

United Response

# United Response - Matlock DCA

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: United Response Matlock DCA is a domiciliary care agency that provides personal care to adults with a learning disability living in their own homes. Some people lived alone and others with one or two other people that were also receiving a service from United Response Matlock DCA. Some people received support from staff at various times of the day and others over a full 24-hour period. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 16 people were provided with the regulated activity of personal care.

People's experience of using this service:

There were systems in place to monitor the quality of the service and drive improvement but these had not been used effectively to ensure support plans were kept up to date. Some people's support files, at the time of the inspection were not up to date. This meant that staff did not have clear guidance to ensure people's needs and preferences were met.

Staff understood the support people needed to make decisions when people could not independently make specific decisions regarding their care. Although mental capacity assessment forms were seen in people's support files, these had not been completed. This meant we could not be confident that people's rights were upheld or that they were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Support plans were in place to promote positive behaviours and safeguard people from injury when they became anxious. The interim service manager confirmed that they were working through everyone's positive behaviour plans to ensure they were up to date and relevant. They were able to demonstrate through their action plan that they were auditing all support files on an ongoing basis and had introduced shift planners that provided details of people's routines. This supported staff, particularly new and agency staff to ensure people's preferred routines were followed. We saw staff feedback was also included on the planner to demonstrate people were supported to follow their preferred routines.

There were several staff vacancies at the time of the inspection and several shifts were being covered by agency staff, who were working alongside permanent staff whilst new staff were being recruited. We saw that despite the staff vacancies, sufficient staff were available through the use of regular agency staff, where needed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People were supported to take reasonable risks to enable them opportunities to lead a full life. People were supported to make decisions about what they ate and drank. People spent their day as they preferred were supported to take part in social activities of their choice to enhance their

well-being.

Staff understood their responsibilities to safeguard people and were clear on reporting any concerns. People were supported to take their medicines in a safe way. Recruitment checks were undertaken, to determine the suitability of new staff and protect people that used the service. The risk of people acquiring an infection, was minimised as infection control procedures were in place and followed.

People were supported as needed, to ensure their preferences and dietary needs were met. Healthcare services were accessible to people with staff support as needed, and they received coordinated support, to ensure their preferences and needs were met.

Information was available in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had. People and their representatives were involved in their care to enable them to receive support in their preferred way.

Rating at last inspection: Overall rating Good, with Requires Improvement in Well Led (report published 11/01/2016 ).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the required improvements from the last inspection had been made. However we identified that other areas of improvement were needed and we have rated the home overall as 'Requires Improvement'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

## 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?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below

### Is the service caring?

Good 

The service was not always effective

Details are in our Effective findings below

### Is the service responsive?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our Well-Led findings below.

# United Response - Matlock DCA

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector conducted the inspection over one day.

Service and service type: United Response Matlock DCA is a domiciliary care agency that provides support to adults with a learning disability living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We were advised at the inspection that the registered manager was leaving the service and would be cancelling their registration with us. An interim service manager was in post at the time of the inspection.

Notice of inspection: We gave the service a weeks' notice of the inspection visit we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection and to the staff that supported people.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service. Following the inspection one person's relative provided us with feedback about the support their relative received. We observed the support people received from staff within the communal areas of their home. We spoke with two staff members that were supporting people, on the day of the inspection and two staff by telephone. We spent time with the interim service manager during the inspection. We looked at the records held regarding three people's care and support and we checked how medicines were managed. We also looked at two staff recruitment files and other documents to review how the provider monitored the support people received.

The interim service manager shared with us their action plan, so that we could see the actions they were taking to drive improvements. We reviewed this information as part of the inspection process.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe with the staff.
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- The provider understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff understood people's needs and preferences and responded well to support people when they experienced periods of distress or anxiety.

Assessing risk, safety monitoring and management.

- Where people required support to reduce the risk of avoidable harm risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage their anxiety and behaviours.
- Staff had a good understanding of how to support people when they became anxious or upset and confirmed that people were supported through positive behaviour support plans.
- Positive behaviour support plans were in place and guided staff on the support people needed to reduce their anxiety
- Plans were in place to ensure people were supported in the event of an emergency and staff had received training in fire safety.

Staffing and recruitment.

- Due to staff vacancies some shifts were being covered by agency staff. The agency staff we spoke with confirmed they had worked several shifts supporting the same people. This demonstrated that consistency was being provided to people. The agency staff had a good understanding of the person's needs.
- Sufficient staff were available to support people according to their preferences and needs and people were supported to access community activities that they enjoyed.
- The appropriate references and checks were completed for new staff in line with current guidance.

Using medicines safely.

At the last inspection, we reported under the Well Led section that we found some inconsistencies in how medicines were recorded. People's medicine records were not always fully completed, so we could not be sure the risk of errors were minimised. At this inspection we saw improvements had been made. Medicine records were fully completed and medicines in stock corresponded with the records.

- People received support to take their medicine in their preferred way.
- Staff who administered medicine received training and their knowledge was checked to ensure they understood how to do this safely.
- Medicines were managed safely and medicine records had been signed to demonstrate that people received their medicines as prescribed and in a safe way.

Preventing and controlling infection.

- Staff supported people to keep their home clean to maintain good housekeeping standards.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves, aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The provider analysed all accidents and incidents each month. This was to enable them to look for any patterns or trends and ensure action was taken as needed to minimise risks to people.
- We saw the interim service manager had identified where improvements were needed. For example, one person was required to follow a strict routine to support their return home from their day centre. The interim service manager had identified that changes to the staff rota were needed, to ensure this person was able to follow their preferred routine without any delay, to avoid them becoming distressed. Discussions were held with the staff team and changes to the staff rota were put in place.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- When people did not have the capacity to consent to some decisions, assessments were not in place within their support files, to demonstrate they had been undertaken. This meant we could not be confident that people's rights were upheld or that they were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. The interim service manager had identified prior to the inspection, that MCA assessments were not in place where needed. Their action plan demonstrated they were taking measures to address this area.
- Staff had a good understanding of how to support people with decisions and the principles of least restrictive practice.
- Support plans included information on people's ability to understand information and guided staff on how the person's needs should be met. This information included how the person communicated their wishes and needs.

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

- People's needs were assessed to ensure they could be met and included sufficient detail to ensure outcomes were identified. However, people's support needs had not always been regularly reviewed. The interim service manager had identified this and we saw they had begun to review people's support files to ensure staff had up to date guidance.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, people were supported to attend annual health checks.

Staff support: induction, training, skills and experience.

- Staff received training for their role and confirmed they had been provided with supervision.
- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. Staff explained how new staff were supported through shadowing experienced staff and completing training. Agency staff confirmed they had received an induction.
- Staff told us the training they received supported them to do their job effectively One member of staff said,

"The training is brilliant especially the autism training. I learnt a lot from that which has really helped me in supporting people."

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

- People received support to eat a healthy balanced diet and we saw they made choices about the kind of food they enjoyed.
- Staff were aware of any specialist diets that people required. One person had high cholesterol and we saw the staff supported them to eat healthier options of their preferred food.

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

- People received support from health care professionals as and when needed, such as GPs, community learning disability teams and mental health services.
- Staff understood people's health care needs and the support they needed to manage them.
- People's health care records were kept up to date and contained current information regarding people's health care needs and appointments and outcomes.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care

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

- People had positive relationships with the staff who supported them.
- One person told us they liked the staff and confirmed they had a good relationship with them. Another person put their thumbs up when we asked them about the staff.
- We saw caring interaction between staff and people. One member of staff said, "I love this job. People get one to one time with staff, so they can do what they enjoy when they want to. Some people need a bit of encouragement to get out and about but we respect their wishes and work with them at their pace."

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

- Staff understood people's communication methods and could communicate effectively with people. Alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures.
- People were enabled to make choices about the care they received. For example, where people were unable to verbally communicate if they had enjoyed a particular activity; the staff assessed the person's enjoyment of an activity. This enabled staff to support people in doing what they enjoyed.
- Some people did not have family who could support them to express their preferences. We saw they were supported to use independent lay advocates. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood people's needs and the support they needed to maintain their dignity.
- We saw that people were supported to wear clothing that suited their preferences to demonstrate their individual style and choice.
- We saw people were supported to prepare meals of their choice. One person told us that they enjoyed food shopping and that the staff supported them to do this.
- One person preferred to spend a lot of their time in their bedroom when they were at home. We saw that the staff respected their wishes regarding this.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- We could not be confident that people's needs were consistently met. Some people's support plans had not been reviewed to demonstrate that the information remained valid and up to date. This meant the staff may not have sufficient guidance to ensure people's needs were met. The interim service manager was aware of this and had begun reviewing everyone's support plans.
- Ahead of the plans being reviewed the interim service manager had introduced a shift planner for each person. This provided staff with step by step details of people's preferred routines each day and the support they needed to follow these routines. Staff feedback was incorporated into the shift planner to evaluate the outcomes for the person.
- Permanent staff had a good understanding of people's needs. Agency staff confirmed the shift planners helped them in getting to know the people they were supporting.
- Where support plans had been reviewed, the information was clear and provided guidance to staff on the support the person needed to ensure their preferences and needs were met.

Improving care quality in response to complaints or concerns.

- People and their representatives were provided with opportunities to give feedback about the quality of care provided.
- A complaints procedure was in place this included an easy read version that was given to people when they started using the service. The interim manager confirmed that no complaints had been made over the last 12 months.

End of life care and support.

- None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.
- Training, policies and systems were in place for staff to ensure if needed people were supported in their preferred way.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care.

- This is the second time the service has been rated requires improvement in the Well Led domain. Although improvements regarding medicine records had been made, at this inspection we saw that improvements were needed in other areas; as reported under the effective and responsive domains.
- When people required an assessment to support their decision making ability, there were no records to show these had been completed.
- Support plans had not been regularly reviewed to ensure staff has the correct information to support people. This demonstrated that the quality monitoring systems in place had not been effective in identifying all areas where improvements were needed.
- Although staff told us they felt supported by the acting service manager; they did not feel the communication from higher management, regarding organisational changes had been adequate. For example, one member of staff told us, "Several staff have left or are leaving because we don't really know how the changes will affect us. It is worrying. I think the communication with staff hasn't been great." Another staff member said, "I'm not really sure which managers across the organisation are still in post. It is all a bit worrying."
- A relative expressed their worries regarding how the organisation changes might affect their relation. They told us they were happy with the support their relation received but did worry about the impact on team changes. This demonstrated that communication required improvement, to ensure people's concerns were alleviated.

The above concerns demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- Organisational changes were in progress at the time of this inspection.
- Satisfaction questionnaires had been sent out to relatives in 2018 and an analysis of the feedback had been undertaken. We saw that overall relatives were happy with the support provided to their relations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The current registered manager was leaving the service and was not working at the time of the inspection.

We were advised that they would not be returning following a period of leave. The interim service manager was overseeing the management of the service until they registered with us.

- Staff told us they felt supported by the interim service manager. One member of staff said, " [interim service manager] is really good. They are hands on and have covered some shifts here and always available for guidance and advice."
- Staff understood their roles and responsibilities and told us who they would report any concerns to on a day to day basis.
- Staff told us they worked closely together to support one another and share information. They talked about the individualised support people received.
- The provider ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.

Working in partnership with others.

- There were strong relationships with local health and social care professionals and with the local community to ensure people were supported as required and enabled to be part of their local community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems in place had not been effective in identifying all areas where improvements were needed.</p>