

## Community Integrated Care

# Community Integrated Care Leeds Regional Office

## Inspection Report

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# Summary of findings

## Overall summary

Leeds Regional Office provides 24 hour personal care and support to people living in their own homes. The Regional Office provides support for people who have a learning disability living in 12 separate houses.

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Over the past 12 months the service has changed from providing residential services to a supported living service. The manager told us a lot of changes had taken place which included some staff turnover. However, they believed that people who used the service had benefited from the changes.

Below is a summary of what we found. The summary is based on our observations during the inspection from looking at records and from speaking with people who used the service in their own homes, relatives, and staff.

People told us they were happy living in their own home and they felt safe. People who used the service and their families had contributed their opinions and preferences in relation to how support was delivered. We found that people were involved in most decisions about the care and support they received. We spoke with staff and saw they understood people's care and support needs.

People told us they received the care and support they needed. They had been encouraged to make their views known about their care. They had contributed to their assessments and support plans, about how they should be given care and support. People's support plans had a level of information about how each person should be supported.

We were told people's privacy and dignity was respected when staff supported people with their personal support needs.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Staff had a programme of training, supervision and appraisal. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported to maintain good health and have access to healthcare services. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment and diagnosis.

The manager told us they were confident that all the staff had a good understanding of the Mental Capacity Act 2005.

Everyone we spoke to who used the service said they would be confident to make a complaint, should this be required. Staff members told us that they would support people if they wanted to complain. We found the service learnt from any complaints made and investigations were thorough and objective.

The provider had systems in place to assess and monitor the quality of the service, people had a chance to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

The service promoted a positive culture that was inclusive and empowering. People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People we spoke with told us they felt safe in their home and nobody raised any concerns. We found the safeguarding procedures that were in place were robust and staff understood how to safeguard people they supported.

There were systems in place to make sure managers and staff learnt from events such as accidents and incidents, complaints, concerns and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve and develop.

Staff knew about risk management plans and showed us examples of how they had followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. This helped to ensure people's needs were always met and enabled staff to be clear about their responsibilities and timescales.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people who used the service were protected.

### **Are services effective?**

Health, care and support needs were assessed with people who used the service and/or their relative or an advocate. We saw people's support plans were up to date and reflected individual current needs.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of the people's care and support needs and knew people well.

People told us they felt happy discussing their health needs with staff and had access to a range of health care professional which included GPs, counsellors and physiotherapists.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal.

# Summary of findings

## **Are services caring?**

People had detailed care and support plans in place relating to all aspects of their support needs. They contained a good level of information setting out exactly how each person should be supported to ensure that their needs were met.

People who used the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were actioned and addressed by the service.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

People were supported by polite and caring staff. We saw staff showed patience and gave encouragement when supporting people. People told us they were able to do things at their own pace and were not rushed.

## **Are services responsive to people's needs?**

People's needs had been assessed before they moved into the service. People had access to activities in their own home and also in the community and had been supported to maintain relationships with their friends and relatives.

The service worked well with other agencies and services to make sure people received care and support in a coherent way.

We spoke with the manager regarding how they monitored complaints. They said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider had no ongoing complaints at the time of our inspection.

## **Are services well-led?**

We saw records which showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service, knew there were quality assurance processes in place and were clear about their roles and responsibilities. The manager told us the service had a five year strategic plan in place and all the staff we spoke with were aware of that plan.

Staff we spoke with said the management team had consulted with them before implementing changes to the service and their views had been taken into consideration.

# Summary of findings

The manager told us they had recently sent out customer satisfaction surveys. The results were due to be analysed by the end of April 2014. This helped to ensure people received a good quality service.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with 10 people who used the service and two relatives.

People who used the service told us they were happy at the service. They told us, “It’s nice living here”, “Staff are nice”, “It’s alright living here” and “The service is very responsive and his time is occupied effectively.”

The two relatives we spoke with told us they were happy with the care and support their family member received at the service. They told us staff understood the care and support needs of their family member. They also told us they were contacted by the service straight away if their family member required any treatment. Comments included, “My son is very settled”, “We don’t worry as they have (person’s name) best interests at heart” and “We can come here any time we want and we are very pleased with the service.”

We received four questionnaires from people who used the service prior to our inspection. The majority of the question scoring was positive with a score of 100% showing people were satisfied with the service. However, some of the responses to questions relating to if the service responded to complaints, did the provider ask the person about the service and if they would recommend the service scored under 100%. They scored 50% or 75%. Of the questions that scored under 100%, ‘don’t know’ responses were given to four of the questions and one question was rated disagree/strongly disagree. The manager told us they had just sent out a questionnaire to people who used the service and said they responded to concerns and complaints in accordance with the company’s complaints policy and procedures.

# Community Integrated Care Leeds Regional Office

## 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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the service on 1 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. These including talking with people, observing the care and support being delivered. We also looked at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal

experience of using or caring for someone who uses this type of care service. The Expert by Experience gathered information from people who used the service by speaking with them in detail.

Before our inspection, we reviewed all the information we held about the service and contacted a representative of the local authority, who commissions the service to get their feedback about the service. No concerns were raised by the local authority. We received four questionnaires from people who used the service prior to our inspection.

On the day of our inspection, we spoke with 10 people who used the service, two relatives and nine members of staff. We also visited six of the 12 shared houses.

At the last inspection in August 2013 the service was found to be meeting the Regulations we looked at.

# Are services safe?

## Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults and children, could identify different types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013/2014 and this had provided them with enough information to understand the safeguarding processes that were relevant to them. The training records we saw confirmed safeguarding training had taken place.

The service had policies and procedures for safeguarding vulnerable adults. We saw that the safeguarding policies were available and accessible to members of staff. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure people who used the service were safe and free from harm. One member of staff told us they had recently contacted the local safeguarding authority to make a referral and felt confident and supported in being able to report incidents directly.

The people we spoke with told us they felt safe with the staff. One person told us, "Staff are alright. If I am not happy I tell the staff." Another person told us, "I feel safe living here."

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care plans we looked at had an assessment of care and support needs and a plan of care, which included risk assessments. One member of staff told us risk assessments were in place for people who used the service which included bathing, choking, mobility, taking medications and kitchen skills. However, some concerns were raised with the manager regarding the positioning of a TV in one person's bedroom and the location of a shelf in another person's bedroom. They told us they would look at these issues immediately. It was evident the assessments were clear and outlined what people could do on their own and when they needed assistance. This allowed people who used the service to be protected from risks associated with daily living.

Information in the care plans showed the service had assessed people in relation to their mental health needs to

make their own choices and decisions about care. People and their families were involved in discussions about their care and support and the associated risk factors. Individual choices and decisions were documented in the care plans.

Some staff had an awareness of the Mental Capacity Act (MCA); however, only 50% of staff had received MCA training. The manager told us staff training "had lapsed a little recently". A training matrix had been developed and this identified staff training requirements and timescales when training was due. The manager told us all staff training would be completed by the end of June 2014.

Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. The manager told us when necessary they would hold a best interest meeting to discuss a person's care and support. The manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged.

We observed staff working in the service. There were sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. People who used the service told us there were enough staff to help them when they needed support.

There were enough qualified, skilled and experienced staff to meet people's needs. The manager told us the rotas showed the staffing levels agreed within the service were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times.

Members of staff we spoke with told us they always supported the same people and knew the needs of the people who used the service. This enabled them to receive a consistency of care, build a trust with the person and sufficient time was allowed to support people properly.

The manager told us staffing level were assessed depending on people's need and on occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or the service used the same bank staff. They said this ensured there was continuity in the service and maintained the care, support and welfare needs of the people who used the service. One member of staff told us there was always an experienced member of staff on duty at all times, who was aware of each person's support plan and needs.



## Are services safe?

There were effective and safe recruitment and selection processes in place. The manager undertook all pre-employment checks required before new staff started work. This included obtaining references from people previous employers. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

One member of staff we spoke with told us people who used the service were welcome to be involved in the interviewing of new staff and one person had been on their interview panel. We spoke with one person who used the service who told us, "I did some interviewing yesterday."

We saw evidence the service used an induction training programme for new members of staff which included a probationary period. The induction programme included training, policies and procedures and shadowing of an experienced member of staff.

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The manager told us they had implemented a strong performance management process which included not transferring staff between the services.

# Are services effective?

(for example, treatment is effective)

## Our findings

Observations during our inspection provided evidence that people were able to express their views and make decisions about their care and support. They were able to say how they wanted to spend their day, what care and support they needed and how they wanted their room to be decorated. On the day of our inspection several people had visited a local day care centre which maintained their community involvement. One person was spending time with their family and other people spent time in the different areas of their home. A member of staff told us one person who used the service liked to look out of the window. We observed the room had a good view of the garden.

People who used the service were given appropriate information regarding their care or support. We looked at support plans for people who used the service. There was some documented evidence the person and their relative had contributed to the development of their care and supports needs. The manager, together with the person who used the service and/or their relative held care review meetings. The service held monthly residents meetings and the manager and staff were available to speak with people daily.

We spoke with two relatives during our inspection who told us they had been involved in the development of their relative's care and support plan. They also told us they were able to make changes and contribute to their relative's care if they wished. They said their relatives were encouraged and supported to be independent. One person who used the service told us, "I made a decision that I did not want to go to the day centre on a Thursday as the activities did not interest me." One relative told us, "We have felt involved in his evolving support and the care he gets is person centred."

One of the houses we visited was for younger adults and the matching and compatibility of staff to people who used

the service had been taken into account. The regional manager told us during the recruitment process, a one page profile of the member of staff was developed which helped support the matching process.

People told us they felt happy discussing their health needs with staff and had access to a range of health care professionals which included GPs, counsellors and physiotherapists. One member of staff told us the GP came to the houses to carry out regular health checks and the district nurse made regular calls. People were also able to visit the GP surgery if they so wished.

We saw evidence support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the support plan, which showed specialists had been consulted about people's care and welfare. These included health professionals and GP communication records.

The manager told us a rolling programme of training was now in place for all staff. This was evident as several training courses for 2014 were seen to have taken place, including first aid, safeguarding, Mental Capacity Act and infection control. They told us a mechanism for monitoring training had been completed and training needed by members of staff was in place. The members of staff we spoke with confirmed a programme of training was in place which included de-escalation techniques and autism training. The manager said that six monthly competency assessments were carried out on all staff relating to the administration of medications. Staff were able, from time to time, to obtain further relevant qualifications. One member of staff told us they were undertaking a senior coaching training and they received support from their manager and the regional manager.

The members of staff we spoke with said they received supervision on a monthly basis. The manager confirmed staff received supervision and staff were able to receive ad-hoc supervision if they needed to discuss any issues. However, the manager told us that staff appraisals had lapsed. They said annual appraisals were being reintroduced during 2014 and all staff would have received an appraisal during this period.

# Are services caring?

## Our findings

During our inspection we observed positive interaction between the staff and people who used the service. We saw staff were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television and one person spent time talking with staff and having a cup of tea.

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People told us, “It’s nice living here”, “Staff are nice” and “It’s alright living here.”

People told us they were able to choose what they wanted to do each day, decide if they wanted to join in with the activities and what clothes they wanted to wear. One person said, “Staff knock on my door before coming into my room.” The person’s family member told us, “His dignity is respected and staff understand him and know his needs.”

We observed staff attending to people’s needs in a discreet way which maintained their dignity. During our visit we spoke with members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence.

We observed staff gave people time and engaged with people in a respectful, encouraging and patient way. Staff knocked on people’s bedroom doors before entering.

We looked at two care plans for people who used the service. People’s needs were assessed and care and support was planned and delivered in line with their individual care and support plan. People who used the service had their own detailed and descriptive plan of care and support. The support plans were written in an individualised way. They included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. This showed the provider had considered how each person could be supported.

During our inspection the staff we spoke with told us the care and support plans were easy to use and were in a format which enabled people who used the service to fully understand what the support plan contained. They also told us they contained relevant and sufficient information to describe what the care needs were for each person and how to meet them. The staff we spoke with demonstrated a good knowledge of people’s care, support needs and routines and could describe care needs provided for each person.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The manager told us people who used the service were offered a range of social activities. These included going to the day care centre, trips to the theatre, going to the gym and going on holiday. One member of staff told us one person was going to join a cycling club in the summer. One person who used the service we spoke with showed us a bag they had made at the day centre which they were really proud of. People were also able to talk to and socialise with people from other services when attending day care centres. This meant the provider had considered people's community involvement and independence.

We looked at people's support plans which included people's likes, dislikes and what activities they liked to do. One member of staff told us they were in the process of piloting with some people completing their own daily diaries. This was being produced either in written, pictorial or verbally format by the person. This was to obtain a view point of the persons day and what helped support them and what they like doing which included activities. This was introduced alongside the daily notes recorded by members of staff. This helped ensure people's current support needs were implemented.

People who used the service also were able to enhance their life skills. For example one person liked cooking and had made a meal for their mother on Mother's Day. Another person told us they cleaned their room and did their laundry on a daily basis.

We observed staff gave time for people to make decisions and respond to questions. The manager told us residents' meetings and key worker meetings were held on a monthly basis. One person who used the service told us they took part in the meetings and were able to make their views known. One member of staff told us people had one to one session each week and chose what they would like to do. They also said they discussed staff matching to make sure people were compatible with staff members and were involved in the creation of their support plan.

People were made aware of the complaint's system. People were given support by the manager and staff to make a comment or complaint where they needed assistance. The manager told us people's complaints were fully investigated and resolved where possible to their satisfaction. One person who used the service told us if they wanted to make a complaint they would, "Tell the boss."

The service regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The managers of the services told us they were always available to speak with people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints and people had their comments and complaints listened to and acted on.

# Are services well-led?

## Our findings

At the time of our inspection the service had a registered manager in post.

People who used the service and their relatives were asked for their views about their care and support the service offered. The manager told us they had recently sent out customer satisfaction surveys. The results were due to be analysed by the end of April 2014. They confirmed that any identified issues would be looked at and addressed as necessary. People were also able to question service practice and procedures at the monthly residents meeting.

The manager told us they completed a monthly report which included information relating to the running of the service. For example, number of falls, medication errors and pressure care. Identified issues were addressed immediately. For example, over the past two months minor medication errors had been identified. The manager set up a focus group which included people who used the service, members of staff and managers. The group looked at the medication practice and identified barriers; as a result the staff handover process was changed. The member of staff who supported the person who used the service would issue their medication.

The manager said they produced a health and safety monthly report. They also said a service quality improvement tool was used and this looked at one area each month which included care standards, environment, health and safety, staffing and communication. An action plan was produced and actions were monitored monthly.

The manager told us that when the service changed to supported living this gave the organisation an opportunity to review and re-evaluate the services they provided and the processes that were in place. As a result the service had a five year strategic plan which included the Company's vision and values, priorities, customer service and objectives. The staff we spoke with were fully aware of the strategic plan and had been able to contribute to the changes. They also told us they had attended staff events where they were able to ask questions of senior managers.

Observations of interactions between the regional manager and staff showed they were inclusive and positive within the context of an empowering culture. One member of staff told us there was more cross-working between the services and this helped with resolving issues more effectively.

The regional manager told us they had an 'open door' policy and people who used the service and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments, they said communication had improved a lot. They also said that positive risk taking training had been conducted with all the service managers.

We spoke with the manager regarding how they monitored complaints. They said complaints were fully investigated and resolved where possible to the person's satisfaction. For example, a member of staff was moved from one service to another service and the people who used the service complained that they had not been asked or alerted. As a result the manager formally apologised to the people and held a house meeting to discuss the situation, an outcome was agreed and to the satisfaction of all who lived in there.

The manager told us staffing level were assessed depending on people's needs and on occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or the service used the same bank staff. They said this ensured there was continuity in the service and maintained the care, support and welfare needs of the people who used the service. Matching and compatibility of staff to people who used the service had also been taken into account which meant staff were effectively deployed across the service.

There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented. The log recorded any action taken in response to the accident or incident. The regional manager told us accidents and serious untoward incidents were record on the Company's computer system and a report was produced to monitor these. Feedback was also given to members of staff following the outcome of investigations.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service. People we spoke with told us if they had any concerns they would talk to a member of staff or the manager and they said they felt their concern would be acted on.

## Are services well-led?

Staff we spoke with told us staff meetings were held monthly actions were considered and taken following each meeting. They told us people who used the service were also welcome to join the meetings and contribute if they wished to do so.