

United Response

United Response - Spire 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

United Response – Spire DCA provides personal care to people with a learning disability or autistic spectrum disorder, who may also be living with physical disability. People received care in their own private single or multi-occupancy living accommodation via individual private tenancy agreements. At the time of our inspection there were over 100 people using the service.

Not everyone who uses 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 consider any wider social care provided. At this inspection there were 27 people who received personal care.

The service is developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

From extensive service reconfiguration during 2019, management and leadership had not always been consistent or effectively ensured for people's care. This meant the quality, consistency and effectiveness of peoples' care, including related communication and care plan record keeping; had not always been fully ensured, to achieve consistent outcomes. Staff had not always received effective support and supervision for their role. The provider had recognised and begun to implement related service improvements, to rectify this. However, these were not yet demonstrated as fully completed, embedded or ongoing for people's care.

The providers safeguarding, staffing and risk management arrangements for people's care, helped to protect people from the risk of harm or abuse. People felt safe when they received care from staff at the service and their relatives felt they were safe there.

The provider had taken action when things went wrong at the service, to help prevent any reoccurrence and ensure people's ongoing safety. This included to ensure people's medicines were safely managed and that people received their medicines when they should.

Staff were trained to provide peoples' care and supported them to maintain or improve their health and nutrition. This was done consultation with relevant external health professionals when needed. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff

had good relationships with people and their relatives. They knew people well, including what was important to people for their care and how to communicate with them in a way they understood. People were informed, involved and supported to help agree and make ongoing decisions about their care and daily living arrangements.

Overall staff supported people to maintain relationships, follow their interests and take part in activities that were socially and culturally relevant or important to them. The service does not provide for end of life care. Management action was assured to improve staffs skills and knowledge, to support meaningful conversations with people when needed, in relation to death, loss and bereavement.

Managers and staff understood their role and responsibilities for people's care and strove to ensure a person-centred approach and positive service culture within given resources. The provider and registered managers had met with regulatory obligations for their registration.

The provider regularly sought to engage with people, staff and relatives to help inform and support people's equality and diverse needs in their care. The provider and staff worked with relevant stakeholders, such as health, educational, social care providers and voluntary organisations; to help inform, improve or enhance people's care experience. Management improvements had commenced to fully ensure the consistency and effectiveness of people's care from this.

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 this service was good (published December 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 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?

Requires Improvement ●

The service had not been consistently well-led.

Details are in our well-Led findings below

United Response - Spire 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service provides personal care and support to people living a number of 'supported living' settings, so that they can live as independently as possible. At the time of our inspection, there were over 100 people receiving support, including 27 people who received the regulated activity of personal care. 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.

The service had two managers 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.

Notice of inspection

This inspection was announced. We gave six days notice to ensure the registered managers and staff were available to speak with us; and to give the provider time to obtain people's consent for us to visit them in their supported living premises.

What we did before the inspection

Before our inspection we looked at key information we held about the service. This included the Provider's

Information Return (PIR) and any written notifications they had send us since our last inspection. The PIR is information providers are required to send us with key information about their service, what they do well and any improvements they plan to make. Notifications are information about important events, which the provider must tell us about when they happen at the service. This information helps to support inspections. We sought and took account of any feedback from partner agencies involved with people's care. This included local authority care commissioners who contract with the provider for people's personal care on their behalf. We used all of this information to plan our inspection.

During the inspection

We visited 16 people with appropriate consent and spoke with four people's relatives. We spoke with six team leaders and twelve care support staff. We spoke with two registered managers, two service support managers, a quality and compliance lead officer and a project management lead for the provider. We also observed how staff interacted with people in their own supported living settings.

We viewed parts of nine people's care records and a range of records relating the management and staffing of the service. For example, safeguarding, incident and complaints records; and records relating to the provider checks of quality and safety of people's care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's arrangements to protect people from the risk of harm or abuse were robust, understood and followed by staff, to help ensure people's safety.
- People were appropriately informed and supported to help them keep safe. People and relatives felt people's safety was ensured. One person said, "Yes, I feel very safe." A relatives told us, "I am without any doubt that [person] is safe in staff hands."

Staffing and recruitment

- Staffing arrangements were safe and sufficient.
- During a period of service reconfiguration during 2019, there was increased staff turnover and use of agency care staff. Feedback we received from all parties found staff at all levels had worked hard to help prevent any negative impact on people's care from this.
- At this inspection, we found staff deployment measures were generally effective to ensure people's safety. The provider's recent increase in the use of agency staff was now reduced.
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment checks, which the provider obtained before any offer of employment to staff for people's care.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment or any care equipment used were effectively assessed and managed for people's safety.
 - Staff understood any risks identified to people's safety and the related care steps they needed to follow to reduce these. For example, to help people to eat, drink and take their medicines safely and for their positive behavioural support. This information was recorded in people's care files for staff to follow and regularly reviewed for people's safety.
 - Staff understood the provider's communication and reporting procedures concerned with people's safety and also for their own. Such as, in the event of a fire alarm, health emergency or any incidence of aggression.
- Learning lessons when things go wrong
- The provider had acted when things went wrong at the service, including to help prevent any re-occurrence and ensure people's safety.
 - We evidenced a number of related service improvements, which were either made or in progress. This included revised staffing, medicines and record keeping measures for people's care
 - The provider had usually notified us about any safety incidents when they happened within the service. To help us to check the safety of people's care when needed.
 - The provider had not notified us without significant delay, following two related safety incidents when

they happened at one of their supported living services. However, they had notified relevant safeguarding and police authorities immediately and acted in consultation with them, to ensure people's safety.

Using medicines safely

- The provider had ensured people received the right level of support, which was appropriately assessed and care planned; to enable them to take their medicines safely at the times they should.
- The provider followed relevant protocols and had introduced improvement measures when needed, to ensure people's safety in relation to their medicines.
- Staff were trained, competency checked and understood how to support people to take their medicines safely.

Preventing and controlling infection

- Arrangements were in place for the prevention and control of infection in relation to people's care.
- Staff were trained and understood the universal principles for infection prevention and control. Staff were supplied with sufficient amounts of personal protective equipment, such as disposal gloves which they used when needed for people's personal care. This helped to protect people from the risk of an acquired health infection.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care and support was not always fully assured to achieve good outcomes and consistency.

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

- People's needs were assessed before they received care but care plan record keeping measures did not always fully ensure the consistency and effectiveness of people's care.
- People's care plans were not always accurately maintained for staff to follow, to fully ensure the consistency and effectiveness of people's care. We found changes were not always to people's care plans, following detailed instructions from external health professionals. For example, to enable staff to understand and consistently follow one person's complex communication needs.
- Most external professionals told us their instructions for people's care had not always been effectively communicated within the service, or followed in a timely manner when needed. However, all confirmed this had recently improved, which they were pleased about but felt that the improvements were not yet demonstrated as embedded and ongoing for people's care.
- In addition, due to the order and historic volume of information retained some people's care files, key care information was not easy for staff to locate. This meant there was an increased risk to people from this, of receiving ineffective or inconsistent care.
- We discussed our findings with management, who showed us their related improvement measures in progress. Staff we spoke with who were responsible for implementing the measures, understood this. However, the improvements were not yet demonstrated as fully embedded or ongoing for people's care.
- Staff we spoke with were mostly knowledgeable and understood people's care needs. Although, until the provider's care planning improvements were fully completed, this was not wholly assured.
- The provider operated a comprehensive range of care policy guidance for staff to follow, to help consistently support and inform people's care. These were periodically reviewed by the provider, to ensure they met with nationally recognised guidance and practice standards. A revised oral health needs assessment tool was recently introduced, which followed recognised national guidance, but this not yet fully embedded for people's care.

Staff support: induction, training, skills and experience

- Staff were mostly trained to provide people's care; but had not always been effectively supervised or supported for their roles and responsibilities.
- The provider had begun to take positive remedial action to address staff concerns regarding their reduced management supervision and support; following the provider's significant service reconfiguration during 2019. Additional bespoke induction level training was also planned but not yet implemented, to further support the consistency of some people's care who had more complex health needs.
- All staff we spoke with, were confident regarding the provider's remedial measures for their support and

supervision. Although this was not yet fully demonstrated as embedded or ongoing. A staff member said, "We have been through a really difficult time; but it's definitely improving now."

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were trained and usually followed the MCA to obtain people's consent and to ensure their best interests or obtain appropriate authorisation for their care when needed.
- However, one person whose care we looked at, was subject to continuous supervision and related care restrictions, necessary to keep them safe. Their recorded needs assessment information showed they lacked capacity to agree to their related care. This included to live at the property and in relation to accessing the local community. The provider had not sought appropriate assessment via the local authority responsible, for any formal authorisation that may be required for the person's care. We discussed our findings with the registered managers, who agreed to take the action required to ensure this.
- Otherwise, people's care plans showed how individual care was to be delivered, in line with their consent and best interests.

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

- People were supported to maintain or improve their nutrition when needed.
- Staff understood people's dietary needs, preferences and any related support requirements. This was assessed, agreed with people and any relevant nutritional health professionals when needed.
- We saw staff supported people's individual involvement in food shopping, meal planning and preparation in the way they preferred.
- People said they were happy with the arrangements for their meals. One group of people living together who we visited, told us staff supported them as they chose, to share the cooking of their evening meal each day, via an individual rota. All were looking forward to an Italian meal being prepared by one of them, with staff support at the time of our visit.

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

- Overall, people were supported to maintain and improve their health and to access relevant external health professionals. This included for the purposes of routine and specialist health screening or any medical treatment when needed.
- Staff we spoke with understood people's health and learning disability conditions, how they affected them and mostly, their related personal care requirements.
- Arrangements were in place to ensure relevant information sharing with external care providers, when needed for people's care. Such as in the event of a person needing hospital admission because of ill health, which helped to ensure they received consistent, informed care; as agreed with them or their representative.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's equality and rights were consistently respected and promoted.
- People's equality and diverse needs were assessed when their care packages were devised and agreed with them or their representatives.
- We saw staff treated people with respect and were mindful to ensure people's inclusion, dignity, rights and choices in their care.
- Staff knew people well and strove to communicate and support people in the way they understood and chose.
- Staff told us that respecting and promoting people's equality, rights, independence and inclusion in their care was paramount. The provider's published care aims, staff training and related management monitoring arrangements helped to consistently ensure this.

People felt they mattered and had good relationships with staff. One person said, "Staff are kind; they know what I like." A relative told us, "Staff treat [person] like their family; they are very caring."

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

- People were actively involved to help agree, review and make decisions about their care in the way they understood.
- People's care plans showed their choices, preferences and communication needs for their care, which staff generally understood.
- The provider used a range of methods to consult with and involve people in making decisions about their care and daily living arrangements. This included individual, shared 'house' meetings and care forums.
- Key service information was provided for people in suitable formats, to enable their understanding and also to inform them what they could expect from the service for their care. This included 'easy read' formats using large print, simple language and picture symbols.
- Bespoke communication information was provided, for people to take with them. For example, if they needed to transfer to another care provider for any reason; such as in the event of hospital admission for health reasons. This helped staff at the receiving service to understand how to communicate with the person in the way they understood.
- People were informed and supported to self-advocate or to access independent lay or specialist advocacy services, if they needed someone to speak up on their behalf.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. Overall, 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall, people received co-ordinated, personalised care, which they were happy with.
- Staff we spoke with were positively motivated, to ensure people's rights to live the life they chose with the same rights, choices and responsibilities as other citizens. This met with the provider's published aims of care, which reflect nationally recognised voluntary care standards for supported living.
- People were usually supported as they chose, to follow their interests and to access their local community. This enabled them to regularly engage with family and friends with similar interests or to learn new skills for their leisure, independence, learning and occupation.
- We found occasions in one supported living property, where people had forfeited access to their planned activities within their local community, due to there being 'no staff driver' on duty to support this. We discussed this with the registered managers who agreed to review and take appropriate action to rectify this for people's care, as needed.
- Overall, people's choice, compatibility with those they lived with and also the staff who provided their care, were considered and promoted. This helped to ensure positive, meaningful relationships and responsive care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS for peoples' care.
- People were provided with information in a format that was meaningful to them, to help them understand the arrangements for their care.
- Staff understood people's communication needs, which were assessed and detailed in their written care plans for staff to follow. This included any specialist health professional instructions or equipment people needed to use to enable their independence and effective communication.

Improving care quality in response to complaints or concerns

- People were appropriately informed and supported to raise any concerns they may have about their care, or to make a complaint if they needed to. The provider's complaints procedure and arrangements for regular consultation with people and their representatives, helped to ensure this.
- Regular account was taken of complaints and concerns to help inform and make any care or service

improvements when needed.

End of life care and support

- This service does not provide end of life care. We have therefore not checked the service against nationally recognised standards for end of life care.
- We saw there was a standardised recording format in peoples' care files, to inform their known wishes in the event of a life limiting illness or for the care of their body after death. These were not completed.
- Whilst, at the time of this inspection, there was no direct impact on people from this. We found staff we spoke with had limited skills and knowledge as to when and how this information was to be collated; or to support meaningful conversations with people in relation to death, loss and bereavement.
- We discussed our findings with the registered managers, who agreed to review and act on this to help ensure people's support and best interest, in any related event.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership had not always been consistent or effectively ensured; the service culture created from this had not always supported the delivery of high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The effectiveness of people's care and support was not always fully assured to achieve good outcomes and consistency.
- The provider had carried out a significant service reconfiguration during 2019, which had resulted in stress for staff at all levels, a period of management instability, reduced management and inconsistent staff support for people's care during this time.
- Following related concerns raised, provider action was in progress to re-establish effective management and oversight of the service and ensure consistent staff support, communication and care plan record keeping arrangements for people's care.
- Additional management leads were introduced to help direct and ensure these service improvements. However, the improvements were not yet demonstrated as fully completed, embedded or sustained for people's care.
- Staff and management followed the provider's operational policy for the safe handling and storage of people and staffs' confidential personal information. This was in line with national guidance and legal requirements.
- With the exception of significant related delays concerned with one person's safety needs, the provider had sent us timely written notifications about any important events when they happened at the service, to help us check the safety of people's care when needed. They had also ensured the required display of their most recent inspection report for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- Managers and staff understood their roles and responsibilities and strove to ensure a person-centred approach and positive service culture for people's care within given resources.
- The registered managers understood the requirements of their registration and managed the service in a way that was open and transparent. Staff were confident, knew how and were supported to raise any concerns in relation to people care, if they needed to. Where the service had fallen short of expectations; the provider and registered managers acknowledged, investigated and acted to resolve this for peoples' care.
- The provider had a comprehensive range of operational policy guidance for staff to follow for people's care and safety. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.
- Overall, staff, people, relatives and external partners involved in peoples' care, told us they were now

becoming more positive again, regarding the arrangements for people's care and the management of the service

Partnership working with others

- Effective partnership working had not always been consistently followed for people's care.
- The provider consulted and mostly worked in partnership with relevant agencies, including educational, external health and social care partners, when needed for people's care. For example, to help ensure the right support for people to achieve new skills and maximise their support and independence and life opportunities. However, related care instructions had not always been communicated in a timely manner within the service to ensure people received effective support for their assessed needs.
- People were supported to become involved in their local community through established links with relevant day centres, support and volunteer organisations. However, this was not consistently managed, which had resulted in a few missed appointments, which people and their relatives were unhappy about.
- Related management improvements were either planned or in progress, to rectify and fully ensure this.

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

- People, the public and staff were consulted and engaged in an accessible way, to help inform, monitor and drive service improvement.
- A range of mechanisms were used by the provider to help promote the relevant engagement of people, staff and interested parties. For example, through service user, staff engagement leads and related engagement forums; independent staff counselling and occupational health support; electronic communications and quality surveys.
- The provider had published their care aims and values against nationally recognised care principles for supported living; so people and their representatives were informed what they could expect from the service for people's care.
- Where any changes and improvements were needed for people's care; staff felt this was usually communicated to them in a timely, targeted manner.