

Northern Life Care Limited

UBU - 67 Elland Road

Inspection report

67 Elland Road
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Leeds
West Yorkshire
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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

UBU – 67 Elland Road is a residential care home providing regulated activity/activities (e.g. personal care) to up to 7 people. The service provides support to people who have learning disabilities and complex needs. At the time of our inspection there were 6 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Staff supported people to have the maximum possible choice, control and be as independent as possible. Staff promoted people having control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. The service gave people care and support in a safe, clean, well-equipped environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines to ensure the best possible health outcome. We have made a recommendation about management of medicines.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood, responded to and advocated for their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood people's individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and fulfilment of life.

Right Culture

People received good quality care, support and treatment with the support of trained staff and specialists. Staff knew and understood people very well and were responsive, supporting their wishes to live a quality life. People's relative and those important to them were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Relatives and staff felt well supported by the management team and able to raise concerns with

them. They felt concerns were acted on and lessons learnt when things went wrong. There were systems to monitor and audit the service to help improve quality and people's experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service Choose an item this practice.

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

Rating at last inspection

The last rating for this service was Good 26 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

UBU - 67 Elland Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, a regulatory officer and 2 Experts 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

UBU – 67 Elland Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. UBU – 67 Elland Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 18 October 2023 and ended on 2 November 2023. We visited the service on 18 and 19 October 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We completed observations of the care provided and staff interaction with people who lived at the service. We spoke with 3 relatives and people important to people using the service about their experience of care. We spoke with 5 staff including the registered manager and deputy managers. We reviewed a range of records. This included 4 people's care records and multiple medication records. A variety of records relating to the governance of the service, including policies and procedures were reviewed. We looked at 3 staff files in relation to recruitment. We reviewed feedback from professionals involved with the service. We continued to seek clarification from the provider to validate evidence found following the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

People were supported to receive their medicines in a way that was not always safe. People's medicines were reviewed regularly. Staff were aware when people's medicines needed to be reviewed and followed up with healthcare providers. However, one person's regular tests related to review had not been recorded and another person's medicines review had not identified concerns we found about the timing of their medication. In general people were supported by staff who followed safe systems and processes to prescribe, administer, record and store medicines. The provider took immediate action about concerns we highlighted with approaches to the management, storage and disposal of medication.

We recommend the provider reviews current guidance about the management, storage and disposal of medication.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. Staff knew them well and understood how to protect them from abuse. The provider worked well with the local authority safeguarding team to do so. Relatives and people important to people using the service told us they felt their loved ones were safe. One relative said, ""Yes, [Person] is kept safe there."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People lived safely and free from unnecessary restrictions because the service assessed, monitored and managed safety well. We observed staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. The service had enough staff, including for one-to-one / two-to-one support for people to take part in activities and visits how and when they wanted. The provider was receptive to feedback about ensuring support to people while they were waiting for transportation early in the morning. We observed staff supporting people with daily activities in the home and supporting people to go on activities outside of the home, such as day centres. The provider operated safe recruitment processes. Staff records showed recruitment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The service did not use agency staff at the time of the inspection.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. The provider had implemented a precautionary approach to infection protection control, as people using the service are more at risk to certain infections that were on the rise at the time of inspection. Staff used personal protective equipment (PPE) effectively and safely. The provider took immediate action to replace items used to dispose PPE.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. There were no restrictions on visiting and people's family and friends were able to visit when they wanted to. The registered manager told us relatives, friends and people important to people using the service could visit whenever they chose, as it was the person's home.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. Incidents affecting people's safety were managed well. The registered manager investigated incidents and shared lessons learned, to help staff improve the quality and safety of the support provided. This was supported by staff meeting notes we reviewed.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant 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
People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. People had comprehensive care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. Relatives and those important to people told us they and staff reviewed plans regularly together. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. People were supported by staff who were well trained and understood best practice in supporting people with a learning disability and/or autism. People who lacked capacity to make certain decisions for themselves had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision. We saw records staff regularly updated their training and attended refresher courses when required, which helped them continuously apply best practice.

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

People were supported to eat and drink enough to maintain a balanced diet.

Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. People's care plans clearly documented what they enjoyed and did not like around food and drink and we saw many examples of how this was used at meal times and during trips and outings. A relative told us, "[Person] has put some weight on since being there and yes, it's healthy food, definitely."

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

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to attend annual health checks, screening and primary care services. Multi-disciplinary team professionals were involved in/ made aware of support plans to ensure people's needs and wishes were being met. Records we reviewed showed close working relationships with a range of health care professionals.

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

People were supported to live healthier lives, access healthcare services and support. People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. People were supported to attend annual health checks, screening and primary care

services.

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

People's individual needs were met by the adaption, design and decoration of the premises. People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. We observed people personalised their rooms and their relatives and people important to them were included in decisions relating to the interior decoration and design of their home. We noted the provider was undertaking a range of interior refurbishments at the time of inspection.

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 MCA 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 care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

People were well supported. People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were mindful of individual's sensory perception and processing difficulties. Staff ensured people were protected from exposure to any environmental factors they would find stressful. For example, one person who found the wind on their face distressing during a trip had this recorded and highlighted to ensure this distress was avoided in the future.

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

People were supported to express their views and make decisions about their care. Staff supported people to maintain links with relatives, friends and those important to them. Further, they encouraged them in taking part making decisions and planning of people's care and risk assessment. One person who was important to a person using the service told us, "I am still involved in reviews and kept up to date."

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted.

People had the opportunity to try new experiences and develop new skills and ensure dignity. For example, at the time of inspection, the provider was advocating for one person to be able to have baths, as their relative is clear the person loves water. We observed staff asking people if they needed help with tasks and ensuring people were able to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People were supported as individuals, in line with their needs and preferences. Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff offered choices tailored to individual people using a communication method appropriate to the person. Staff spoke knowledgeably about tailoring the level of support to individual's needs. We observed staff consistently using person centred communication approaches for all people using the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Information.

People's communication needs were understood and supported. We observed staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and knew when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. People were supported to participate in their chosen social and leisure interests on a regular basis. Staff ensured adjustments were made so that people could participate in activities they wanted to. Relatives and people important to people using the service told us about the range of social and leisure activities people were involved in.

Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care. There were clear systems in place to address complaints. Relatives and people important to people using the service had information on how to complain. The provider understood investigated and was open and transparent in managing complaints and concerns. Relatives told us they would feel comfortable raising concerns with the provider and that they would get a response.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death. None of the people using the service at the time of this inspection were in receipt of end-of-life care and support. There were systems in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service. Management were visible in the service, approachable and took a genuine interest in what people, staff, family, people important to people using the service and other professionals had to say. Staff told us they felt supported and felt the registered manager ensured good teamwork.

The provider had systems to provide person-centred care that achieved good outcomes for people. Conversations with management and staff demonstrated they put people's needs and wishes at the heart of everything they did. This was supported by the depth and detail of people's support plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour. The registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong. Complaint responses we reviewed showed this principle was applied.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service. Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. Staff were aware of different ways of gaining feedback from people who may be unable to communicate verbally or in writing. Staff used observation of facial expressions, reactions to things such as food or activities and people's body language. This helped staff tailor people's care and provide a person-centred experience.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received. The registered manager told us the provider was making improvements to the environment through refurbishments. At the time of inspection the provider was consulting with relatives, people important to people using the service and the local authority about how the service may be structured in the future to create greater independence for people. Feedback from relatives and those important to people who use the service was used to develop the service in person-centred ways.

Working in partnership with others

The provider worked in partnership with others. Staff listened to feedback from healthcare professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life. Records showed there was good communication with health care professionals.