

Response Organisation

Response

Inspection report

ODS Group
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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

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

Response provides personal care services primarily to people who are living with, and recovering from, mental health illness. Response also supports people with additional support needs such as people with a learning disability and autistic people. At the time of our inspection 20 people were receiving personal care from the service. 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: Staff received all of the training they needed to meet people's needs. Management had effective systems and processes in place to ensure oversight of the safety and quality of the service. People spoke positively about the service they received from Response staff. 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.

Right Care: The model of care maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. Care plans reflected the underpinning principles of Right support, right care, right culture. People were supported by staff who knew them well. Risks to people were identified and where possible reduced. People had access to health care professionals. Medicines were managed safely; and people felt safe receiving support from staff. Appropriate checks were carried out when recruiting new staff to support people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The service promoted positive care and support for people using the service. Staff spoke positively about the support they received from the management team. People were involved in decision making and their views sought to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good (published 22 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Response on our website at www.cqc.org.uk.

Follow up

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Response

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

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 November 2022 and ended on 23 November 2022. We visited the location's office on 16 November 2022.

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 information gathered as part of monitoring activity that took place on 11 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 2 people, staff training records, 2 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service. We also contacted the local authorities to obtain their views of the service.

After the inspection

We telephoned 5 people and 2 relatives to seek their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of the service. We contacted 3 external health and social care professionals and 16 staff by email to seek their feedback.

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 at the previous premises we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. All people we spoke with said they felt safe. Staff were always respectful, and people spoke highly of them.
- Staff received training and updates in how to recognise and report abuse and knew how to raise concerns to ensure people were safe. Policies and procedures provided guidance to staff.
- One staff member said, "There are many things that I would regard as a safeguarding concern, bruises or marks on someone that they couldn't explain, someone not being fed or was constantly wearing dirty clothes, someone that had a rapid unexplained change in their behaviour. If I were to witness any sign of these, I would report it to management immediately, and I am confident that this would be acted on immediately. I have not actually needed to report anything myself, but I have known of incidents that have been reported and have been acted on quickly and efficiently."
- Safeguarding incidents were reported to relevant authorities and investigated by managers. Outcomes were shared with staff to manage and reduce future risks.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and reduce the risks involved in supporting people.
- Risk assessments were clear and helped promote people's safety. For example, risks were identified, and interventions noted for use of a hoist, including equipment checks before use and training needed by staff to use the equipment. This helped staff to provide specific support in a safe manner.
- Staff were aware of the risks faced by people they supported. One staff member said, "The [name of electronic application] has information on people's care plans and risks and also in folders in people's homes."
- Information was recorded about how people's homes were kept safe. For example, information about access, key safes and smoke alarms.

Staffing and recruitment

- People told us they received care as planned. People commented, "They are very good, and always turn up" and "They are on time most of the time. If they are running really late, they will let me know."
- The provider ensured there were enough staff, with the right training and skills, to meet people's needs. The management team were clear that they would not take on new packages of care unless they were confident they had suitably skilled staff to ensure people received safe, high quality support.
- There was an ongoing programme of recruitment to increase staff numbers.
- People received care from staff who underwent safe recruitment procedures. The provider obtained employment history, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider supported some people to manage and take medicines. People's medication records confirmed they received their medicines as required.
- Systems and processes were in place to ensure medicines were managed and administered safely.
- Staff completed medicines training and their competency was reviewed in practice during regular spot checks. Staff commented, "I was medicines trained and assessed as competent and undertake an annual assessment."
- Regular audits were carried out to ensure standards were maintained and to identify and address any shortfalls.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible.
- Staff received training in infection prevention and control and the safe use of personal protective equipment (PPE) and told us they had adequate supplies of PPE. One commented, "I always have a very good amount of PPE and there has always been plenty available."
- Infection prevention and control policies and procedures were in place and reflected relevant national guidance about coronavirus.

Learning lessons when things go wrong

- Incidents were reported and recorded in line with the provider's policy and procedures.
- The provider ensured lessons were learnt by investigating incidents exploring themes. Actions were put in place to stop similar incidents occurring in the future.
- Incidents were discussed with individual staff and in team meetings and concerns were shared with stakeholders and authorities as required.

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 at the previous premises we rated this key question good. At this inspection the rating 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

- People's needs were effectively assessed prior to care commencing. People were involved in the care planning process to ensure personalised plans were in place. One person said, "Yes, I was involved at the beginning, but they already knew a lot about me."
- The information gathered during the assessment was used to prepare a care plan. Staff told us care records gave them enough information to understand people's needs and how to best support them. For example, one staff member told us, "We can access care plans on our work phones, on [name of application] We record visits and do notes on the work phones, it is very useful to read the previous notes and I do this regularly." Another staff member said, "We receive regular emails with updates about people's health and well-being."
- We asked people if they had a copy of their care plan. We had a mixed response such as, "No, but it is there somewhere"; "It was there right at the start, but I haven't seen it" and "I suspect it's in the folder. It does get updated regularly, twice a year I think."

Staff support: induction, training, skills and experience

- Staff received an induction when starting their position and completed mandatory training which records confirmed. All care staff had either completed the Care Certificate, had equivalent qualifications or were working towards this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff told us they had the training, knowledge, skills and support necessary to support people. Additional training was provided to ensure people could meet people's specific needs effectively. Management had completed 'Train the Trainer' which enabled them to be more responsive to train staff for tasks such as applying surgical stockings and administering eye drops. This was in line with shared care protocols.
- Staff completed onsite care for people alongside the registered manager who checked staff members competencies in providing safe and effective care. The registered manager told us where any additional support or training is identified this would be provided to staff.
- Staff received support through regular supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective support to ensure they had enough to eat and drink. Care plans detailed whether people required support or could do this independently and daily care records documented when

support had been provided.

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

- The provider worked with a range of professionals and partner agencies to ensure people received effective support. One commented, "[Response] engaged with other agencies and departments (GP, police, safeguarding, community support, etc) to get the best possible outcome for a client."
- Action was taken promptly when staff had concerns relating to people's health. One person told us, "They are very conscientious and report immediately to the medical centre. For example, when I spilled hot tea on myself and had a blister, they were on to it very quickly."

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.

- Staff had received training to ensure they supported people in line with the principles. The registered manager had a good understanding of the principles.
- People confirmed that staff supported them by always gaining consent before undertaking any care tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection at the previous premises we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt cared for by staff. Comments included, "In my opinion they are very good. I am very, very pleased with them. They come in and do what they have to, and they do it very well" and "Very good, very professional."
- A professional commented, "I witnessed first-hand how person-centred support was delivered, even on those difficult visits. Carers [staff] showed respect to the client despite him shouting at them. For example, they respected his wishes when he asked them impolitely to leave ensuring that some food was left within his reach. Over the prolonged period of time, carers had made great improvement with client cooperating more, allowing carers to deliver care that meets his needs. He even started to allow carers to deliver personal care. Knowing the client well, I saw this as a great achievement."
- Staff told us that people's preferences, in relation to the protected characteristics under the Equality Act 2010, was documented in people's care plans. Staff comments included, "The care plans are expressed in a person-centred way. I have completed the equality and diversity e-learning course. Everyone is treated as an individual. We all have equality and diversity training", "Our organisation's expectations in respect to culture and approach to equality is that we treat everyone as an individual" and "Ensuring that everybody is offered the same opportunities but also treated as individuals, for example, person centred care plans. Be respectful of cultural and racial differences. Respond by reporting any forms of discrimination."
- Staff told us they felt they got to know people well and had time to support people. Comments included, "I feel like I know the clients well and I do feel like I have time to spend with the clients", "If I need more time, I will document and inform management about the task I performed and reasons for extra time" and "After [number of years] at Response I feel that I know the clients very well, I also feel that the visit times are fair, and that I always have time to offer further support should they need it."

Supporting people to express their views and be involved in making decisions about their care

- People were included in planning their care. Initial assessments took place where peoples' care and support needs were discussed, and these were reviewed.
- People told us they felt involved in making decisions about how their care was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in supporting and maintaining people's dignity. People commented, "They are very nice, very polite, including the young ones who are shadowing. They are always asking if everything is ok" and "I find them very considerate and very attentive to my needs. I have no complaints."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection at the previous premises we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which met their individual needs and preferences. Care records described what people enjoyed doing already and what they wanted to achieve with support. For example, care plans detailed people's previous occupation and what they enjoyed such as watching TV and playing games on their phone. It also detailed family relationships and involvement.
- A professional commented, "Given that Response support many clients with very complex needs, I feel that their main strength is flexibility and adaptability to meet a person's needs."
- The service identified people's faiths or religious beliefs and included this within their care plans.
- People's needs and the information recorded were reviewed regularly and changes were made when necessary. This helped staff to provide people with support which met their needs effectively, safely and in line with their preferences.
- Staff told us they were kept updated when people's needs changed. One staff member said, "Information is shared as soon as it happens; we get notified via email or calls. Also care plans get reviewed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The assessment identified people's communication needs, which was recorded in their care plan and shared with staff.
- Documents were available in different formats if required, such as Easy Read.
- The service made adjustments where necessary. For example, a person with a sensory impairment had their care plan read through with them.
- Staff supported people to change and order hearing aid batteries when required.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns and who to speak to if they were unhappy with the service. One person said, "I know what to do, but I've never had the need to."
- The service had an appropriate complaints policy and procedure in place for the management of concerns

End of life care and support

- The service was supporting a person who was nearing end of life. The registered manager said all staff had training and they worked alongside other health professionals involved in the person's care. They also liaised with the person's relatives.

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 at the previous premises we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback about the service from people and their relatives was positive. Everyone we spoke with said that the service was well managed, staff were reliable and the office easy to reach. One person commented, "Very well managed. They are doing well, and I have no complaints."
- Professionals told us staff aimed to achieve good outcomes with people. One commented, "I witnessed managers regularly covering shifts with a person in order to alleviate the [pressure] on staff."
- Staff felt supported and had the information needed to care for people safely. Comments included, "I feel very happy within my team. Management is fantastic and always strive to help when needed", "I am fairly new to the organisation and I am getting better in knowing more about everyone. I always get enough time to ask if someone needs any further support or assistance with anything" and "The manager and other leaders are always supportive."

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

- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was able to inform us of the process they would follow in the event of any mistakes made that could impact on people's health and safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and understood people's needs.
- There were processes in place to monitor the quality of the service. These included internal monitoring visits, seeking feedback from people and carrying out regular audits of care and medicine administration records to ensure people's needs were being met as planned. Where any issues were identified the registered manager communicated with staff promptly to alert them to this and contact was made with people or their relatives to keep them informed.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements. For example, ensuring their own knowledge was up to date and relevant, communicating with other agencies and sending CQC notifications. Notifications are information about important events

the service is legally obliged to send us within required timescales.

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

- People were asked for their opinions on the service regularly via regular care plan reviews or feedback requests.
- Regular spot checks were carried out by the management team to ensure care was being delivered in line with people's assessed needs.
- Staff had regular team meetings, supervision meetings and annual appraisals with their line managers. Staff comments included, "Managers are always open to staff feedback to support the clients", "We get feedback and staff are treated fairly", "We have regular team meetings to discuss ideas" and "We all communicate well. We have regular supervisions or spot checks for feedback. I feel that we are all treated equally."

Continuous learning and improving care; Working in partnership with others

- The registered manager identified when additional training and experience was required.
- The service had systems in place to monitor people's needs and request professional support when needed. The registered manager and staff worked with external health and social care professionals to ensure people's needs were being met. Where advice and guidance was provided, this was included in people's care documentation for staff to follow.
- Accidents and incidents were reviewed to identify gaps in standards or performance and drive improvement.
- The service worked closely with relevant services such as the Adult Mental Health team and social workers to avoid hospital admissions should people become unwell. Clinical input was requested where required. This resulted in people being able to stay at home with adjustments to their care packages.
- Professionals were positive about the quality of the service and the staff team. One commented, "I jointly worked with Response domiciliary agency in supporting three vulnerable clients over the period of the last 4½ years. I have found that the agency was very responsive and often pragmatic in resolving the issues clients faced in their daily lives. It was always very easy to reach the management team. Emails and phone calls were always answered promptly. In my experience, staff and management always acted with professionalism, respect and empathy throughout."