

Leeds City Council

# Mental Health

# Accommodation Based 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?	Good ●

# Summary of findings

## Overall summary

About the service: Mental Health Accommodation Based Services provides supported living and independent living services to people with mental health needs. Transitional and long-term support is provided across 12 sites. At some sites staff are available to support people on a 24-hour basis if needed. Respite care and crisis support is also provided by the service. People's level of support is dependent upon their individual needs. The service was supporting 90 people at the time of the inspection.

Not everyone using Mental Health Accommodation based services receives 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. At the time of the inspection ten people were supported with personal care by the service.

People's experience of using this service: People told us they were very happy with the service they received and felt safe and well supported. The service was flexible in meeting people's individual needs. Staff knew how to safeguard people from abuse and any concerns if they suspected abuse.

Medicines were managed safely. The provider ensured staff completed the training they deemed mandatory to carry out their roles.

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 felt the management team were very supportive. The provider carried out a range of checks and audits to ensure the quality of the service. Systems were in place to manage complaints. The service worked closely with other agencies and professionals to support people.

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

Rating at last inspection: This was the first inspection of the service since it registered with CQC in May 2018.

Why we inspected: This was a planned inspection based on when the service first registered with CQC.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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 well-led.

Details are in our Well-led findings below.

Good ●

# Mental Health Accommodation Based Services

## **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. 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.

**Inspection team:** One inspector and an expert by experience completed this inspection. 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:** Mental Health Accommodation Based Services provides care and support to people living in a range of 'supported living' settings, so that they can live as independently as possible. People also received support from the service in their own homes in the community. 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.

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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection and for staff to be available to talk with us about the service. Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019 with telephone interviews. We visited office locations on 7 and 8 May 2019 to see the registered manager and office staff and to review care records and policies and procedures.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about such as safeguarding issues. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection: We spoke with three people who used the service and one relative about their experience of the support provided by the service. We spoke with the registered manager, three managers and seven senior support workers. We reviewed a range of records. This included three people's care files, records related to recruitment, staff training and supervision and multiple records related to the management of the service.

# 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.

- Staff knew how to safeguard people and how to report any concerns they may have. They were aware of the potential signs of abuse and said they felt confident that the management team would address any safeguarding issues raised.
- People told us they felt the service was safe. One person told us, "There is always someone here if I need them, 24 hours."

Staffing and recruitment.

- Recruitment checks were carried out to make sure, as far as possible, people were safe to work with vulnerable people.
- Staff told us and rotas showed staffing levels were sufficient.

Using medicines safely.

- Medicines were managed safely. People were supported to take their medicines as prescribed.
- Staff had received training in medicines management and had been assessed as competent in this area.
- We identified that it would be beneficial for staff to have additional information available about people's health conditions and 'as and when required' medicines in people's files. We discussed this with the registered manager who sent us information following this inspection which showed the issue was being addressed.

Assessing risk, safety monitoring and management.

- Risks to people had been thoroughly assessed and actions had been identified as to how staff could reduce the risk of harm occurring.
- Contingency plans were in place to help ensure that the service could continue to meet people's needs in the event of unforeseen events such as the failure of IT equipment.
- An on-call system was in place should staff need support outside of office hours.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong.

- The registered manager and provider reviewed incidents to identify how lessons could be learnt and had amended policies accordingly.

# 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.

Staff support, induction, training, skills and experience.

- People were supported by staff who had received training the provider deemed mandatory for their role. Staff were very positive about the training they received. One staff member told us, "If you need it [a training course] they will find it for you."
- Staff completed an induction process and their competency was assessed before they worked alone.
- Regular supervision meetings were held between care staff and the management team. Staff said they felt well supported through this process.

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. In a community setting this would be via application to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- The staff we spoke with were aware of MCA legal requirements and consideration had been given to people's capacity in relation to the delivery of their care. Where decisions had been made in a person's best interest there was evidence that this had involved consultation with a range of relevant parties.

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

- Where practicable people's needs were thoroughly assessed to ensure they could be met before they received support from the service. Areas assessed included self-care and living skills.
- People's plans of support covered a wide range of areas individual to the person such as staying well and risk management plans.

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

- Staff supported people with meal planning and preparation as required and gave people guidance on making healthy choices in this area. The service had organised healthy lifestyle sessions for people.

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked closely with a range of other health professionals such as GP's and mental health specialists to provide joined up support to people.

Supporting people to live healthier lives, access healthcare services and support.

- Where people needed or requested support to access healthcare services this was provided.

- When required staff accompanied people to medical appointments and offered them reminders to attend.



# 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 told us staff were very caring. One person told us, "Staff respect me, they are all great, lovely. All of them."
- The provider had a policy on equality and diversity that staff applied in their roles. One staff member said, "We support people from different cultural background, their dietary needs can be different, interpreters have been brought in before."
- Literature supplied by the service made clear that it was LGBT+ friendly.
- Irrespective of people's disability people were treated fairly.
- People's confidential information was kept secure.

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

- People were involved in making decisions about the care they received.
- Staff knew the people they were supporting well.

Respecting and promoting people's privacy, dignity and independence.

- Staff knew how to maintain people's privacy and dignity. They understood that this was a key part of their role. People had privacy signing sheets which noted what they wanted staff to do and not do in their homes. Staff respected these agreements.
- People's level of independence was promoted. Staff told us how they encouraged people to do as much for themselves as they could. Support plans contained information about how to assist individuals to enable them to be as independent as possible. Staff told us how people were supported to build up their confidence using "little steps".
- Telecare was used to promote people's independence such as audible memory aids.

## Is the service responsive?

### Our findings

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

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.

- From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager was aware of AIS requirements. They told us that information would be provided if needed in a bespoke manner for people. Some information provided by the service such as tenants' responsibilities was provided in an easy read format.
- Support plans were person-centred, putting the person at the heart of the planning of their support. People's goals had been identified and broken down into small, manageable steps.
- Staff assisted some people to access community facilities for example, the cinema and voluntary work placements. One staff member told us, "You need to understand people's situation, learn about what's going on with them. It's about signposting people to the right things."
- The service was flexible and staff shifts could be altered and staffing levels increased if a person's needs changed.

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were managed appropriately by the registered manager.
- People and their relatives told us that they knew how to make a complaint. One person told us, "I complained about something once and it was sorted."
- The service had received lots of compliments from people and their relatives.

End of life care and support.

- No one using the service was receiving end of life care at the time of this inspection. A policy was in available for staff to follow should this type of care be required.
- The registered manager told us that development work was taking place in this area including identifying an end of life champion.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance audits were being carried out by the management team and provider. These identified areas for improvement and action plans had been developed in line with this. Whilst audits covered a range of areas, additional work was needed in this area to ensure these were scheduled consistently and in line with the service's quality assurance policy. We discussed this with the registered manager who told us this would be implemented.
- The provider understood their legal obligation to comply with their conditions of registration and to submit statutory notifications about incidents and events that occurred within the service.
- Staff were clear about their roles and accountability was promoted within the service.

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

- The management team were aware of requirements around duty of candour. They were keen to provide a high quality service to people and to address any issues identified. One member of staff told us, "We are constantly striving to develop and improve the service."

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

- People and their relatives had been given the opportunity to feedback on the service.
- People told us communication with the service was good.
- Staff told us the management team were approachable. They felt listened to and well supported. Team meetings took place and staff said they could voice concerns at these if needed.

Working in partnership with others.

- The service worked well in partnership with a range of other agencies and professionals such as housing providers, the fire brigade and police service to best meet the needs of people. The provider was involved in the 'Safer Leeds Project' which aims to keep people in Leeds safe. This work with other agencies involved the service getting people with mental health issues who had been street homeless into supported accommodation. They told us about success stories they had with this.

Continuous learning and improving care.

- We were provided with examples of how the service had been continuously learning and improving since it's registration with CQC. An improvement plan was in place and action plans had been developed to address areas of potential improvement.

