

United Response

United Response-Bradford Supported Living Services

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

This service provides care and support to people with learning disabilities living in 50 supported living settings in Bradford, 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. At the time of the inspection 122 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best 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 using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; the service promoted choice, control and independence. Each person had a bespoke living environment with the staff team tailored around their individual needs. People's support focused on increasing their opportunities and providing with them with skills to become more independent.

People received safe care and support. Risk management plans were in place to help keep people safe. People's medicines were managed in a safe and proper way.

There were enough staff to ensure people received their required care and support. Staff received appropriate training and support to undertake their role.

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.

Staff were kind and compassionate and treated people well. Staff knew people well and how they liked their care and support to be delivered.

People had a range of care and support plans in place. Some of these needed updating and /or reviewing. We concluded better oversight of people's care plans was needed to ensure key care related documentation was kept up-to-date

People and staff praised the way the service was managed. People received good, person centred care and had a say in how the service operated.

Rating at last inspection: This was the first inspection for the service since it registered with the Care Quality Commission in January 2018.

Why we inspected: This was a scheduled inspection which took place as we had not visited the service since it's registration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

United Response-Bradford Supported Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors and an 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: The service provides personal care to people living with learning disabilities in 50 supported living environments throughout Bradford.

A registered manager was in place. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because we had to gain consent from people before visiting them in their homes.

The inspection site visit activity started on 26 February and ended on 28 February. We visited the office location on 26 February to see the registered manager and office staff; and to review records and policies and procedures. On the 26 and 28 February we undertook visits to 8 supported living environments where we spoke with people who used the service and staff and reviewed care and support records. Following the inspection site visits we made phone calls to the relatives of three people who used the service.

What we did:

We asked the service to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams.

We spoke with the registered manager, two service managers and 12 support workers.

We spoke with 15 people who used the service and three relatives.

We observed staff interacting with people who could not tell us their opinions about their care and support.

We reviewed parts of eight people's care records and other records and audits relating to the management of the service.

We asked the registered manager to send us further documents after the inspection. This was provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe using the service. One person said, "Love living here. Yes, it is safe as staff look after you. Staff treat you nicely."
- Staff received training in safeguarding vulnerable adults. Staff knew how to recognise and report any concerns about people's safety and welfare. Staff told us they had never witnessed anything of concern.
- People and staff were given various opportunities to raise any safeguarding concerns including through house meetings, staff meetings and individual supervision.
- Safeguarding concerns were taken seriously and fully investigated. The registered manager reported safeguarding concerns to the local authority safeguarding team and CQC in line with their statutory duties.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk management plans were in place and in most cases, these were kept up-to-date. These covered a range of risks including mobility, the environment, going out alone and behaviours which challenge.
- Where behaviours which challenge were identified, positive behaviour support plans were in place. This included information about triggers and interventions which were known to be effective, focusing on the least restrictive outcome for people.
- The service took positive risks to help people maintain their freedom and independence.
- Staff we spoke with were knowledgeable about the people they were supporting. This helped assure us that safe plans of care were followed.
- The service helped people assess and mitigate risks associated with their homes. This included ensure fire, electrical and gas safety was maintained.

Staffing and recruitment

- There were enough staff deployed to ensure people received the required care and support.
- People told us staffing levels were sufficient and staff had time to meet their support needs and not rush them. One person said, "Yes enough. Not too many changes. Staff are happy and smiley."
- Staffing was based on people's contracts with the local authority; some people had shared and one to one hours. Staff told us staffing levels were always maintained at a safe level.
- Staffing was continually reviewed to reflect changes in people's needs and contracts. Staff were matched to people supported to help ensure compatibility and the right skill mix to meet people's individual needs.
- Safe recruitment procedures were in place. All the required checks were done before new staff started work. This helped to protect people from the risk of abuse.

Using medicines safely

- Overall, medicines were managed safely by the service. People said they received their medicines

consistently and on time.

- Staff received training in medicines management and competency checks were carried out in line with best practice guidance to check staff remained competent to give medicines safely.
- We reviewed people's medicines administration records (MARs) and overall found them to be well completed. This indicated people had received their medicines as prescribed. In one case we found a person hadn't received one of their medicines in line with their safe plan of care. We raised this with management and staff so it could be addressed.
- Checks were undertaken on medicines on a daily basis to ensure all medicines could be accounted for.

Preventing and controlling infection

- Staff supported people to maintain a clean and hygienic environment.
- Staff received training in infection control to ensure they worked to recognised standards.
- Cleanliness and infection control was checked during management audits of the service.

Learning lessons when things go wrong

- Incidents were recorded, investigated and subject to analysis to look for any themes or trends.
- The area manager demonstrated to us learning had taken place following incidents to help improve the safety of the service. Following any incidents, learning was shared at team meetings.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service undertook assessments of people's needs and put in place a range of care plans in line with the required standards and guidance. Most care plans were kept up-to-date, although we noted some inconsistencies with regards to this.
- The service used recognised models of care; for example, regarding positive behaviour support, minimising restrictions, restraint and medication.

Staff support: induction, training, skills and experience

- People said staff had the right skills to care for them. One person said, "They get enough training. They know how I like things to be done."
- Staff received a range of training and support bespoke to the environment that they worked in. This included training in safeguarding, positive behaviour support, epilepsy, dementia and emergency first aid.. New staff received comprehensive induction training.
- Staff competency checks were done in subjects such as medicines and safeguarding to provide assurance that they had the right skills to care for people effectively.
- Staff were supported to undertake qualifications such as National Vocational Qualifications.
- Staff received regular supervision and annual appraisal to offer support to staff, set developmental plans and assess any performance related issues.

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

- People were supported to eat and drink appropriately. People were encouraged to plan, source and cook their food where they were able. Healthy eating was promoted.
- People praised the support they received. One person said, "I like the food; get a choice. I have lost a lot of weight; feel better."
- Referrals were made to external professionals such as dieticians and speech and language therapists (SALT) where appropriate. Where concerns were identified, peoples' weights were monitored and their food and drink intake was recorded. In one supported living property, we identified two people were having their food and fluid intake monitored. However, records were not being consistently completed. We raised this with the registered manager to review.

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

- There was evidence in care records of working with other professionals, including social workers, GPs, community matrons, dieticians and health facilitation nurses.
- People had health action plans in place providing information on how people should be supported to stay

healthy. Some of these needed bringing up-to-date. Health action plans are important to help people with learning disabilities stay healthy.

- Hospital passports were in place to aid the transfer of key information should people be admitted to hospital.

Adapting service, design, decoration to meet people's needs

- Whilst the service was not directly responsible for the quality of people's homes, we saw they worked with landlords to help ensure people had a pleasant living environment.
- The service helped people personalise and adapt their living space so it met their individual needs and requirements.
- The service continuously assessed whether people's environments were suitable for them and if not, helped find alternative accommodation that better suited their needs.

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Overall, the service was working within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards. People's consent to care and support was assessed. Where people lacked capacity and the service thought they were being deprived of their liberty, assessments had been made to the Court of Protection.
- Where people lacked capacity and important decisions needed to be made we saw evidence they worked with a range of health professionals as part of a best interest process. We saw some good examples of best interest decisions being clearly documented, although the quality and presence of these varied throughout the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- People said staff treated them well. One person said, "Yes, kind and caring and look after you. They listen to me." Another person said, "Yes they look after me and be good to me and be nice."
- We observed staff interacted well with people and had developed good positive relationships. Staff knew people well and their individual needs and preferences.
- People's diverse needs were considered and people were treated equally and fairly. Care was centred around everyone's specific needs. People were supported to eat a diet in line with their cultural requirements and attend places of worship should they so wish.

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

- People were supported to make choices about all aspects of their daily lives. For example, in one of the houses we visited, people were having a 'take away' for tea and were discussing what they would like.
- People said they felt listened by staff. One person said, "Yes they listen. They will do it for you if you ask."
- Staff were able to demonstrate they were aware of people's individual communication methods such as sounds and gestures. They told us how they interpreted these to help people make informed choices.
- People had monthly review meetings and annual reviews where they could formalise their views on their care and support. We found some annual reviews were overdue.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. They said staff were mindful of giving them privacy when they needed it. One person said staff "Close windows and curtains when I have a bath."
- People told us staff encouraged them to do as much as they could for themselves including making drinks. People were supported to get out into the local community and some people had paid or volunteer jobs. During the inspection we observed this to be the case.
- People were encouraged to maintain relationships with friends and family.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

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

- People said appropriate care was provided that met their individual needs.
- People's care needs were assessed and clear and person-centred care plans put in place taking account of people's needs, preferences and interests. Detailed information was recorded about people's preferred daily routines and what makes a good or bad day for that person.
- Clear information was recorded on how people communicated and we saw staff communicating effectively with people.
- Staff knew people well which gave us assurance that plans of care were followed.
- People had monthly reviews with their key workers to discuss their needs, goals and progress. Annual reviews also took place, although some of these were behind schedule.
- People had activity planners in place and participated in a range of activities. Most people and staff told us they thought there was enough to do. Activities were person centred and based on individual preferences. Staff supported people to go on holidays should they so wish.
- Links were forged with the local community, with people encouraged to access community events. Some people were in employment and staff supported them in this.

Improving care quality in response to complaints or concerns

- A system to log and investigate people's complaints was in place. Information on how to complain was available in an accessible format for people.
- Most people said they were satisfied with the service and had no need to complain. One person raised a complaint with us during the inspection about their care and support. We saw positive action was taken to by the management team to address this during the inspection.
- We saw complaints were fully investigated and responded to in a timely manner.

End of life care and support

- We saw evidence the service had sought information on people's end of life care needs in some of the files we looked at but this was not consistently the case.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management was inconsistent. Some systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- We found systems of quality assurance were in place and these were regularly identifying areas for improvement. However, we concluded more oversight of people's care plans was needed to ensure key care related documentation was kept up-to-date. For example, we found a number of health action plans were out of date and a number of service user reviews were overdue.
 - There was no central system in place for the registered manager to fully monitor whether these documents were up-to-date.
- There were also some inconsistencies in the presence of documentation and practice relating to bowel management. The registered manager told us a plan was in place to address this.
- A range of audits and checks were undertaken within each supported living environment. This included audits by the area manager, service manager and checks undertaken within each house. We saw these were done in a timely manner. Spot checks also periodically took place on staff who had taken people out into the community.
- People who used the service had also been involved in quality checking and audit and there were plans to expand this further through additional training and support to people.
- We saw evidence the findings of audits and checks were used to improve the service. For example, following incidents and accidents, action was taken to improve the overall quality of people's care.
- We saw evidence where areas of the service had performed poorly in the past, action had been taken to drive the required improvements. In these areas staff confirmed improvements had been made.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People praised the overall quality of care they received from the service. They said that the management team were kind and friendly and they were able to talk to them.
- We observed a positive atmosphere in people's houses with staff and people getting on well. There was a pleasant and inclusive atmosphere.
- Staff demonstrated they were committed to providing a highly personalised care and support experience for people, and adhered to person centred care principals.

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

- A registered manager was in place. A clear management structure was in place with a network of service managers in place overseeing different supported living services.
- Staff we spoke with told us they thought the service was well organised. Staff and the management team were clear about what their roles entailed.

- Staff were being developed and trained to advance in their roles.

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

- People were fully involved in the support they received, their routines and choices about their living environment.
- People were involved through several formal mechanisms. This included being involved in the recruitment of staff and voicing their opinions through monthly care reviews and house meetings. One person said, "They do listen and make changes."
- People's views were also sought through annual surveys and feedback was used to improve the service.
- Staff told us they felt able to suggest improvements to the service and felt suitably consulted. Staff and management had regular meetings

Working in partnership with others

- The service worked with a range of other organisations including the NHS, to facilitate people's care and support.
- Connections had been developed with the local community to offer people employment and social opportunities during the day.
- The service was accredited with the British Institute for Learning Disabilities (BILD) to help ensure it worked to recognised standards.