Aspire Community Benefit Society Limited

Leeds Learning Disability Community Support Service-East and North East Leeds

Inspection report

Potternewton View
Potternewton
Leeds
West Yorkshire
LS7 2DW

Tel: 01133781035

Date of inspection visit:
19 June 2017
20 June 2017
04 July 2017

Date of publication:
02 August 2017

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

This inspection took place on 19 and 20 June and 04 July 2017 and was unannounced.

There was 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.

Leeds Learning Disability Community Support East and North East Leeds is a service that supports adults with learning disabilities to live their day to day lives in shared accommodation or their own flats. The registered office is based in Potternewton in Leeds with four sub offices around East and North East Leeds.

Medicines were managed and stored safely. Medication Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. Prescribed creams were recorded on a cream chart with a body map to provide visual instructions; they were signed as given on the MAR.

People were supported to live as independently as they were able. They had person centred support plans which detailed what was important for them and the amount of support they needed. People told us they were happy with the support they received and we saw positive interactions with people and staff.

People had access to a wide range of activities in the community some of which they accessed with support from staff. Some people attended a variety of organised day care and some chose to spend their day differently. People had one to one time with a member of staff; they discussed with staff what they would like to do. One person was going on a trip pursuing an interest which they were looking forward to.

Staff were enthusiastic and seemed relaxed and confident when carrying out their work. They were able to tell us about peoples likes and dislikes and we heard people being offered choices. People had enough to eat and drink and they were involved in choosing and planning their own meals.

People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included a moving and handling risk assessment and an eating and drinking risk assessment. Where a risk was identified, there was a plan to manage the risk.

There were enough staff to meet people's needs. Staffing was planned around people's activities and there were regular staff to cover any gaps in the roster. Staff had appropriate safety checks before starting work in the service.

People had access to healthcare when they needed it.

People were treated with dignity and respect and their privacy was maintained. Staff responded positively to

people. Two way discussions took place with people when planning their activities.

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's risks were assessed and care was delivered to minimise any risks to people.

Staff were aware how to identify and respond to actual or suspected abuse.

There were enough staff. The number of staff required were based on the activities planned for the day and the levels of support people needed.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and told us they felt supported to carry out their roles. The registered manager monitored staff support to ensure all staff received an annual appraisal.

People received care from appropriately trained and experienced staff.

People were supported to have sufficient food and drink.

The staff understood the principles of the Mental Capacity Act 2005 and how it affected the support they gave to people.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were relaxed in the company of staff.

People had their privacy and dignity maintained.

People were supported to make decisions for themselves or with help from family or an advocate.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans which they were involved in developing and reviewing.

People knew how to raise concerns and complaints. We saw complaints had been fully responded to in line with the provider's policy.

Is the service well-led?

Good

The service was well-led.

The registered manager had identified and prioritised actions which they needed to address. This ensured people received care and support to meet their needs.

There were quality monitoring systems. When actions were identified they were addressed.

Staff told us the management team were supportive.

Leeds Learning Disability Community Support Service-East and North East Leeds

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.

The inspection took place on 19 and 20 June and 04 July 2017 and was unannounced. This is the first rated inspection at its current address. At the time of our inspection there was 83 people who used the service.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at the care records for eight people who used the service and six staff files. We spoke with five people, three support

workers as well as the registered manager and two branch managers. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, quality assurance documentation and individual training records.

Good

Is the service safe?

Our findings

People were supported by enough staff to meet their needs. Staff were rostered to support people to live in their own homes. Their role was to support people to live as independently as possible. People received an allocated amount of one-one time each week in which staff supported people in activities of their choice, such as going out for coffee, shopping or going out on a trip. The registered manager told us each location had its own duty roster and had regular staff covering. There was also bank staff and agency staff who knew the service well and covered gaps in the roster. The registered manager told us they tried to avoid using agency staff to maintain consistency and relationships with people.

Staff recruitment procedures were followed. Relevant checks were undertaken before staff started work. For example, checks with the Disclosure and Baring Service were undertaken to ensure that staff were not deemed to be unsuitable to work with vulnerable people. Other information such as previous employment and references were kept on file. This showed us appropriate checks had been carried out on staff before they started employment in the service.

Records showed people's personal risks had been assessed. For example we saw one person had a risk assessment for epilepsy. This document explained that staff should be within eyesight of the person at all times due to their risk of seizures and listed the relevant epilepsy nurses to contact for advice. Another person had a risk assessment for the use of soap. The individual was not provided with soap when alone as previously the person had put soap in their mouth and eyes. This showed that staff considered the safety of a person and the potential risks to their eyesight.

Each person had a risk assessment, although not all had been reviewed on a regular basis. The registered manager was made aware of this and said that new risk assessments had been developed and were being completed by staff. We did see that for some people risk assessments had been updated onto the new documents.

The service had a system to retrieve reports for health and safety checks within the homes. For example, there were reports relating to fire checks, medicines errors, accidents and incidents. We saw outstanding actions were followed up. Fire drills were also carried out and people had individual personal evacuation plans. This meant if there was an emergency situation, staff were aware of how people needed support to leave the premises. We found the service responded to health and safety issues as they arose and took actions to ensure they were dealt with safely. It also demonstrated that actions were taken to support staff to manage the situation appropriately if there was a reoccurrence.

Medicines were stored and administered safely. There were suitable lockable cupboards and there was a system in place for checking medicines each shift and staff signed to say they were correct. There were processes in place to identify if there were gaps in signing for medicines and the registered manager told us they spoke with staff individually to ensure staff rectified this. Each person had a medicine folder which provided clear information about their medicines and included a risk assessment with guidance for staff to detail the level of support each person required. There was an explanation for use of 'as required' medicines

such as paracetamol with guidance for staff for when it was appropriate to administer. Staff had received training and their competency to administer medicines approved. A branch manager told us topical creams which had been prescribed were recorded on the persons Medicine Administration Record (MAR). Staff showed us they recorded in the daily records that the cream had been applied.

Staff understood what abuse was and the signs that may indicate someone had been harmed or abused in some way. Staff were aware of how to report abuse and how to escalate concerns about practice. One member of staff told us about the Whistleblowing policy and could describe how to raise concerns to an external agency. The service had reported safeguarding appropriately to the local safeguarding team and had notified the CQC as they were required to do. Records we saw confirmed this. For example they reported a medication error to safeguarding and sent a notification to the CQC. The registered manager told us about a potential safeguarding situation which they had raised with the local safeguarding team and the CQC.

Guidance was in place to direct staff on how they should support people if their behaviour or emotions changed. For example, one person had a behavioural support plan which identified triggers that may cause them distress. This included 'busy crowded noisy environments' and described how this person showed they wanted to leave the situation. The plan also provided staff with ways to reduce the behaviour, for example 'allowing the person to leave the situation. Direct person to a quieter area and if communicating use large hand movements to emphasis spoken words such as 'No' used with the palms of your hands facing person.'

Good

Is the service effective?

Our findings

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 by 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 the case of Domiciliary Care, applications must be made to the Court of Protection. Most mental capacity assessment and best interest decisions records we looked at provided evidence that where necessary, assessments had been undertaken of people's capacity to make particular decisions. We saw that these assessments had been completed in accordance with the principles of the MCA. This meant people's rights had been protected as unnecessary restrictions had not been placed on them.

Each individual had a best interest's decision section within their care plans. Two care plans reviewed out of eight provided us with information on the meetings dates and who was involved but there was no document as to why a best interest decision was being made. For example, one person had a best interest meeting regarding court of protection matters, within the care plan it only documented when the meeting took place and who was involved. It did not specify what the best interest decision was for. This would make it difficult for a person reading the plan to identify what decisions were made and if any other least restrictive options had been considered. We discussed this with the registered manager who although knew about the decision to be made, agreed to make sure the specifics of the decision to be made were easily available. Staff had received training in the MCA and understood the principles and how it affected the way they worked with people.

Staff told us how they supported people to make decisions, such as using hand gestures to assist in understanding. A member of staff told us one person became overwhelmed by too large a selection of choices so staff offered the person a choice of a maximum of three options. We observed people being offered choices during our inspection and heard their responses were acted upon by staff.

Staff told us they received enough training to enable them to carry out their job roles effectively. One member of staff told us they had enough training and felt it equipped them to be confident in carrying out their job. The provider had identified some training as mandatory such as food hygiene, emergency first aid, Mental Capacity Act, and whistleblowing. Attendance at training was recorded centrally and the branch managers and registered manager told us they received details of any training which was overdue or due to be completed. Training was booked in advance so staff knew when they were attending a session. New staff underwent an induction and this was monitored and supported by the branch managers until completed.

Staff received supervision six times a year with an appraisal carried out once a year. One member of staff told us they experienced supervision as, "Very supportive". They told us they could ask for clarification if they

were unsure about anything and they felt listened to by their supervisor. They told us they could have supervision any time if issues arose, such as if a person's support needs changed. One branch manager told us they had daily contact with staff and visited the locations so that they could keep in touch with people and be accessible for staff. The branch manager showed us they had planned staff annual appraisals. Staff told us they could discuss their professional development needs during their supervision and we saw this was evident in some supervision notes. For example one member of staff had requested to do some training which they were supported to do.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Most people were relatively independent and bought their own food, but some were assisted by staff to prepare their shopping lists and some of their meals. Individual care plans showed that weights were being monitored and stated in each care plan, "If lost more than 10% of my body weight in three months to refer to a dietician." One persons' plan showed that a person had a significant weight increase. A referral was made to a dietician who provided a healthy eating plan which staff supported the person to follow. The plan reflected the changes that occurred over time and documented their weight had reduced.

Where people had been assessed as having a risk associated with eating and drinking, such as choking, people had received specialist assessment and advice. Staff understood the guidelines in people's support plans. They had received training in nutrition and people had their nutritional needs assessed and support plans developed based on their assessed need. Staff were able to describe healthy choices which they supported people with.

Records showed people had access to a range of healthcare professionals such as the community learning disability team, psychiatrist and epilepsy nurses. People had health action plans and these described the support they needed from health and social care professionals. Health action plans are used by hospital staff to provide people with complex needs and communication difficulties with the appropriate care on hospital admission.

Good

Is the service caring?

Our findings

People lived in their own homes and had a small staff group supporting them. One person had their own flat, others had their own rooms and some lived in a shared house and staff were respectful of people's private space. We saw staff knocking before entering people's rooms and staff asked people's permission before introducing us and showing us around. People were happy and relaxed with staff and one person told us staff were, "Happy to help." Another person told us, "I'm very happy living here, staff are really nice."

People received dedicated hours each week for one to one time and they were also supported closely by other staff on a daily basis as identified in their support plans. Staff told us they knew people well. We saw staff understood people's individual communication styles and how to interact positively with them. Staff were able to communicate with people and also able to understand what people were saying. There were mutual discussions and humour between people and staff which was respectful and demonstrated a relaxed atmosphere. People initiated conversations with staff such as one person called out to a member of staff to ask questions about their appointment and activities that day and the staff member responded appropriately.

The branch managers told us that people were encouraged to remain as independent as possible. They told us that staff needed to have an approach in which they maintained a balance of encouraging people to do things for themselves yet supporting them when they needed help. Staff told us they supported people with personal care when needed, but they tried to encourage people to be as independent as they were able to be. For example, one person who had a risk of falls had an assessment which identified ways to ensure that the person could use the bathroom independently during the night. A hand rail on their bed was provided for balance. The plan also documented that all items should be removed from the floor to avoid trips during the night. This showed people's support plans provided staff with a good level of detail, which meant people were supported to remain independent as possible.

People participated in planning their support plans which were based on their individual needs, likes dislikes and preferences. We saw that where people were unable to contribute to decision making, they had access to an independent advocacy service or a relative supported staff in the creation of support plans. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. This meant that people were able to contribute to decision making either personally or they had an advocate to support them.

Staff talked about people warmly. One member of staff told us they spent a long time with people and told us, "I honestly believe this is a lovely home for people." Staff were engaged in discussions with people about the day's activities and what people planned to do and had conversations about day to day events such as the weather and household chores. Staff were patient with people allowing them time to express themselves and ensuring they understood. One member of staff told us, "We try our best to find out what people are interested in and then we can make suggestions about activities if they are not sure. There are lots of activities we support people with."

Good

Is the service responsive?

Our findings

Each person had a comprehensive care plan based on their assessed needs. The care plans provided guidance for staff on how to support individuals and included an assessment of people's needs, an enabling plan, risk assessments, health records, medicines, health plans, monthly review records and a personal finance plan.

Care plans we saw were person centred care. One person with reduced peripheral vision required support when in the community. It stated that staff should physically guide the person and be within touching range to ensure safety, as they did not feel confident when in the community. Another person had a support plan identifying mobility support when moving around their home; this included the use of hoist and slings. This plan described the equipment how and when it should be used. For example, "Using a lounge tracking hoist and prism universal black sling to move the person from a wheelchair to a chair."

A copy of the person's care plan was kept in the person's home and an electronic copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. The area manager confirmed all care plans were updated when changes to care were implemented and reviewed yearly with the person and relatives. Out of the eight care plans we reviewed, four annual reviews had taken place although it did not identify who attended the meetings.

The care plans were very detailed and there was a lot of repetitive information. For example, there were two separate folders on the computer system to obtain information for an individual. A care plan could be found in one folder, but the risk assessment would be in another folder elsewhere. The area manager confirmed that they had recently employed an IT worker to support the service to update all information into one new folder so that staff could access all care information on one place.

Some people needed 24 hour support with all of their personal care needs, whilst others were independent and only needed very limited support or prompting. For example, one person who only required support in certain areas was being supported by staff to live independently and find their own flat. Within the plan they were also supported to iron clothes as they wanted to look smart when attending their part time job at a local cinema.

Care plans contained personalised information about peoples' past lives and current preferences. There was evidence that people who used the service had been involved in planning their care and support needs. This included people identifying "what is important to me." One person identified holidays as an activity which they enjoyed and discussed previous holidays they had been on. The area manager confirmed that they have recently introduced "one page profiles" which provided a summary of a person's daily support and activities likes and dislikes.

People were engaged in a wide range of community based activities some of which they accessed from a day centre or with family and friends. This included swimming, coffee shops and attending matches of the team they supported. Staff also provided one to one time as part of peoples support plans and this included

activities such as going shopping and eating out. People's interests and hobbies were identified in their support plans and staff had got to know people well. This meant they were able to arrange one to one time around people's interests. For example, one person was being supported to have a day out at an event of something they had a particular interest in. They talked to us about it and said they were, "Very happy" they were going.

The first two days of inspection was during 'learning disability week'. This meant there was a week full of activities and attractions for people to get involved in. This included parties and a 'Britain's Got Talent' themed competition. We spoke with a person who was involved in something each day of the week and they told us it was brilliant fun.

There was a policy for dealing with complaints and a log was kept. We saw there had been one complaint in 2017. People had an easy read version of how to make a complaint available to them. One person told us they would talk with the manager if they had any concerns or complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had a good knowledge of the service. They had worked in the service for a number of years and had a good understanding of people supported by the service.

The registered manager told us they were passionate about the service they provided to people and they were enjoying being in a management role as it gave them an opportunity to plan and develop the service. They were committed to ensuring there were improvements and had developed an action plan to prioritise improvements which they had identified.

The last Annual Customer Satisfaction Questionnaire was sent out to people using the service in January 2017. The service had seen an increase in the number of questionnaires it received back from the previous year. A feedback log was compiled of the positive and negative comments made and handed to managers to progress. Compliments were fed back to staff in their team meetings.

Some of the survey results showed us in 2017, the number of customers who felt safe in their own home/service had risen from previous years by 1% to 98%. 97% of people felt staff supported them to stay safe. 92% of people using the service said they were involved in their support planning. People felt that their privacy was respected and treated with courtesy and respect with 95% of people agreeing with this question. 94% of customers said staff offered them choices and talked to them about this. This showed us the service was constantly looking to improve.

There were quality checks in place to ensure the health and safety of people and the environment were monitored as well as ensuring that people received the care and support they needed. The registered manager was responsible for completing regular checks over a number of areas. These included areas such as accidents and incidents, safeguarding's, medicines, people's support plans and supervisions. Actions had been followed up when identified, such as one person's risk assessment had been updated. The registered manager told us that when a persons' support plan or risk assessment was updated they ensured a copy was kept in the office and the updated version was filed in the house to replace any out of date paperwork.

Staff told us they could approach management if they had any concerns and one member of staff told us the registered manager was, "Always about." The registered manager told us they valued having regular contact with people and considered that their knowledge of people and staff was a strength. We observed positive interactions with people during our inspection; one person was delighted to see the branch manager and told us, "All the staff are really good."

Staff showed an understanding of the ethos and culture of Leeds Learning Disability Community Support Service – East and North East Leeds. They provided person centred care and support and facilitated people to live their life how they chose. One member of staff told us "I would recommend this place for people to live and for employment."