

United Response

# United Response - Cornwall DCA

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

United Response (Cornwall DCA) is a domiciliary care agency which provides personal care to people who have learning disabilities or complex needs. At the time of our inspection, the service was providing care and support to 27 people in 19 different supported living settings. In the accommodation we visited, some people lived in self-contained flats, and others in houses. People had their own bedroom and shared bathroom, as well as shared communal areas.

In 'supported living' settings, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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.

#### Right Support:

Due to a shortage of staff available to some people, they were not always able to make choices or take part in meaningful activities which were part of their planned care and support.

People were supported by staff who were trained in medicines management. However, records were not always completed accurately.

People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative.

Systems were in place to report and learn from any incidents where restrictive practices were used.

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 did not support this practice.

#### Right Care:

There were not always enough staff at each service to meet people's needs. Some staff had not promptly received the training they needed to keep themselves and the people they supported safe.

People received kind and compassionate care from staff. People were supported by staff who understood how to recognise and raise concerns.

People were able to communicate with staff because staff who supported them understood their individual communication needs.

Individualised risk assessments were undertaken. Where appropriate positive risk taking was encouraged.

Right Culture:

Oversight, audits and quality checks had not always been completed when required due to a lack of staff.

Staff morale had been affected by low staffing levels and recent changes to the structure of the service.

People's relatives provided positive feedback about the service.

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

Rating at last inspection The last rating for this service was good (published 29 January 2020).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led key question sections of the full report.

Enforcement and Recommendations

We have identified a breach in relation to staffing. Please see the action we have told the provider to take at the end of this report. We have also made recommendations in relation to the Mental Capacity Act 2005 (MCA) and how changes to the service are monitored and reviewed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# United Response - Cornwall 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. 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 2 inspectors and 1 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

Supported Living: This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 not a registered manager in post. However, the manager was in the process of registering.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

#### During the inspection

We met with 5 people who used the service and spoke to 6 relatives by phone about their experience of the care provided. We spoke with 17 staff. This included the manager, area manager, care staff, agency staff, administrative staff and 2 staff members from human resources. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found.

# 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not enough staff available to consistently provide the correct level of support to all people. This meant that at times people were not able to go out as often as they preferred. It also meant that if 1 person became anxious, and staff needed to provide them with support, other people did not receive the correct level of support. Staff comments included, "We have been extremely short of staff" and "They could be doing so much more if we had the staff."

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where possible staff filled any gaps in the rota to ensure consistency and continuity for people. A relative told us, "The carers put their life on hold so that the hours are covered. They all work together."
- Recruitment checks were completed on new members of staff to help ensure they were safe to work with vulnerable adults; however, a full career history was not being sought by the provider. Following the inspection, the provider changed their policy to require a full career history to be recorded.
- A relative told us they had been involved in recruiting new members of staff. This helped ensure new staff were matched well with people's needs and preferences.
- As far as possible, people had a designated team of staff who supported their needs.

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.

- We found the service was working within the principles of the MCA; however people's records did not clearly reflect how conclusions about people's capacity to make certain decisions had been reached.
- Decisions about who lived in each service were not always taken in people's best interests.

We recommend the provider seek reputable guidance regarding how to evidence the principles of the MCA have been followed.

### Using medicines safely

- Medicine's records were not always completed accurately or in line with best practice. Audits and checks had not always identified these errors.

We recommend the provider seeks guidance from a reputable source about the management of medicines.

- Most relatives told us staff supported people safely with their medicines.
- Medicines errors were reported and action taken to help prevent similar errors in the future.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing.
- Some people had medicines to be given 'as required' for pain relief. There were protocols in place to guide staff on when these could be given. Staff recorded if the medicine had been effective.
- Staff responsible for administering medicine had received training.

#### Assessing risk, safety monitoring and management

- Staff had not received training promptly to understand how to safely manage situations when people were distressed. When staff had received the training, it had not covered all areas of risk. Staff told us that at that time they did not feel they or the people living in the service had been safe.
- Staff attended a range of training related to the needs of the people they supported. Where training was out of date, the manager told us training had been planned for these staff members.
- Care plans contained risk assessments which outlined when people had been identified as at risk and provided guidance to staff about how to reduce any risks.
- Staff took ownership of and responsibility for the management of risk where people were unable to do this for themselves.

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

- Information was available to help ensure staff supported people in a way that reduced any anxiety. Further information was also available to guide staff on how to support people safely if they did become anxious.
- Staff had received training in safeguarding. They were aware of the processes to follow if they had any safeguarding concerns.
- Any concerns raised were shared with the local safeguarding team and investigated where appropriate.

#### Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- The service recorded all incidents where people became distressed. This information was then reviewed and analysed and used to update guidance on how to support people.



# 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a recent restructure to the staffing at the service. This had affected the morale of some staff and their confidence in senior leaders.

We recommend the provider seek advice and guidance from a reputable source to develop an effective system to monitor the outcome of the restructure and the impact on all stakeholders.

- Staff meetings were held and gave staff an opportunity to raise concerns, ideas or suggestions.
- There were systems in place for gathering the views of people and their families.
- Most relatives told us they felt involved in their family member's service and had good communication with the organisation. Comments included, "Absolutely it is a great service, what I have seen of them so far. I am confident that I can speak with anyone in the organisation."

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

- Due to a lack of staffing, people were not all consistently provided with the right level of support to achieve good outcomes.
- Where people did not communicate verbally, information was recorded about how to recognise different moods they experienced and how to support them at these times. "[Person's name] is so happy at the house. The staff have a special way of speaking to them"
- People's care plans included guidance on how to support people with the things they liked to do. This helped ensure the person enjoyed how they spent their time.
- We observed staff responding promptly to people's requests for assistance. Relatives gave positive feedback about the relationships staff had developed with people. A relative told us, "They don't even need to try and get help as there is always someone around."
- Staff interacted well with people and showed an in depth understanding of people's preferences. Relatives told us, "The care is consistent. The staff seem quite happy, it is a good atmosphere when I visit and they seem to know what they are doing", "They are proactive in their care" and "The staff have fun with [person], he giggles a lot."

Continuous learning and improving care

- Various checks and audits were completed of the service. These helped identify areas that needed

improving. However, due to a lack of staff, some of these had not been completed as regularly as required by the provider's governance systems.

- Staff were asked to record what did and didn't work well when supporting people as well as any changes or new information. This helped ensure the staff team could continue tailoring the support they provided to meet people's needs.
- Relatives told us, "Whenever I have felt improvements were needed, they have happened", "I am really happy, I don't think I could improve on the way [person] is looked after" and "I would definitely recommend the service to other families."
- The provider kept up-to-date with national policy to inform improvements to the service.

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

- Staff told us on call systems to support them during shifts did not always work. The manager told us they were aware of problems with the system and had made some changes.
- Any changes in people's care needs were shared with staff at handovers and throughout the day.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision.
- Records showed referrals were made to other professionals appropriately.

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 manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. A relative told us, "There is total transparency, inclusiveness and communication." This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not enough staff available to ensure people's choices, needs and preferences were consistently met.