

Northern Life Care

UBU – Harrogate

Inspection Report

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Summary of findings

Overall summary

UBU Harrogate is a care service that provides support to people living in their own homes. The agency office is based in central Harrogate with car parking spaces to the rear. Services are provided over a large geographical area which includes; Middlesbrough, Tyneside, York, Leeds, Darlington, North Yorkshire, Lincoln and Nottingham. The service is registered to provide a domiciliary care service to people, offering support with either personal care or daily living tasks. We were told that the service supported over 400 people. Some people were supported in single occupancy houses, some in shared houses and some in individual flats in larger complexes. Most of the people were young adults with a mental health illness and/or learning disability.

At the time of our visit the manager was in the process of registering as a manager with the Care Quality Commission (CQC). A registered manager is a person who is 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.

People told us they were happy with the support provided. They said they liked the staff and felt safe. People's needs were assessed so that these were known to staff; some health care professionals told us that staff knowledge could be improved on. This included assessments about risks in people's lives and the support staff would provide. This helped people to live their lives as they chose.

People had some restrictions in their lives and had been given appropriate support to understand and manage these. When people required additional support with decision making this was provided.

People were supported by the right amount of trained staff, although some concerns as to staff competence were raised in feedback from questionnaires. Additionally, in some areas staff turnover had caused concerns.

People's personal preferences and needs were usually known and recorded. This helped to make sure staff met these needs. People were happy with the support they received to live their lives and to maintain their independence.

People felt staff were kind and polite. Staff told us about people's needs and were positive when talking about people.

Systems were in place to raise concerns but not everyone felt able to do this or had a positive experience of this.

There were management systems in place to enable the service to review standards. This included supervising staff and consulting with people. However, feedback from professionals varied and it was clear that the structures in place had not identified these areas for improvement.

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 told us they felt safe and were happy with the support they received. Professionals also felt people were safe. Staffing levels were individual to each person or group of people. People who used the service and professionals were happy with staffing levels.

People were supported by staff to live their lives safely and as they wished. Their needs were assessed and known so staff provided the right support and people were protected from harm. Any concerns in relation to safety or harm were identified and acted upon. Staff had received the appropriate training so they could effectively support people to be safe.

Although people had some restrictions in their lives their rights and opinions had been respected. This was because people were involved in decisions and supported to understand information.

When the person was unable to make a decision specific assessments were undertaken and additional support offered to help make sure the person's wishes were respected.

Are services effective?

People told us they were happy with the support they received and "Liked" the staff. Professionals also felt people received positive support but improvements could be made with information sharing and following professional instructions.

People were involved in assessments of their needs. This helped to make sure their needs and preferences were known. Additionally care records included the person's likes and dislikes to help make sure these were known and respected by staff. This included their needs in relation to diet and nutrition.

People were supported by staff who had received training in a variety of topics. This included training specific to their role, for example, autism. This helped to make sure staff had the correct skills when supporting people. Professional feedback was that this varied across the services.

Are services caring?

People told us they were happy with the support they received from staff. They said staff were polite and treated them with dignity. We saw staff treat people with respect whilst supporting them.

Summary of findings

People's needs, choices and preferences were known so that staff could support them in their preferred way. Records were detailed and centred on the person and not on tasks. This reflected a personal approach to care and support.

People's records were electronic with staff having secure access to the computer system.

Some professionals felt there was a high staff turnover. This had the potential to be a barrier to people developing relationships with staff who were supporting them.

Are services responsive to people's needs?

People's ways of communicating were known by staff. This helped people to be understood when discussing their care needs and choices with staff. If people required additional support to make a decision this was recorded.

People told us how they maintained their independence and we saw that this was recorded in their care files. Feedback from professionals recorded that not all staff knew people's needs well.

Information was available on how to raise a concern or complaint. However, feedback varied as to how well complaints were handled. Some people felt their complaints had been handled correctly but others did not.

Are services well-led?

There was not a registered manager in post. The organisation provided support to people over a large geographical area. There were structures in place to help make sure that each area received management support. This helped to make sure that staff were supported in meeting people's needs.

Some people had been consulted about the support they received. Meetings were held for family, friends and staff. These helped people keep up to date with changes in the service.

Some professionals felt the service worked well with them, whilst others felt this was an area that required improvement.

There were audit and review systems in place to help management monitor incidents and how the service needed to improve. Staff practice was observed and staff were supervised to help make sure any needs or concerns were known.

Feedback from professionals recorded different experiences of service and the current management monitoring systems had not identified these.

Summary of findings

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

We visited several people in their own home and telephoned 40 people to gain feedback about the service. We also emailed and telephoned 30 health or social care professionals to find out their opinions of the service provided.

We found that responses varied across the services with some people being more satisfied than others. For example, everyone felt safe but one person felt staff should take more care to listen. Professionals told us that people were safe but felt that staff needed to increase their awareness of people's needs to maintain this.

Feedback from professionals about staffing levels was variable. Some felt there was enough staff whilst others felt this was not the case.

People told us they liked the staff and they did "What needed to be done." They said staff followed their instructions. However, professionals fed back that information sharing and following instructions could be improved upon to help meet people's needs consistently.

People told us they were satisfied with their support and felt staff treated them with respect. Some professionals felt staff responded to people's changing needs although others felt staff were not always aware of people's needs.

People told us about different experiences when raising a concern. One person felt they would be able to talk to the manager or write a letter. Another person felt they had not been listened to when raising a concern. Some professionals were not happy with the way complaints were handled.

UBU – Harrogate

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services. The inspection consisted of a lead inspector and a second inspector.

Before the inspection we reviewed all of the information we held about the service. We had previously carried out an inspection of the service on 22 July 2013 and we found that they were meeting all of the national standards we assessed. We also contacted professionals as part of this inspection process. This included commissioners of services, nurses, social care staff and Healthwatch. In total we contacted approximately 30 professionals who were based over a large geographical area. This included Middlesbrough, Tyneside, York, Leeds, Darlington, North

Yorkshire, Lincoln and Nottingham. In particular we contacted professionals in the Leeds and York areas as we had received information of concern regarding services in those areas.

We conducted one visit to the main office in Harrogate and spent time visiting people in their own homes. This was over two days and covered services in the Leeds and Harrogate areas. During our visits we spoke with four managers of services and four staff. We visited eight people and telephoned 40 other people who used services. We spent time looking at records, which included people's care and treatment records, staff records and records relating to the management of the service.

The inspection team consisted of two inspectors, two experts by experience and a professional advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A professional advisor is a professional who has experience in this field.

Are services safe?

Our findings

During our inspection we received concerns about how people were kept safe and had their rights respected. We received these after our first site visit and looked at these areas as part of our second site visit. We were assisted by a professional advisor who was knowledgeable in relation to the Mental Capacity Act 2005 (MCA 2005). This Act provides a legal framework to support people when they no longer have the capacity to make decisions. As we had received this information directly, we decided to refer some of the concerning information to the local safeguarding team.

One person told us how staff helped them manage their finances and that they were happy with the support they received. Other people told us they felt safe, although one person wanted staff to “Listen to them”. Another person told us about a time when they had not felt safe; the organisation had helped them with this and they now felt safe.

We received feedback from professionals. The large majority felt people were kept safe and that concerns were handled correctly. However, some professionals felt that at times staff lacked an awareness of people’s need; which led to professionals having to manage a crisis situation.

People were supported to be safe and when any allegations of harm were made. There were systems in place to help staff support people and these included to report any allegations to the appropriate professionals. When this occurred CQC were notified of these referrals. There was also a policy regarding abuse which provided information and guidance to staff on protecting people. Additionally, staff undertook training in the safeguarding of vulnerable people (SOVA). This helped to make sure they could support people effectively.

We checked care files for eight people who received a service from this agency. These included a needs assessment and information in relation to risks. The risks covered a variety of areas and included everyday needs, for example, skin care. We also found that there was information in relation to risks associated with people’s mental health. The information provided guidance to staff on how to support the person with risks so they remained

safe. The staff we spoke with were knowledgeable about risk assessments and risk management. They told us they had also completed training about how to support people with their behaviour.

People told us about some of the restrictions in their lives. Although at times people found restrictions difficult, they understood why these were in place. People’s files included documents in relation to the restrictions in their lives. This included legal documents to notify the person of the reason for the restrictions. There was evidence of the professional support the person had received for dealing with any legal processes. This meant that people had legal restrictions in place and had received appropriate support with this.

People’s files recorded when they had been assessed under the Mental Capacity Act (2005). This was to check their ability to make decisions and identified whether a best interest meeting was required. A best interest meeting takes place when a person lacks the capacity to make decisions. The person’s representatives and professionals meet and make a decision on the person’s behalf. Staff told us they had been trained on the MCA and we saw this was recorded in staff records. This helped to make sure people received the correct support with this.

We spoke with five people about staffing; four of them told us that staff arrived on time and stayed the amount of time they should. The hours of support provided varied between individuals and services for people this was recorded in their files. However, people did tell us that the staffing levels helped them to “Feel safe.”

Feedback from professionals was variable. The majority felt that staffing levels were met and staff arrived on time and stayed the correct amount of time.

Outside of office hours there was a staff ‘on call’ system. This meant there was a staff member available to offer advice and support for people who used services. This helped to make sure that people received support when needed and not only at specific times.

One person told us they were visited by the same staff group which helped them receive a consistent service. Staff also told us how staff were matched to people who required support. This was to help with developing positive relationships.

Are services effective?

(for example, treatment is effective)

Our findings

People told us they “Liked” the staff and they would be “Lost without their support.” One person told us they had been involved in developing their care plan and in care plan reviews. Other people were aware of their care plan but could not recall being involved in any care plan reviews. People told us that staff followed their instructions or requests. They told us that when staff could not fulfil a request they would explain why. People also said they were supported to attend medical appointments with staff.

Professionals told us they felt people received positive support. However, they also felt that information sharing varied between services and could be improved upon. Additionally, how well staff followed instructions varied.

Before someone received support from the service information about their needs was gathered. This included undertaking an assessment with the person and recording the detail on their electronic file. People also visited a service to determine if it was suitable before moving there.

Staff told us they sat with people when completing these documents. This helped to make sure they reflected the person’s individual wishes. The electronic file recorded when the person had signed to agree to the content of their care plan.

We also saw that people had regular review dates recorded. The reviews helped to make sure information about the person was kept up to date.

People’s files were organised into different sections to help make sure comprehensive information about the person, their preferences and their needs were known. The sections included ‘About Me’, ‘Getting to know me’ and ‘My preferences’. They recorded some personal details, for example, a person’s religion and next of kin. The files included people’s likes and dislikes. For example, one person’s file recorded that they disliked “Feeling left out.” Information in relation to people’s support through the day was detailed and personal. Comments included “I do not

need support with ...” but “I need someone to sit with me occasionally to support me with ...” This helped to make sure the care was personal to the person and centred on their preferences, choices and needs.

People were supported by staff to arrange and attend health appointments. People told us they were supported by other professionals, for example, community mental health nurses and psychologists. People were also supported to maintain their independence. This was recorded in their care files, for example, the person’s life skills and the support required with these.

We saw that people’s files also included assessments and care plans in relation to their diet and nutrition. One person’s file recorded “I do not eat healthily or exercise enough”. It then went on to record the support staff gave the person with healthy eating. This included their current health needs and support from other professionals in relation to their diet. Another person told us how they managed their diet in relation to their diabetes.

Staff were trained thorough the use of a competency framework which was divided into three sections. These were based around the person’s specific role. They included their induction into their role, foundation training and competency in each area. Managers told us how they monitored staff training to help make sure there was a well trained staff team.

Staff undertook training that included both e-learning and external training programmes. This included training on health and safety and first aid. Additionally, they completed training related to individual needs. This included training on autism and schizophrenia. Managers told us this training was designed around the needs of people in each individual service. Staff told us that specific training had helped them to understand a person’s behaviour.

Health and social care professional’s feedback from questionnaires recorded that some professionals felt that competence varied between services. It did not detail why this was the case.

Are services caring?

Our findings

People told us they were satisfied with the support they received from staff. They said they felt staff were polite and treated them with dignity. One person said, “The staff are very kind to me and understand my needs; they are kind and caring” and “Staff listen and really care”. Another person told us how they had “Difficulty” with one member of staff but this had now been resolved. They said “Everything is now alright”. Other comments included “I am very happy here now” and “The staff take me out daily, they are like friends, I have a good life”, “I am always happy” and “I am definitely happy with the service.”

People’s care records focussed on the individual and their abilities rather than needs. Staff knew people’s needs and understood the importance of good record keeping in order to evidence that the person’s needs were being met. This included supporting the person with their mental health, understanding behaviours and completing specific recording tools. People also had support from professionals with their mental health, for example, from a clinical psychologist. Some professionals felt staff knew people and “Responded to changing needs.” However, others felt that staff “Don’t always know needs”.

Professionals told us they felt the staff respected people’s dignity. We observed staff were respectful in their discussions about the people they supported. They referred to people as ‘customers’ and were clear that

people should be involved in their care. They commented “It is their home and their choices”. We saw that the interactions between staff and people they supported were positive.

The registered manager told us about a recent re-organisation of the staff. This had included staff training to re-focus staff on the ethos and values of the organisation. Staff induction training also included professional boundaries. This helped make sure staff were aware of this information from when they first started in their role.

The organisation provided each person with a support agreement. This described the support they would be given and the ‘service’ they would be provided with. It included information on what the organisation felt was important and included statements such as “Everyone should be encouraged to make their own decisions and choices” and to “Ensure your needs are met and privacy is respected.”

Some professional told us that they were concerned about a high staff turnover. They felt that this did not help staff to make and develop positive relationships with the people they supported.

People’s records were mainly electronically stored. Staff had individual access to these with password access. This helped to make sure people’s records were stored safely and their privacy was respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People's assessments included information on how the person communicated. This helped to make sure that people were able to express their opinions and choices. Care files also included a section to record if the person agreed with their assessment and, when appropriate, this included their signature. Further information was recorded about whether the person was able to make decisions about their care and whether they required additional support with this. Some people told us they were involved in any review of their care needs.

People told us staff would respond to a request for a change to their support. For example, they said, "They will do it for me as long as it is reasonable". Everyone told us they were supported to be independent, for example, to go out food shopping. They also said they were supported with hobbies such as swimming. People told us they were visited by and went out to see their relatives to help them maintain these relationships.

People told us about the different occupation, educational and leisure activities they undertook. They accessed their local community and this included shopping and volunteering. They told us staff supported them to undertake these activities. The levels of support offered varied depending on the needs of the individual.

Feedback from professionals varied. Some professionals felt people's needs were met; staff knew people's needs and detailed support plans were in place. However, other professionals told us "Staff do not always know people's needs", "There is a lack of understanding" and "Care plans are not always detailed." They also said that staff competence varied.

People had support agreements which provided them with information about the support they would receive. This information included how to raise a complaint or problem and the support they would receive with this. Additionally there was a complaints policy which described in more detail the complaints procedure, including how complaints were handled by the organisation.

People told us they would raise complaints about the service. They said "I would talk to the manager" or "I would write a letter of complaint." One person said they had not felt listened to when they had raised concerns about a staff member. Another person had some concerns with the service and did not feel able to raise these directly.

However, other people told us they knew how to complain; they felt confident that they could go to the manager and they would listen. Some said, "If I needed to complain I would go to Social Services". Feedback from professionals regarding the handling of complaints found that some but not all were happy with this.

Are services well-led?

Our findings

The manager told us about the organisation structure. The organisation covered a large geographical area, with each smaller area having a manager for a group of staff. Each manager had a line manager who reported to the overall manager for the service. This helped to make sure that people got good management support. One person commented “X is a good manager”. However, feedback from professionals varied from area to area. Not all were happy with the services and how they were managed. This included the support provided in meeting people’s needs.

Some professionals fed back that the organisation worked closely with them. Comments included that the service was responsive and proactive. However, we also received some feedback that professionals felt there had been a poor management response when concerns had been raised. Professional’s comments also varied with regard to communication. Some felt there was “Good communication” whilst another felt communication was “Hit and Miss”.

Some people said they were consulted about the service. However, other people could not recall this happening.

One person said, “The Chief Executive came today and asked me if I was alright” and another said “The Community Manager with UBU checks if I am happy, I feel I could tell her any problems if necessary”. Other people told us about the consultation; this was through face to face interviews and questionnaires. This helped to make sure managers were aware of any concerns and if people’s needs were being met.

The manager also told us about ‘Significant Friends’ meetings which were held every 3 months. These were meetings that people’s family and friends were invited to that helped them keep informed about the organisation.

Staff meetings took place to help make sure that staff remained up to date about changes in the organisation. Staff supervisions were also undertaken and records of

these were kept. The organisational policy was that staff would be periodically visited whilst carrying out their duties as part of their supervision. Some people who were supported by the service could recall staff being observed. This helped make sure managers were able to observe that staff practice was acceptable.

An annual review was completed of all safeguarding incidents in the service and a monthly report was undertaken on equality, health and safety and complaints. There was also an annual ‘Compliance’ audit. This reviewed a sample of all services to help make sure they were meeting the required standards. The audits looked at a variety of information which included staff training, supervisions, and goals for people who used the service. Additionally there was an external audit undertaken of the systems within the service for supporting people with their medication.

Electronic systems were set up to create an alert for each accident or incident. The registered manager told us this would be sent to managers and the health and safety representative who would review the information to help make sure people were safe.

Staffing levels were individual to each person who was supported by the service. These would be agreed before the service commenced. We received some feedback from professionals that there was a high staff turnover. This had impacted on support for people, particularly when they had complex needs.

Staff training was monitored through the electronic system. The registered manager told us if shortfalls were identified alerts were sent to managers for action to be taken.

Due to the size of the service we consulted with a large amount of professionals. Feedback varied from those consulted with some areas of concern or improvement being noted throughout this report; one person commented that the service was not well led. These areas had not been noted as part of the current management and audit arrangements.