United Response

Bury 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

Bury DCA is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 20 people using the service in a total of nine houses.

The service were last inspected on 08 January 2014 when they met all the regulations we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We visited two houses where people were accommodated. We were unable to communicate with people who used the service due to their complex needs. We observed the interaction between staff and people who used the service. Staff understood the needs of the people they cared for because they had been caring for them for some time. Staff spoke to people and waited for a response and from their experience knew what the person wanted.

During our inspection we found an easy read booklet was in place in people's care records entitled 'No More Abuse' for service users. This covered topics such as, what abuse is, the types of abuse, who abuses, people's rights and who people could talk to. We did not see any evidence that this had been read by people who used the service.

Records showed that robust recruitment processes were followed by the service when employing new members of staff.

Training records we looked at showed that staff had received training in areas such as, health and safety, food safety, safeguarding adults, quality and diversity, autism, mental capacity act and DoLS, fire safety, first aid, enteral feeding, child protection, risk assessments, epilepsy, medicine administration, diabetes, person centred planning and nutrition and diet.

People in their own homes are not subjected to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager told us they would report any suspected restrictions on people to social services as a safeguarding concern.

People who used the service had health actions plans in place. These recorded the support the person needed to remain healthy or when accessing healthcare services.

We observed interactions between staff members and people who used the service. We saw staff treated

people with dignity and respect and were caring in their approach.

We looked at a number of care plans for people who used the service. We saw these were person centred and had been created using photographs to help people understand and contribute to what was included in them. People's regular routines were also documented.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement.

Staff meetings were held on a regular basis. Minutes we looked at showed areas for discussion included, holidays, people who used the service, recruitment, training, news, the care certificate and safeguarding.

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 had received training in safeguarding adults and had access to policies and procedures to guide them in their roles.

We saw risk assessments were in place to keep people safe and these were reviewed on a regular basis.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Is the service effective?

Good

The service was effective.

All staff members had received an induction when they commenced employment. All new staff members were enrolled on the care certificate as part of their induction.

Staff records we looked at showed that they had received regular supervisions and appraisals with their manager.

Records we looked at showed that people who used the service had access to a range of health care professionals such as, chiropodists, dentists and GP's.

Is the service caring?

Good

The service was caring.

We saw that good relationships had developed because staff were known to people who used the service and there was a friendly rapport between them.

Relatives told us their family members were supported to remain as independent as possible by staff members.

We saw that people who used the service had built positive relationships with the people they lived with.

Is the service responsive?

Good

The service was responsive.

We saw people were offered a wide range of activities throughout the week. These were based on what the person liked to do.

Relatives we spoke with told us that if they had needed to complain to the service in the past, things were dealt with immediately.

We saw that weekly reviews were undertaken regarding each person that used the service. These reviews focussed on things that had gone well for the person as well as things that could have been done differently.

Is the service well-led?

Good

The service was well-led.

Relatives and staff we spoke with told us the managers in each of the homes and the registered manager were approachable.

Relatives and people who used the service had opportunity to comment on how they felt the service was performing through an annual survey. We saw the result of the most recent survey were positive.

Quality audits that were in place were sufficiently robust to identify any areas for improvement and were completed on a regular basis.

Bury DCA

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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place on the 03 February 2016 and was conducted by two inspectors.

Before the inspection, we asked the provider to complete 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. The service had completed this which provided us with information in relation to how the service was meeting the regulations. We used this information to plan our inspection.

We also contacted Rochdale and Bury Healthwatch, and the local authority safeguarding and contracts departments for their views of the service. Healthwatch reported that they had not received any concerns in relation to the service.

We looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with four relatives, the registered manager, the administrator, a service manager, and two senior care staff.

Good

Is the service safe?

Our findings

All the relatives we spoke with told us they felt their relative was safe. Comments we received included, "Definitely safe, we have no problems whatsoever," "Yes she receives excellent care" and "Yes they are safe."

Staff we spoke with told us they knew how to keep people safe. They told us, "I would take anything to the manager that I felt was inappropriate and further if I thought nothing was being done," "We have a whistleblowing policy and I would use it" and "I have had safeguarding training and would record any concerns of abuse. If someone came to me I would take it to my line manager or someone higher. I am not afraid to whistle blow."

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice.

An easy read booklet was in place in people's care records entitled 'No More Abuse' for service users. This covered topics such as, what abuse is, the types of abuse, who abuses, people's rights and who people could talk to. This showed the service was keen to ensure that people who used the service were able to identify and respond to any concerns of abuse they may have, although we did not see any evidence that people who used the service had read this.

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. Risk assessments in place included the use of a treadmill, manual handling, health and safety within the home, finances, medication, epilepsy and choking. These showed how the person might be harmed and how the risk was controlled. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

One person's records we looked at showed that staff members had discussed the fire evacuation procedure with them in a way that they could understand, so they knew what to expect in the event of a fire. The service also had a disaster plan in place. This gave an address where people who used the service could go to in an emergency or at times when they needed to leave the home.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by the registered manager and advice or actions were documented to show how these had been dealt with and any learning from them.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal

records check called a Disclosure and Barring Service (DBS) check. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We asked relatives if they felt that the care staff were reliable. They told us, "Oh yes very reliable. The only time it changes is if someone is sick. There are at least four regular carers and even the bank staff are people she knows. It is important as she is a creature of habit."

Staff members we spoke with told us there was always enough staff provided to meet the needs of people who used the service. One person told us, "Staff will cover for each other. We do not use agency." Records we looked at showed there were sufficient numbers of staff to meet the needs of people who used the service. Staff members also had access to an on-call system for emergencies.

We reviewed how medicines were managed. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines. Where staff were responsible for administering medicines, these were stored securely. However we noted that the service was not taking or recording the temperature of the room or fridge in which these were being stored. This meant the service was unaware if medicines were being stored at the recommended temperature.

We looked at the medicine records for four people. We saw that medicine risk assessments were in place, which had involved the person and other people, such as their family, an advocate and/or the multi-disciplinary team. Medication guidelines were also in place. In one person's medicine records we saw information relating to epilepsy. Staff had signed to confirm they had read the information.

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be used. This ensured the safe and correct use of these as required medicines. We also saw that the service completed a medicines audit on a daily basis to ensure there were no errors or omissions.

Good

Is the service effective?

Our findings

We asked relatives if they felt that staff members had the appropriate skills and knowledge to support their family member. Comments we received included, "If a staff member rings in sick; generally speaking they bring people in that have worked with [name of service user] before. Familiarity is one thing that is key to him," "Yes they all know her, what she likes and doesn't like, what upsets her. They get to know the person," "Yes definitely" and "They seem to do, they never get fazed. Staff have been there a long time."

Care records we looked at contained a 'matching tool'. This showed what the person's personality was like, the support they required and the skills and shared interests that staff members should have when working with them. This should ensure that people who used the service are supported to reach their full potential by staff members with common interests and goals.

Records we looked at showed that new staff members were enrolled on the new care certificate as part of their induction. This was completed online and once completed were encouraged to undertake a diploma in health and social care. The induction prior to the care certificate was over two days and all staff members had completed this. We found the induction was suitably robust.

We looked at the staff training matrix. Staff had been trained in topics such as health and safety, food safety, safeguarding adults, quality and diversity, autism, mental capacity act and DoLS, fire safety, first aid, enteral feeding, child protection, risk assessments, epilepsy, medicine administration, diabetes, person centred planning and nutrition and diet. Records also showed that managers or team leaders attended further training in areas such as palliative care, management and physical intervention.

One staff member working in the service had undertaken train the trainer training in moving and handling and two others in medicine administration. This training enabled them to train other members of staff and provide refreshers. This meant that staff members had easier access to this type of training. We also saw a number of staff members had completed further training such as National Vocation Qualification (NVQ) level two, three and four.

Staff received regular supervisions and appraisals. One staff member told us, "I have been supervised and I can bring up issues if I want to. I feel very supported, we have a good team." Supervision consisted of formal sessions where staff discussed their roles and career. We saw topics discussed included values and equality, communication, problem solving, knowledge and practice, quality assurance and any issues. We also saw that lots of discussions took place around the people they were supporting. Staff also received appraisals every six months.

Some people who used the service were unable to communicate verbally. We saw for these people a communication profile was in place which contained a detailed description of how to interpret how the person was feeling, for example interpreting facial expressions. This meant that staff could identify when a person was happy or sad or if they liked or disliked something.

Daily handover sheets were also in place to record accidents and incidents, appointments, medication and the checking of people's monies.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager told us they would report any suspected restrictions on people to social services as a safeguarding concern.

Care records contained a decision making agreement and a decision making profile. These were documents that showed how best to support the person to make their own decisions. For example, giving them a choice, how best to help people understand and the best time to do this. We saw that people's capacity had also been assessed and best interest decisions had been made for those people who lacked capacity.

One relative we spoke with told us their relative had lived in their tenancy for some considerable time. They had recently had an illness that had impacted on their physical well-being and staff had undergone further training in order to be able to support the person in their home. They also informed us the service was currently supporting them to ensure their relative remained in their own home rather than having to move into a nursing home for older people. Remaining in their home with the support from staff would provide continuity for the person.

Records we looked at showed that people who used the service had access to a range of health care professionals such as, chiropodists, dentists and GP's. We also noted people who used the service had health action plans in place. These are documents which record the support an individual needs to stay healthy or when accessing healthcare services. We saw that these had been reviewed regularly to ensure they remained up to date. One staff member told us they took people to the well woman and well man clinics.

The training matrix showed that staff had been trained in good nutrition and safe food hygiene. People who used the service helped to plan the menu and to go shopping for the food. We saw menus were healthy and balanced and included fresh fruit. There was a guide to healthy eating which gave staff definitions of what constitutes a good diet and we saw that advice had also been sought from dietician's and people's GP.

One staff member we spoke with told us, "They have fresh meals, balanced with vegetable. They shop for their food. We know what they like and give them what they want."

The service used food diaries to record what people had eaten throughout the day. These included a full list of what people liked and disliked. By recording people's dietary intake it was possible for staff to ensure that

people where maintaining a healthy and balanced diet.

Good

Is the service caring?

Our findings

We asked relatives if they felt the staff were caring. Comments we received included, "Staff are kind and caring. He looks upon them as one of the family. I am totally happy with the staff he has been with," "Very kind and caring. They listen to her," "I wanted [relative] to get used to living without me. I know she is happy there because when I take her back she gets out of the car and says, 'bye, see you next week'. She would not get out of the car if she wasn't happy there," "A genuine warmth comes from the staff. I have nothing but praise for them," "They treat him very well" and "Very caring. They are like friends and family."

We visited two of the homes where people lived. We observed the interaction between staff and people who used the service. Most of the staff we spoke with had worked in the service for many years and knew people well. We saw that good relationships had developed because staff were known to people who used the service and there was a friendly rapport between them. We saw staff treated people with dignity and respect and were caring in their approach.

We also saw that people who used the service had built positive relationships with people they lived with. One relative told us, "She lives with another lady and they get on really well together. They have lived together for a long time."

We asked relatives if their family members were supported to remain as independent as possible. Comments we received included, "Yes they do support her to be independent. She does a lot more there than she did at home. She helps with cleaning up and washing up and will make a cold drink for herself," "Yes they do. My relative is no longer independent but when he was they used to encourage him to do small things such as putting his washing in a basket," "They do, they ask her to help out with tasks around the home, such as washing up. It makes her feel valued" and "[Name of service user] choices and skills are limited. However staff try to encourage him as much as possible to be independent. He goes shopping with them."

Records we looked at contained photographs of people who used the service undertaking tasks around their home such as cleaning their bedroom, doing their washing or helping in the kitchen. This confirmed what we had been told. We noted all care files and other documents were stored securely to help keep all information confidential.

We asked staff about the atmosphere in the service. One staff member told us, "We support each other. It is a very relaxed atmosphere." We noted a calm and relaxed atmosphere in both the homes we visited. We saw they were personalised and had a homely feel.

Whilst we did not see anyone was receiving end of life care, some people had planned for their funeral. An end of life plan was in place which contained information about their wishes for their funeral and which funeral directors were to be used.

Good

Is the service responsive?

Our findings

We looked at what activities people who used the service were involved in. One relative told us, "They are really good; they take her out a lot to the shopping centre and the supermarket. She goes to a club every Thursday." Staff told us, "We have pamper sessions and some people like being read to," "We use the garden in good weather" and "One person likes to stick to a routine."

We saw activities that had been undertaken included a pampering afternoon, eating out, sensory suite, short walks, cinema, bowling, hairdresser, farm visits, garden centre, dancing and bingo. One person who used the service had also been on a cruise for their holiday.

All activities were reviewed to see if the person had enjoyed them, if anything had been learned during the activity or if there was anything to be concerned about. This helped to decide if the activity would be undertaken again or if there was anything that could be done differently to improve the experience for the person.

We asked relatives if they had ever had the need to make a complaint. Comments we received included, "Not really, only once over a wardrobe and it was sorted out. They got a new wardrobe, they are really good," "I did have a problem a while back that I had to mention. They dealt with it and the whole thing was resolved in a few days" and "I have never had to complain."

Staff we spoke with told us, "I would speak to the manager and we would deal with it together" and "If a person complained to me I would listen to what they said and take to the manager."

We saw complaint forms were in place. These detailed the nature of the complaint, who was investigating, evidence of how the complaint was being dealt with and involvement of any other professionals such as social workers. Care records we looked at also contained an easy read 'how to complain' document.

We looked at a number of care plans for people who used the service. We saw these included information about the level of support people needed in areas such as personal care, physical health, finances and activities. We saw that some care plans had been created using photographs to help people understand and contribute to what was included in them. People's regular routines were also documented in order for continuity.

The registered manager told us that the system for developing care plans had recently been reviewed and a new system was being put into place so that this was streamlined across all of the houses. We saw what the new system would look like and found this to be comprehensive and covered all aspects of people's lives whilst remaining person centred.

We saw that weekly reviews were completed for each person receiving the service. These reviews focussed on how the person had presented during the week, what activities had gone well and if any new ones had been tried, if there was anything that could have been done differently and any action that was required.

This ensured that the support being given reflected the changing needs of people who used the service.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives we spoke with told us they felt the manager was approachable. Comments we received included, "Yes they are approachable and do listen to any concerns" and "Without a doubt." Staff we spoke with told us they felt the manager's within each of the homes and the registered manager were approachable and provided them with good support.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. We spoke with the registered manager throughout our inspection and found them to be approachable and helpful.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. We found that the managers within each tenancy undertook audits on a three monthly basis; these were completed in a different home to where the manager was based to ensure that an impartial audit was completed. Audits looked at areas such as supervisions, health and safety and financial checks. The audits were then sent to the registered manager.

The registered manager also completed audits on a six monthly basis at each location. These looked at support planning, reviewing support, supporting health, consent, complaints and staffing and included practice observations. The results of audits were analysed and translated into graphs to show areas for improvements and where improvements had been made.

An area annual review was also completed by the divisional director with the registered manager. This looked at areas such as contract monitoring, complaints, CQC compliance reports, financial performance, safeguarding, quality assurance, involvement of people, staff and management gaps and areas for change in the year ahead.

The practice development team within United Response also conducted observations within each of the homes. These observations aimed to provide positive feedback and give ideas to continuously improve the experience for people who used the service.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included infection control, medication, internal transfers, complaints, the mental capacity act, raising concerns and whistleblowing, recruitment and selection and safeguarding adults. The policies were reviewed regularly to ensure they were fit for purpose.

We saw the service had received some compliments. One person had written to the registered manager

stating, "What I did want to let you know is how brilliant [name of staff member] has been throughout. He has met up with [name of service user] and supported him on dental visits, despite these being scheduled on his day off. He has advocated well for [name of service user] and stood his ground in the face of quite difficult challenges."

We also saw that a member of the public had written into the service to compliment a staff member they had observed in the park. They commented on how well they had presented with a service user and how well they supported them.

We asked relatives if they had the opportunity to comment on the service. We were told, "I get a booklet from United Response three or four times a year. I have meetings with the manager and care staff quite often," "I get a newsletter about twice per year from United Response and once a year I get a questionnaire. We don't get feedback but I am not expecting it" and "Yes, I get a survey to complete and a booklet about the house."

We saw that a survey was sent out to people who used the service and also to relatives to gain their views. The results we saw were positive around all the questions asked such as support, choices, staffing, management and accommodation.

Staff meetings were held on a regular basis. Minutes we looked at showed areas for discussion included, holidays, people who used the service, recruitment, training, news, the care certificate and safeguarding. Staff were also given the opportunity to bring up items for discussion if they wished.

All the relatives we spoke with told us they were invited to meetings within the home their family member lived. One relative told us, "I always attend an annual meeting and I am allowed to comment. I feel very lucky that they look after her so well. I am very impressed with the care she gets." Staff members we spoke with told us that relatives were welcome to visit their family member or discuss their care anytime.

There was a service user guide in place. This gave people information about United Response, terms and conditions, their rights, advocacy, staffing and their qualifications, care planning, cost and fees, fire precautions and living in the service. Each person had a copy of this in their care records.