Leeds Federated Housing Association limited

Leeds Federated Housing Association

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

Our inspection took place on 03, 04 and 05 August 2016 and was announced. At our last inspection in April 2014 we found the provider was meeting all the standards we looked at.

Leeds Federated Housing Association supports people living as part of the shared living scheme. This is where people with a learning disability share the same house with other people with similar needs. Leeds Federated Housing Association has three houses, one of which is staffed 24 hours a day. At the time of our inspection there were ten people who used the service.

There was a registered manager in post on the day of our inspection. 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.

People told us they felt safe in the service and we found staff were knowledgeable about the types of abuse people may be at risk of and their responsibilities to report any concerns. Staff told us they were confident the registered manager would act on any concerns appropriately.

Recruitment of new staff was carried out safely. We saw interview records which demonstrated why people had been considered suitable for their role, and background checks which evidenced they were not barred from working with vulnerable people.

There was a comprehensive approach to identifying, documenting and minimising risks to people which covered risks associated with people's support needs, the environment they lived in and risks taken to enable people who used the service to follow their preferred routines.

Management of medicines was safe. Medicines were stored securely and appropriately, and stocks and records we checked were correct.

We saw there was a programme of regular training and refresher courses in place, and staff told us they had the skills they needed to be effective in their roles. The provider ensured they were further supported with regular supervision meetings and an annual appraisal.

People who used the service had regular, documented access to a range of healthcare professionals and care plans contained information to be given to hospital staff to help them provide effective care should the person need admission for care or treatment.

The provider carried out detailed assessments of people's capacity to make specific decisions, and we saw evidence showing appropriate people were involved to help make decisions where this was needed. People who used the service were involved in making choices for each week's menu and were able to make their

own food, drinks and snacks if they wished.

Care plans were detailed, person-centred and contained good information to help staff support people in the ways they preferred. The documents showed people who used the service were involved with writing them.

People were encouraged to participate in domestic tasks and lived in a homely and relaxed environment. They gave positive feedback about the staff and we observed ways in which they were supported to follow their preferred routines and lifestyles.

We saw people were involved in keeping care plans up to date to ensure they reflected their support needs and preferences. This information was also used to complete a 'Hospital Passport', which was a document given to hospital staff to help them understand the person's individual needs if they had to be admitted.

There was a robust process in place to ensure complaints were resolved. If the provider was unable to resolve an issue to the satisfaction of the person, then there were procedures in place to refer the person to the appropriate ombudsman. Information about making complaints was displayed in the services in accessible formats.

We received positive feedback about the registered manager from people who used the service and the staff. We were told they were a visible presence in each of the services and listened to people's suggestions before making decisions.

Staff had regular opportunities to attend meetings and told us they were able to make suggestions which the registered manager listened to. People who used the service also had regular opportunities to receive updates about the service and give feedback.

There was a programme of regular quality monitoring in place. We saw the reports produced also included action plans to ensure any necessary changes were made. The provider had attempted to further understand how well the service was performing by issuing a survey, but the registered manager told us this had not generated enough results to be meaningful. They told us they were reviewing how the survey could be conducted and planned to repeat it later in the year.

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.

The provider assessed risks to people comprehensively and provided staff with clear guidance to enable them to minimise these risks. There was a culture of positive risk taking, meaning people were supported to maintain their preferred lifestyles.

Recruitment practices were safe. People who used the service were involved in the selection of new staff. Staff were deployed to ensure people received appropriate levels of support when this was needed.

People's medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

The provider ensured staff remained effective in their roles in a number of ways. Regular training was provided, and staff had regular supervision meetings to discuss performance and an annual appraisal.

People's capacity to make decisions was appropriately assessed and documented. Where people lacked capacity to make a decision we saw appropriate best interests arrangements were in place.

Care plans showed people had access to a range of healthcare professionals when this was needed. If people needed to go into hospital the provider had documentation in place to help staff there understand people's support and health needs.

Is the service caring?

Good

The service was caring.

People lived in a homely and relaxed atmosphere and we observed they had good relationships with the staff who supported them. Staff had access to detailed information about people's needs and preferences in a number of formats.

Care plans were person-centred and we saw ways in which the provider had involved people in writing documentation and keeping it up to date.

People's independence was promoted and we saw their privacy, dignity and human rights were respected.

Is the service responsive?

Good

The service was responsive.

The provider ensured they were able to meet people's needs before they started using the service, and put comprehensive plans in place to ensure people received appropriate support in the ways they preferred.

People were involved in the review of their care plans to ensure they represented up to date needs and preferences. We saw additional training had been provided for staff to enable someone to remain in the service when their support needs had changed substantially.

There was a robust complaints process in place which involved the provider to ensure they were aware of what was happening in the service. This also meant there was someone independent of the day to day running of the service involved in resolving any issues. We saw information about making a complaint was provided to people in accessible formats.

Is the service well-led?

Good

The service was well-led.

Staff and people who used the service gave us good feedback about the registered manager. We were told they often visited the services, were approachable and listened to people's opinions before making decisions.

Staff and people who used the service had regular opportunities to attend meetings to share feedback about the service.

There was a regular programme of quality auditing in place. There were plans to issue a survey to further measure the quality of the service.

Leeds Federated Housing Association

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.

Our inspection took place on 03, 04 and 05 August 2016 and was announced. The provider was given 48 hours' notice as the service supports people who are often out during the day; we needed to be sure someone would be in when we visited. We returned to the service on 09 August 2016 to give feedback to the registered manager and meet with a group of people who used the service to answer their questions about the inspection.

The inspection team consisted of one adult social care inspector. Before the inspection we reviewed all the information we held about the provider, including any incident notifications and previous inspection reports. We also contacted Healthwatch and the local authority to ask if they had any information to share with us before the inspection. They did not have any information of concern about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection the provider completed and returned 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. During the inspection we visited the provider's offices and the three services where people who used the service lived. We looked at four people's care plans and other records relating to care and the management of the service. We spoke with five people who use the service, the registered manager and five members of staff.

Good

Is the service safe?

Our findings

In the PIR the provider told us, 'Issues of personal safety, incidents and accident reporting, security, and protection of tenants and staff is closely monitored throughout the organisation and reported at Board level. We have easy to read and pictorial leaflets that are available to aid engagement around topics some tenants find difficult to discuss. 'Keeping safe' is consequently reinforced regularly via tenants meetings and in key working sessions. Graphic facilitation is available in those meetings to ensure that tenants, who need this, can relate to the subject. The employee disclosure procedure (whistle blowing procedure) is discussed regularly to reinforce that staff members are expected and supported to report in confidence.'

When we spoke with people who used the service they told us they felt safe in their home and around staff and the people they lived with. Staff told us and records confirmed they had received training in safeguarding and could tell us the types of abuse people could be at risk of and how they would report any concerns. All staff we spoke with said the registered manager and provider would take appropriate action to respond to any concerns, and they told us they would refer to organisations such as the Care Quality Commission if they had concerns about the registered manager's practice or lack of response to any information reported to them. We saw information relating to safeguarding and how to raise concerns had been made available in an accessible format for people who used the service.

People who used the service were further protected because the provider's recruitment practices meant potential employees' backgrounds were thoroughly checked before they commenced their employment. We looked at the recruitment records of six members of staff and saw the provider kept detailed interview records which showed why people had been considered suitable for their role. References were taken and we saw these were from the applicant's most recent employer. Background checks were also documented. We saw evidence of documents such as passports and domestic bills used to verify applicant's identity, and checks undertaken with the Disclosure and Barring Service (DBS). The DBS is an agency which holds information about people who may be barred from working with vulnerable people. Making these checks helps employers make safer recruitment decisions.

People who used the service were encouraged to be involved in the recruitment of all new staff. We saw evidence in interview records of questions suggested or directly asked by people. These included, 'I like to plan for things. How will you support me to understand different information?' and 'How do you manage working under stress and pressure?'

We looked at the care plans of four people who used the service. We saw risks associated with people's care and support were well assessed and documented, with clear and detailed guidance to show how risks could be minimised. Risk assessments seen included those covering scalding when using kettles, falling, travel, going missing, behaviours that challenge and taking medicines. We saw evidence the provider had a culture of positive risk taking, which was appropriate for people living semi-independently. For example, one person liked to go out and work part time in the community, an activity which occasionally increased their vulnerability. We saw there were comprehensive plans in place to ensure the support provided by staff was appropriate to this activity in order to enable the person to have the lifestyle they wanted.

The services were staffed according to the needs and lives of people who used them. We looked at rotas which showed how staff were deployed in order to keep people safe and provide the support they needed. Some people had periods of time when they needed a member of staff to support them one-to-one and we saw this was always covered. When people needed support for social activities such as trips out or holidays this was also built into the rota. The registered manager told us people talked to their key worker about what they wanted to do in the week ahead, and we saw plans which showed what people would be doing during the week and which staff would provide support where needed. We saw the provider had its own relief staff who could cover for absences, and limited its use of agency staff to one provider. The registered manager told us, "We try and stick to the same people that the tenants know, and the agency will try to do the same. We ask the tenants for feedback about agency staff."

People were supported to receive their medicines safely. The provider had appropriate, secure, clean storage for medicines, which were provided by a local pharmacy in dosette boxes. These are packs which allow medicines to be taken at the same time, for example, in the morning or evening, to be stored together. The registered manager told us they had a good relationship with the pharmacy which meant they had no problems getting people's prescriptions or returning unused medicines. We saw the pharmacy attended annually to audit and support the staff's practice with medicines.

Dosette boxes included the pharmacy labels with information about dosage and a description of each tablet. We looked at the stocks of medicines for two people and found these were correct. We also checked the medicines administration records and saw these were completed correctly.

Some prescription medicines contained drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. The provider had additional secure storage for these, and was keeping the required records up to date and in good order. We checked the stocks of all controlled medicines and found they matched the records. We saw there were protocols in place to ensure that medicines given 'as-and-when', also known as PRN medicines, were managed safely. These included protocols for the use of sun creams and painkillers.

Good

Is the service effective?

Our findings

We looked at the provider's records relating to training and saw there was a comprehensive programme in place covering such topics as safeguarding, medicines administration, equality and diversity, dementias and moving and handling. Staff we spoke with told us there was a programme of training in place and said there was regular refresher training in key areas such as medicines administration.

Staff were further supported to remain effective in their roles with regular supervision meetings and an annual appraisal. Staff told us they prepared for their supervision meetings by completing an online form. One member of staff said, "I like it because you can add to it at any time, whenever you think of something. There's no last minute panic remembering what you wanted to say." Staff we spoke with said they felt the supervision process enabled them to have open and honest conversations with senior staff about their performance, challenges and any further support such as training which they felt they needed. We saw annual appraisals included goal setting and objectives for the forthcoming year.

People who used the service were supported to access healthcare professionals when needed. Care plans contained records of visits to or by a range of people including GPs, speech and language therapists, psychiatrists, dentists and opticians. People's care plans also contained information about how to support people effectively if they were admitted to hospital. This included how to reassure and communicate with the person, health information and medicines taken. The registered manager told us a member of staff who knew people accompanied them to the hospital and they tried to keep staff with them for the duration of their stay. They told us, "The hospitals are generally quite supportive of us doing this. They realise the value of having someone who knows the person well to help support them."

In the PIR the provider told us, 'Staff ensure that choices are given and this is evidenced through pictorial meetings, best interest meetings, Key worker sessions, tenants meetings. This is also evidenced through photos showing tenants making choices. Tenants make choices over the meals that they eat, and some tenants have food/drink and bowel charts in place, tenants and staff have had discussions in regards to food and hydration especially over summer months. Where necessary other professionals' input is requested to preserve autonomy and independence, e.g. IMCA, community support team (behaviour management support), psychiatric/disability services.'

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. We checked whether the service was working within the principles of the MCA.

Care plans contained a number of capacity assessments linked to specific decisions such as where the person was to live, consent to personal care and whether they had capacity to understand and sign for the risk assessments in their care plan. We saw detailed records as to who had been involved in the assessment, including the person, relatives, healthcare and social work professionals and staff from the service. Some

capacity assessments used pictorial prompts to help the person understand what was being discussed.

Staff told us they had received training in the Mental Capacity Act and could describe how it impacted on the ways in which they worked with people. One member of staff told us, "Everyone is deemed to have capacity unless you are told otherwise. If you need a decision about something you make sure you ask the person first, choose a good time of day for that person. For example not first thing in the morning when they are just waking up, or when they are hungry. We may need to involve family members or IMCAs (independent mental capacity advocate) as necessary."

During the inspection we observed staff offering people choices, for example, about what they were going to eat and what they were going to do. People's choices were respected, and people who used the service told us they were free to decide for themselves what they did and when.

We saw DoLS applications had been submitted and the provider had demonstrated a good understanding of what constituted a restriction in people's support, for example applying for a DoLS because one person had a door sensor in place and another may need support returning to the house if they became disorientated or distressed whilst out by themselves. We did not see any approved applications in care plans, and raised this with the registered manager. They were not aware of any applications being approved since they had taken post, and we saw they had contacted the local authority to query this before the end of our inspection.

People who used the service met with staff weekly to discuss what they wanted to eat for the week, and staff supported them with budgeting and shopping where needed. We saw menus for the week displayed in the services, and staff told us they could also make alternatives for people if they did not want the meal that had been planned. We saw some people helped prepare food or made snacks for themselves if they wanted to. Staff told us how they supported people to have a healthier diet. One member of staff said, "We can make suggestions but it is up to people what they have to eat. We can try to tempt and persuade, but we respect the choices people make."

We saw some people had made decisions about healthier eating which were displayed in their kitchen to help them make progress towards their goal. In one service we saw a poster had been produced called 'My healthy choices', and used pictures to support the stated aims. These included 'I am going to eat a red apple after my sandwich,' and 'I am going to have one sugar in my tea instead of two.' This meant people were reminded of healthier options and supported to make independent choices about their diet.

Good

Is the service caring?

Our findings

In the PIR the provider told us, 'Staff know the people they are caring for and supporting this is evidenced by one page profiles on the tenants of their likes and dislikes and ways that they would like to be supported. Personal care is at all times provided with respect, privacy and dignity. Tenants' preferred names and other personal choices and behaviours are accepted as part of the individual make up of that person's life. Team members speak with respect with and about tenants, their relatives and advocates.'

We saw care plans were personalised to reflect the needs, preferences and lifestyles of people who used the service. Staff had access to a large amount of clear and specific information about the people they supported, meaning they were able to understand how to provide personalised care. In addition to care plans staff had access to a 'quick reference' folder which contained condensed information about risks, support needs and preferences for people. Information was further summarised in information provided to any agency staff who worked in the service.

We concluded people were involved in writing their care plans, as the information about routines and preferences for care and support were detailed and very personalised. This had been achieved by consulting the people who used the service and people who knew them well, and through effective use of people's nominated key workers who worked one to one with people to establish and review their care plans.

We observed people living in a homely and relaxed atmosphere. One person who used the service told us, "The staff talk to you, they are respectful." Another person said, "They (staff) sit and chat with us."

We saw staff work in a person centred way during our visit. Person centred means putting the individual's choices, preferences and wishes at the focus of everything staff do so people receive the support they want and how they like it. For example, we saw staff consulted people about what they wanted to do and supported them in their choice of activities both inside the service and in the wider community, and provided discrete assistance when this was needed. People who used the service were supported to pursue interests and activities which they chose, and we saw information was always displayed in formats accessible to all.

We saw respect for equality and diversity was included in the tenancy agreements and staff were given training in this during their induction.

Staff spoke about people in knowledgeable and caring ways which demonstrated people's dignity, independence and human rights were respected and promoted. For example, the provider had an initiative called 'skills days', a scheme which encouraged people to complete their own domestic tasks. We spoke with one person who used the service who told us, "I need to get my washing out of the drier and put it away. It's my skills day." We saw they completed the tasks without assistance or prompting, and they told us they enjoyed doing it. Another person enjoyed working in the community, and we saw detailed support plans in place to ensure they could maintain this interest as independently as possible.

Good

Is the service responsive?

Our findings

In the PIR the provider told us, 'There is a very clear link between needs assessment, risk assessment, support plan and individual behaviour strategies and Skills developments. This link is maintained between reviews through a very thorough key working process with its own report formats which ensures that the whole support team is aware of support needs and any required changes in approach.'

People's care plans showed the provider assessed people's needs thoroughly before they started using the service. This meant people only started living at one of the houses managed by Leeds Federated Housing Association if their needs could be met. We saw one person's needs had changed substantially during their residence in one of the houses. The registered manager and staff had met and discussed additional training and care planning needed to ensure they could remain in the service, which was their wish.

Information in initial assessments was used to produce a range of individual care plans which showed clearly how people's needs would be met and contained detailed guidance to ensure staff knew supported people in their preferred ways. These were expressed in a series of personal goals. For example, we saw one person had a care plan in place to assist them in managing their money. Goals such as 'maintain my tenancy', 'manage my bills' and 'minimise risk behaviours including the risk of financial abuse' had been documented and showed what support the person needed with each goal.

We saw evidence that care plans were reviewed regularly to ensure they reflected people's up to date needs and preferences. People signed the reviews of their care plans to show they agreed with the contents and confirm they had been involved.

People were well supported if they had to go into hospital for a period of time. Information about people, their preferences, likes, dislikes and care and support needs was contained in a document known as a 'Hospital Passport'. This contained guidance for hospital staff to help them communicate with people in ways which they preferred, and support people's individual needs. The registered manager told us, "A member of staff will always accompany someone if they go into hospital. Someone they are familiar with, someone who knows them and their needs well."

We saw people were supported to maintain their hobbies and interests. For example, people attended cookery classes and music lessons. The registered manager told us, "People discuss what they want to do with their key worker." We saw there were plans on display showing what people were doing during the week and saw people who used the service refer to it to check what they were doing and when.

The provider had a robust complaints process in place, with the provider involved in managing and resolving any concerns. The registered manager told us, "My manager is involved in managing complaints as they are independent to the service, and it means senior staff are aware of any complaints passing through the process. They would speak with the person and find out what their expectations were. If the complaint can't be resolved by us or the person is not happy with our findings then we put them in touch with the ombudsman." We saw information about making complaints was displayed in accessible formats in each of

the homes.

Good

Is the service well-led?

Our findings

In the PIR the provider told us, 'Tenants all see the visiting service manager regularly. Comments/views and opinions are then included in regular quality reports which include those around personal care and copied to the responsible individual. This report includes an action plan outlining changes to be implemented, who is responsible for coordination and implementation with timescales. The next report then comments on action taken.

The learning disabilities services have first-hand experience in relation to a multitude of different ways tenants have been involved and are currently involved in how their service is provided on a day to day basis. Examples range from changes to shift cover patterns, to involvement in recruitment of staff and review of policies and procedures. Existing systems in place to safeguard tenant's views are being listened to and acted upon are well suited to include tenant's views on the provision of personal care, e.g. encouraging advocates, other carers and families to assist tenants to speak up.'

There was a registered manager in post on the day of our inspection. People and staff told us the registered manager was a visible presence in each of the homes and said they found them to be approachable and easy to talk to. All staff said the registered manager asked for their opinions, was prepared to listen and acted appropriately on what they were told. One member of staff said, "[Name of registered manager] is approachable, she takes into consideration what is said to her. She is decisive, but there is balance. We can make suggestions and she listens." Another member of staff told us, "She is very present in the service, she listens to ideas."

Staff told us the registered manager promoted a collaborative approach to running the services. They said they had opportunities to attend regular meetings where they could make suggestions, share ideas and receive updates about the service. One member of staff told us about how they had discussed whether a person whose needs had changed rapidly and whether they should move to a nursing home. They said, "We wanted [name of person] to stay, [name of person] wanted to stay and we wanted to learn how to care for them. We (staff) expressed our will, and [name of registered manager] made the decision. He stayed."

We found there was a strong culture of involving people who used the service in making decisions about how it was run. Alongside regular meetings to discuss general issues in the service we saw people were also invited to attend meetings to provide input into specific decisions. For example, we saw there had been a recent meeting to present and discuss changes to operating policies and procedures which the provider had updated.

The quality of the service was measured and managed through a process of regular quality assurance monitoring. We looked at recent reports generated from this activity and saw they reviewed a range of areas and documentation including staff supervisions and meetings held, recent training activity, premises and maintenance, health and safety including lone working and fire safety, medicines management and care plans and associated records. Any actions required were listed in a clear action plan which was updated to show when and by whom the actions had been completed.

In addition there were plans to issue a survey to service users and other people such as health professionals and people who commissioned services from the provider. The registered manager told us, "We ran a survey earlier in the year but only got two responses, so we are looking again at the process to try and get more responses. Two was not enough to tell us about any strengths or weaknesses."