

United Response

United Response - Derby

City DCA 1

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

United Response Derby City DCA 1 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 Derby City DCA 1. 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.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim of the guidance is to assist services in enabling people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

We inspected this service on 9 and 16 August 2018. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived on the 9 August. There were 11 people in receipt of personal care support at the time of this inspection visit. We visited the office on the 9 August and spoke with the registered manager, team leader and a member of the care staff team. We then visited seven people in their homes on the 16 August. Due to their needs some people were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the support provided to people and how the staff interacted with them. We also spoke with the eight staff members who were supporting them.

The service had a registered manager in post. 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.

This was the first inspection since the provider registered at this location on 10 May 2017.

People were supported to keep safe and by staff who were clear on their role in protecting them from the risk of harm. Staff understood how to raise concerns and record safety incidents. Risks to people were managed to reduce potential hazards and people were supported to take reasonable risks to promote their independence.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character. Enough staff were available to support people. Where people required support to take their medicines; this was provided in a safe way.

People were supported by staff that had the knowledge they needed to provide effective care and support

was delivered in line with good practice guidance. A period of transition was provided to support people when they began to use the service, to ensure they received support that met their needs and preferences. People's physical health was monitored and they were supported to access healthcare services. People's dietary needs and preferences were met.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to be as independent as they could be and assistive technology and accessible information was in place to support people in achieving this. The support people received was reviewed with them to ensure it remained relevant. People knew how to raise any concerns or complaints, and these were responded to in a timely manner.

Staff had a good understanding of people's communication methods which enabled them to communicate effectively with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The importance of gaining people's consent to the support they received was understood by the staff team. Staff knew about people's individual capacity to make decisions and supported them to make their own decisions. Where people were unable to make certain decisions, the staff ensured that best interest decisions were made in accordance with legislation.

People were supported develop and maintain interests and be part of the local community to promote equality and integration. The registered manager actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints people and their representatives were encouraged to express their views and opinions about the service provided.

The registered manager understood their roles and responsibilities and the staff worked well as a team to enable people to be supported in their preferred way. People and their representatives were encouraged to give feedback, and their views were acted on to develop the service. The provider worked in partnership with other agencies and systems were in place to drive ongoing improvements.

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

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were available to support people. The recruitment procedures checked staff's suitability to work with people. Systems to manage infection control and hygiene standards were in place to enable the registered manager to take action when needed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received ongoing training and supervision to enhance their skills and learning. People were supported to make decisions and staff understood the importance of supporting people in their best interests when they were unable to make decisions independently. People were supported to choose what they wanted to eat and drink in accordance with their cultural beliefs. People were supported to maintain their health and see healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between people that used the service and the staff that supported them. People liked the staff and they were supported to develop their independence and maintain their dignity. People maintained relationships that were important to them with the support of their staff team.

Is the service responsive?

Good ●

The service was responsive.

People received individualised support that met their preferences and were encouraged to develop their social interests and be as independent as they could be. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. People were supported to share any concerns they had and these were addressed in a timely way.

Is the service well-led?

The service was well led.

People and their representatives were consulted and involved in the running of the service. The registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were fully met. Systems were in place to monitor the quality and safety of the service and drive improvement.

Good ●

United Response - Derby City DCA 1

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.

This comprehensive inspection took place on 9 and 16 August 2018 and the inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is 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. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email copies of the audits they undertook so that we could see how the

provider monitored the service to drive improvements. The registered manager sent this to us within the required timeframe.

Is the service safe?

Our findings

People told us they felt safe with the support they received from their staff team. One person said, "The staff are nice." Another person told us, "I am very happy with the support staff give me. I get on with all of them." People confirmed they were supported to understand how to keep safe. One person told us, "I would tell the staff if I wasn't happy with something." Another person said, "The staff ask me if I'm happy and I would tell them if something was bothering me." Where people were unable to express how they felt; their staff team understood how to identify signs and report in line with procedures. One member of staff said, "We would know by the way [Name] was presenting if they were unhappy or anxious and we would monitor and report this to the manager." Staff confirmed they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse.

Prior to this inspection there had been eight safeguarding referrals made to the local authority in the last three months. Some of these referrals had been made by the provider and some had been made anonymously. The local authority had worked with the registered manager and provider to investigate these concerns. We were provided with information from the local authority and the registered manager to demonstrate that investigations had been taken to address these concerns and actions taken as required. Of the eight allegations made, five had been investigated by the provider and were unsubstantiated.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff received training on how to support people when they demonstrated behaviours that put themselves or others at risk of harm. We saw that positive behaviour support plans were in place for people who may display behaviours that put themselves or others at risk of harm. Plans included the person's behaviours and how to support them in a way that reduced the likelihood of them demonstrating these behaviours. They also guided staff on the support the person needed when they did exhibit behaviours. One member of staff told us, "We don't restrain people. We have training in de-escalation techniques and it's refreshed annually; but we don't have to use these. We know the people we support well and situations that make them anxious. We also know the signs to look for if they are becoming anxious; so that we can take the right action to support them before their behaviour escalates." De-escalation techniques are a range of verbal and nonverbal communication skills used by staff to prevent escalation of behaviour that put people at risk of harm.

We saw that people were not discriminated against regarding their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the support they needed to keep safe. For example, some people required 24-hour support and others received less support and could access the community independently. Detailed risk assessments were in place within each person's care file and we saw these were updated as required to ensure any changing needs were addressed. For example, one person required support with a health condition and we saw that detailed information was in place to support staff. The staff we spoke with had a good understanding of this condition and how it affected the person. We saw that staff had also received training to enhance their knowledge and skills.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. One person said, "We practice what to do if the fire alarm goes off. We have to go outside on the drive and we have a grab bag." A grab bag contained essential information for use in the event of an emergency. We saw that plans were in place to respond to emergencies, such as fire evacuation plans. The plans provided information on the level of support a person would need and we saw that the information recorded was specific to each person's individual needs. This information included any aids the person used to support them in identifying when fire alarms went off.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. People we spoke with confirmed that staff were available to support them both at home and when they went out. We saw that people were supported to access community facilities with support. For example, our visits were organised around people's daily activities to ensure they weren't interrupted. One person told us, "I'm going out for lunch today." We visited two other people following their support in the community. The registered manager told us of the staff vacancies and confirmed these posts were being recruited to. Staff confirmed there were sufficient staff available to support people and told us that agency staff were used when needed. One member of staff said, "We do use agency but we use regular people, so they do know the people they are supporting and more importantly the people we support know them. It's important for the people we support as they have complex needs and need that consistency." One member of staff from an agency told us, "I have been working with [Name] for x years now. I don't work anywhere else, so I am available whenever they need me."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People had support from staff to take their medicines. A medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This provided a clear audit trail for staff to follow. We saw that there were protocols in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff understood their responsibilities to ensure good standards of hygiene were maintained. Staff could access a supply of personal protective equipment (such as gloves and aprons) as required. We saw that people were supported by staff to keep their homes clean. One person told us, "I keep my bedroom clean and help the staff with housework." Another person told us, "Sometimes I do some housework but if my legs are hurting the staff will do it for me."

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service to ensure they could be met. Support plans had been developed from these initial assessments and reviewed to ensure the staff team continued to meet people's changing needs.

People received support in line with good practice guidance and they were protected under the Equality Act; as the potential barriers they faced because of their disability had been removed to ensure they were not discriminated against. For example, one person who had a hearing impairment had a vibrating mat which they placed under their pillow and flashing lights to alert them if the fire alarm was activated at night. Throughout the day they were supported by staff who would alert them if the fire alarm was activated.

People's needs were met and their well-being and independence promoted by staff that had the necessary skills and training. People we spoke with confirmed that they were happy with the support they received from staff. Staff told us they received the training they needed to support people. One member of staff told us, "The training is very good. We get E learning and face to face training and its update annually." Each person had their own team of staff to provide consistent support. Staff confirmed that they received training specific to the needs of the person they supported. One member of staff told us, "If someone has any specific conditions we get that training like epilepsy and autism. Plus, we also have a good range of professional input to help us support people." This reflected what we read in people's support plans.

New staff received an induction that prepared them for their role. One staff member told us, "Today is my second day. I was in the office yesterday and today I am reading support plans and spending time with the people I will be supporting. I will be doing all the training and shadowing staff." The registered manager told us that each member of staff's induction timeframe was based on their needs and said, "There is no set time for new staff to shadow. It depends on their previous experience, confidence and competence."

People were supported by staff to purchase and plan their meals. One person said, "The staff help me to plan what I want to eat and then we go shopping. The staff help me to buy healthy food like fruit and vegetables. Information in people's support plans showed us that staff supported and encouraged people to maintain a healthy balanced diet. No one being supported required a specific diet to meet any health needs. However, people were supported to purchase food appropriate to their culture.

When people were supported to move between services, this was done in a way that ensured their needs and preferences were met. One member of staff us about the support they provided to a person when they transitioned from another service. They said, "I have worked with [Name] since united response started supporting them and I supported [Name] from their previous placement. This was a slow process as we had to work at a pace that suited them and slowly introduce them to their new home environment and staff team." This demonstrated that the provider understood the importance of supporting people at their own pace to enable them to adapt to the changes in their life.

The staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. We saw referrals were made when needed to healthcare professionals to assist people with their changing needs.

Information was in place that provided support staff and health care professionals with information about people's health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services. A hospital passport was also in place that was used when people attended hospital appointments to support healthcare professionals in providing individualised care.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that most of the people that were supported with their personal care lacked the capacity to make some decisions. Where people had restrictions placed on them as they needed support for their safety, an application to lawfully restrict their liberty had been made. We saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines, and the daily support and supervision they received; including accessing the community.

Is the service caring?

Our findings

People told us they liked the staff. One person said, "The staff help me with lots of things and they are all very nice. If I don't feel up to doing housework they will do it for me but I help when I can." We saw a positive and caring approach was provided by the staff team and people were supported to be independent. For example, staff supported people to make a drink and prepare their lunch. One member of staff told us, "[Name] decided they wanted a sandwich so I got all the ingredients together for them and they have sat at the table and made it. It does take them longer to make it than if I was doing it, but they enjoy doing it. It also helps them to develop their skills and independence.

Decision making profiles were in place that provided information on people's communication methods. This included any alternative methods that were used to ensure information was accessible to people. For example, by using pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be and be in control of their daily lives. We saw that staff could communicate well with people using these alternative methods.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that two people used an independent advocate to support them in decision making when needed.

Staff told us how they support people to maintain their dignity and this reflected what we read in care plans. For example, one person when they went out in the community needed close monitoring as they had no awareness of danger. A practice was in place that had been agreed with all professionals involved and these restrictions had been legally agreed. Staff told us of the method they used to support the person and ensure their dignity wasn't compromised. This was also reflected in this person's care plan.

People were supported to maintain relationships that were important to them. For example, we saw that people were supported to contact and spend time with their relatives. One person told us that they visited their relative with staff support and that their relative visited them. Another person was supported by staff to visit their relative every other weekend.

We saw that people's cultural and faith needs were considered and met by the staff supporting them. This ranged from staff supporting people to purchase food appropriate to their culture and helping them to celebrate religious holidays and events. One person attended church with their staff support on a regular basis. The staff member supporting them told us, "[Name] has been going to church for years and always seems happy to go so, we support them to maintain this."

Is the service responsive?

Our findings

The initial assessments undertaken prior to people using the service were used to develop support plans. People confirmed they were involved in these and were involved in reviewing their support plans. One person told us, "The staff go through it with me to check it's right." Staff knew people well and could tell us how people liked to spend their day and knew about their interests, likes and dislikes. The information provided by staff reflected what we read in support plans.

We saw there was detailed information in people's support plans regarding their life history, interests and aspirations. One person worked at a local charity shop and another person accessed a local day service facility. We saw that people's daily routines varied and they were supported to participate in interests and hobbies outside of their home and relax at home in their preferred way.

The provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them such as pictures and photographs and using objects of reference. Some people used Makaton to communicate and we staff could effectively communicate with them using Makaton. Makaton is a recognised sign language used by some people with a learning disability.

A complaints procedure was in place and this included an easy read version that was given to people when they started using the service. Staff confirmed that people were asked on an ongoing basis if they were happy with the support they received. This was also discussed in reviews with people and their families. One complaint had been made regarding the service in the last 12 months and we saw this was addressed promptly by the registered manager.

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.

Is the service well-led?

Our findings

A registered manager was in post. People we spoke with and staff were clear who the registered manager was and confirmed that they could speak to them when they needed to. One member of staff told us, "I find the manager very efficient; they deal with any issues swiftly." Staff confirmed an on call was available if they needed management support or advice out of office hours. The registered manager shared an office base with the team managers and communicated on an ongoing basis with them regarding the support people received. The registered manager confirmed they were supported by the provider to understand their responsibilities and develop their knowledge.

The relatives we spoke with told us that they felt the service was managed well. One said, "The manager is very good. Recently I completed a satisfaction survey and made a few comments and the manager rang me and went through everything with me. They dealt with everything. I have never really complained but if I have the odd niggles, the manager sorts them out quickly."

We saw that people were encouraged to express their views through a range of methods. These included satisfaction questionnaires and reviews and general discussions with people. One person told us, "The staff ask me what I think and if I am happy." We saw that people were supported to access the community and be involved in local community facilities and groups. For example, people accessed range of facilities on a regular basis from the local pubs, cinemas and leisure centres and dance groups.

Staff enjoyed working at the service. One told us, "I really enjoy my job, the support is good and there is good team work. If you don't know something or need advice there is always someone to ask." The registered manager confirmed that they were in the process of arranging team meetings in smaller groups as it was often difficult for staff to attend as several people required 24-hour support. They told us, "This is an area we need to improve upon and hopefully smaller team meeting will give staff the opportunity to attend." Staff told us that they felt supported. One said, "Each person has their own team of staff and we all see each other at handovers. We can contact the manager at any time if we need support; they are very good."

We saw that systems were in place to monitor the support people received and the quality of the service provided. For example, audits were undertaken on a regular basis to review the practices in place and identify where improvements were needed. The registered manager shared with us their continuous service improvement plan. This highlighted any areas identified for improvement and we saw that these were addressed. For example, it had been identified that three staff hadn't completed their medicines competency checks and we saw that this was addressed. An internal quality team also supported the registered manager in driving improvement.

The registered manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team and other health and social care professionals. This demonstrated they worked in partnership with other organisations.