take my tablets, I need them to stay well."

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. People's ability to manage their own medicines was assessed and they were supported in ways appropriate to their ability. Some were capable of managing on their own with minimal support and other people needed full support to get their medicines on time and safely.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to helping to keep people safe from cross infection and poor hygiene. Staff told us that they used disposable gloves and aprons while preparing to support people with their personal care, which helped limit the risks of cross contamination. We saw that staff had access to personal protective equipment (PPE) when they needed it.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

## Is the service effective?

### Our findings

During our last inspection in July 2015, we found this service to be Good. During this inspection we found staff had the same level of skill, experience and support as we found at our previous inspection. This meant people's needs were met effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The service completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The registered manager told us, "We develop person centred information and support plans for each of the people we support which identifies and details how their needs are to be met. We take a positive approach to risk management." We saw that this reflected in people's care plans.

The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The registered manager told us, "We have made links with local organisations that promote best practice. We use the information and guidance gained to train staff."

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards; they received regular legislation updates shared through the provider. Staff meeting notes evidenced that updates were shared with the wider staff team.

The provider's policies and procedures that were aimed at protecting people from discrimination were made accessible to staff and the people who used the service. Those policies were reflected in the service's statement of purpose, which set out the service's expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. The registered manager told us that these were topics that were revisited during staff supervision and at team meetings. One staff member told us, "I enjoy my job, it's good to help people to reach their full potential."

During their assessment process, if assistive technology or equipment was identified that would be helpful to people, the service would help the person to source it. This ranged from equipment to monitor their health, to systems to assist people who have a hearing impairment, for example a hearing loop, which is a device that transmits sound direct to a person's hearing aid.

People told us that the staff had the skills to meet their assessed needs. One person said, "[The staff are brilliant, when we go out they make sure we do what I want to do." One person's relative told us, "They have made a big change to my [family member's] life. The staff are well trained and know how to help them develop their personality."

Staff told us that they had the training and support they needed to carry out their roles. They were provided



with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. One staff member told us, "I got the training I needed before I started working with people. Any training I'd like or think I need is discussed at my supervision sessions."

Staff were given the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included positive behaviour support, safeguarding, moving and handling, fire safety, and understanding autism. Staff files evidenced the training staff had achieved.

The management team monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they felt supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records, which included important information about the person regarding their support and communication needs and the medicines they took, that were sent with them if they were admitted to hospital. There was evidence that showed that the service had communicated well and had worked together with outside agencies to overcome difficulties.

People told us they were supported to access health professionals when needed. One person told us, "[Staff] come with me to my appointments, I talk for myself but they are there to fill in gaps if I forget anything." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care.

The service supported people to maintain a healthy diet. People told us that they chose what they wanted to eat and that they were assisted to get their shopping by staff who gave advice about healthy choices. For example, one person told us, "I like doing my shopping [staff] helped me with cooking it."

Staff supported people with preparing their meal in varying degrees depending on their ability to cook. People were encouraged to make meal plans and undertake their own shopping in person or online. A staff member told us that they encouraged people to help themselves as much as they could so that they could develop their living skills. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals.

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.

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. We checked whether the service was working within the principles of the MCA. Staff received training in MCA and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service.

Where people needed support to make decisions they were supported to do so in line with legislation. For

example, people may be appointed a deputy by the Court of Protection with powers to take decisions about the service they received. People may also be supported by a family member or a trusted person who have been given lasting power of attorney with authority to take decisions on their behalf. People who had capacity, but who needed support making decisions important to them were offered support from an advocacy service.

## Is the service caring?

### Our findings

During our last inspection in July 2015, we found this key question to be Good, during this inspection we found people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be Good.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, and this was reflected in the care that people received. People were well cared for and were consistent in their praise of the service. All the people we talked with told us that they had a good rapport with staff, saying they treated them well, that they were kind and caring. One person told us, "[Staff] support me in this house, and going out, doing the shopping or doing housework. I spoke to [the home manager] when I had some problems. They are all amazing."

We saw examples of positive and caring interactions between the staff and people who used the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and shared jokes. Staff had developed friendly and warm relationships with people.

We witnessed one person became anxious and upset, it was obvious that the staff knew what action to take to support and comfort them. They immediately responded to help the person and the others in the house.

The staff we spoke with had taken time to get to know people; this meant that they could communicate with people. Staff told us about the people they supported, how they liked to be helped and the things that pleased them as well as things that made them anxious.

One person's relative told us, "[The staff] are very good about contacting me to let me know about any concerns that they may have about [my relative] and about their achievements. Communication is good between us. We work together when it comes to sorting out any issues that they might have." Another relative said, "[My relative] was not managing well, then they left home and [they] came out of [themselves].... [The move], without the staff's support I wouldn't have been able to get through it."

People told us that staff encouraged them to maintain their independence and to continue to do tasks for themselves where they could. They said that they continued to make decisions about their care and that staff listened to what they said. One person said, "[The staff] helped me stand up for myself and helped me get what I wanted." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. People had signed their care plans to show that they agreed with the contents. We saw that one person had written a piece about themselves and their life at home that was included in the care plan.

The registered manager said that an annual satisfaction survey was sent out to people and their relatives and an action plan was developed for the following year based on the feedback received. They also told us that, "We have worked alongside the dignity and safeguarding team in Suffolk which has also delivered dignity training to some of our staff teams in the past. One of the service managers also attends the dignity

and safeguarding team's quarterly meeting to update on current policy and practice in Suffolk."

People's care records were kept private and secure in cabinets that was kept locked when it was not in use. When we asked to look at people's care records, staff asked people whose care plans they were for their permission to see them. This helped to make sure people's privacy was respected. When we talked with staff they referred to people in a respectful way and respected their privacy.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. People were supported by the service to keep in contact with family members by phone and visits. This helped to keep people involved and connected with friends and family members.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection in July 2015. This key question rating remains Good. People told us they were very happy with the standard of care they received.

A high-quality assessment was carried out of people's needs before they started using the service. As well as the person involved, all interested parties in their life were invited to have an input into the assessment. This included family members and professionals working with the person, the speech and language team (SALT) or advocates for example. The assessment helped to ensure that the service could meet the person's needs and had all the information they needed to make the change easy and successful.

The care plans generated after the assessment recorded information about the person's personal history, individual preferences, interests, and aspirations. The care plans were person centred and detailed enough for the staff to understand easily how to deliver care to people in a way that met their expressed needs. People were invited to add their own comments to the care plan. The care plans guided staff how best to support people individually. The service used person centred care planning (PCP). This enabled staff to understand people's needs. The registered manager told us, "Our initial assessment is in-depth. Our care plans consider the things that define people i.e. their cultural background, gender and religious preferences."

Support and encouragement was given to people to help to develop and maintain their independence in areas that they were able to, including shopping for clothes, planning menus, grocery shopping and managing their finances.

Some of the people supported by the service have specific communication requirements and/or a sensory loss, both hearing loss and dual sensory loss. The service actively recruited staff who also had a hearing loss to staff the homes of those people with that impairment. All staff were trained in British sign language and one person told us that they taught staff to sign. They said that teaching staff to sign made them feel good.

All the staff we spoke with were knowledgeable about the people they were supporting, meaning that they were able to recognise people's communication methods and were better able to meet their needs.

In their provider information response (PIR) the registered manager told us, "We have a core staff team for each of the houses shared by people who use the service with a designated service manager to ensure consistency and continuity of support. Team Meetings are held monthly or bi-monthly to review people's support, share learning and make any changes/plans for the period ahead. Each person has a person-centred review annually where the person invites all the people who are important to them or involved in their support to review the support from the past year and plan for the year ahead, including developing goals and aspirations. Many of the people we support do not use words to speak, so staff have to listen carefully and use person centred tools to identify and understand what the person is experiencing and trying to communicate. This is done through the use of person centred tools."

We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. One person was supported to raise money for charity by selling their homemade crafts, they showed us what they were currently making and told us, "It's important to me, I enjoy making and selling my things, I'm helping others and meeting people." Another person told us. "[The staff] help me do things I want to do, I'm going on holiday soon and I chose which staff I wanted to come with me. I'm looking forward to that."

Different individual activities and outings were planned and staff worked together with the person to help people take part in activities of their choice. One staff member commented, "We help [the person] plan what they want to, they like to have a ride out in the car, we ask them if they want a ride by putting the car keys in their hand. They make it very clear if they want to or not."

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "I haven't needed to complain, I just have to mention anything and it is sorted out." A relative commented that they haven't needed to complain and said, "The staff listen to my opinion and we talk it through."

There was a complaints procedure in place, which was written in a way that was easy for people to understand. A copy was given to people and it was on display in the service office. The registered manager told us that the policy was explained to people when it was given to them and the topic was covered during key worker meetings with people. This reminded people it was all right to complain and gave them the opportunity to talk about concerns in a safe place with staff they knew. Records showed that complaints were investigated and that the service had used the lessons learnt to improve the experiences of people using the service.

People's care records included information about the choices that people had made regarding their end of life care. The registered manager told us, "We have supported people at the end of their lives. We worked proactively with health professionals in a multidisciplinary way, either in a hospital setting or within their own home. By having a person-centred approach and involving the important people in the decision making process we were able to support them in the most respectful and dignified way at the end of their lives." They went on to say that each individual case would be approached in a respectful and dignified manner and staff were expected to respect a person's values and beliefs and that their wishes would be carried out.

## Is the service well-led?

### Our findings

At this inspection we found the service and staff were as well led as at the previous inspection in July 2015. The rating of this key question remains Good. The service was led in a way that consistently focused on ensuring people's hopes and expectations were at the top of the services' agenda.

The registered manager told us that they had been well supported by their management team, as well as by the senior staff. All of the people we spoke with, their relatives and staff made positive comments about the registered manager and the management of the service. One person said, "The manager is nice, he stops to chat when he comes to visit." One person's relative told us that, "I can honestly say that [my relative's] life has taken off since they have been with United Response. [They] make their own decisions and has a job where they are respected and valued."

The registered manager promoted an open culture where people, relatives and staff were asked for their views of the service provided. People and their relatives were invited to complete quality assurance questionnaires, the registered manager assured us that if negative comments were received, the service would address them. Relatives told us that the staff communicated well with them and always updated them if their relative was unwell. One relative said, "I am happy with the work and care that [my relative] gets and I would definitely recommend them to anyone looking for a good supported living service."

Staff told us that they were supported and had built up a good rapport with the registered manager. One staff member told us, "I am well supported by my line manager and [the registered manager]." Another staff member told us, "I wouldn't think twice about going to the manager if I needed advice or support."

The service had a recognition scheme, which was a way for them to recognise and reward staff whose work reflect the organisation's values. One staff member told us that it was nice having their good work recognised.

Service managers attend dignity forum meetings quarterly across Suffolk and the minutes of those meetings were circulated at the area management meeting to share learning and keep up to date with current practice and legislation. The service also worked in co-production with Suffolk Social Services around the implementation of their Joint Learning Disability Strategy and the registered manager was a provider representative on the Learning Disability Partnership, an organisation who work to achieve the vision of people with learning disabilities living good ordinary lives as part of their community.

The registered manager told us that, "Meetings take place regularly between all staffing levels, including the trustees, senior managers and team meetings. We encourage open communication and sharing of information across the organisation. Regular briefings are sent out to all staff and we send magazines out to share information with people, their families and staff. This was an example of how the service listened to, and sharing information, indicating the service listened to the people they supported and took their views seriously."

The management team and the provider assessed the quality of the service through a regular programme of audits, we saw that they were done regularly and were thorough. The quality assurance audits were recorded and kept centrally. This meant that the provider could monitor their performance. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.