Joseph Rowntree Housing Trust

Independent Living Service - East Yorkshire

Inspection report

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Date of inspection visit:
13 September 2018

Date of publication:
19 October 2018

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

Independent Living Service - East Yorkshire provides care and support to people living in 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection the service was supporting 13 people with a learning disability or physical disability. People lived in their own bungalow, either individually or sharing with one or two other people. All the bungalows were co-located on the same site in Market Weighton, which is a small market town in East Yorkshire. People lived within walking distance of local shops and community facilities.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen. Although the service supported 13 people on the same site, which is higher than the amount considered best practice by Registering the Right Support, the provider ensured that people had an individually tailored service, a choice of who they lived with and were supported by, plus full access to the local community. Each person's bungalow was personalised to their taste and preferences.

There was a registered manager in post, supported by an acting deputy manager. We received consistently positive feedback about the management and leadership of the service.

Risk assessments were in place to help staff reduce risks to people's safety and well-being. Staff had received training in safeguarding vulnerable adults and were aware of the action they should take if they had any concerns. Safe systems were in place to ensure people received their medicines as prescribed.

There were sufficient staff to meet people's needs. The provider conducted appropriate recruitment checks before staff started their employment, to ensure candidates were suitable to work with vulnerable people. Staff received comprehensive training, support and supervision to give them the skills and knowledge they needed for their role.

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

Staff supported people to maintain their health and access healthcare services whenever needed. Care files

contained clear information about people's healthcare needs and people had an annual health check. People were supported to have a healthy, balanced diet and received assistance, where required, with meal planning and food preparation.

Staff promoted people's independence and helped people maintain and develop their daily living skills, such as cleaning their home and shopping. Staff upheld people's privacy and dignity.

People told us staff were caring and we observed staff were kind, respectful and enabling in their approach. People's diverse needs were respected. Staff understood and responded to people's individual communication needs. There was a range of information available to people in easy read or pictorial format.

The provider developed a care and support plan for each person, to give staff the information they needed to support people in line with their needs and preferences. The service had good links with the local community which helped enrich the opportunities available to people. People took part in a variety of different activities and pastimes of their choice.

The provider had a system in place for responding to any concerns and complaints. People told us they would feel comfortable reporting any concerns.

The provider had a quality assurance system in place and we found this was used effectively to monitor the quality of the service and make improvements where required. Our discussions with staff and people indicated there was a positive, person-centred culture within the service and people were satisfied with the support they received.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Independent Living Service - East Yorkshire

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.

This comprehensive inspection took place on 13 September 2018. We gave the service two days' notice of our inspection because we needed to be sure someone would be available to assist us with the inspection and organise for us to visit people who used the service.

The inspection was carried out by an inspector and an inspection manager.

Before our inspection, we looked at information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority quality monitoring team and safeguarding team prior to our visit. We also contacted visiting professionals for feedback about the service.

During the inspection we spoke with five people who used the service and observed care staff interacting with people. We spoke with the registered manager, the acting deputy manager, three support workers and one relative. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and would feel comfortable talking to staff if they were worried about anything. We observed people appeared relaxed and at ease with the staff who supported them.

Risks to people's safety were assessed and action taken to minimise these, without placing unnecessary restrictions on people. We found this included risks relating to people's mobility, finances, environment and choking for instance. Where people were able to, they had signed their own risk assessments to show they were in agreement with decisions made about their safety.

Where people presented behaviours which could be challenging to others, staff used positive behaviour support to reduce people's anxiety. Care plans included clear information about how to respond and reassure people if they were distressed. We were given an example of how this had helped to reduce the incidences of one person's distress and frustration.

The provider had a system for recording and monitoring accidents, incidents and complaints. We saw examples which showed the provider had learned from accidents and incidents in order to make improvements. Records were stored electronically and reviewed by the provider's central quality assurance team.

The provider had a safeguarding policy and staff received training in how to safeguard vulnerable people from abuse. Staff were knowledgeable about the process to follow should they identify any concerns. There was also a whistleblowing policy, so staff could raise any concerns in confidence, without fear of reprisal.

There were safe systems for the management and administration of medicines. Staff received medication training and their competence to support people with medicines was assessed annually. Medication records were completed and audited to ensure that medicines were given in line with people's prescription. There was a discrepancy in the information on one person's medication administration record. The registered manager agreed to address this with the pharmacy straightaway. Accessible information was available about the national campaign 'STOMP' (aimed at stopping the inappropriate use of psychotropic medicines for people with a learning disability or autism) and people's medicines were reviewed as part of their annual health check with the GP.

Staff received infection prevention and control training and had access to personal protective equipment, such as disposable gloves. Staff confirmed there was always a good supply of these.

Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check.

We found there were sufficient staff to meet people's needs. Rotas and staff support were organised according to people's individual requirements. This included access to shared staff support on a night time

and some individual staff support during the day. People confirmed there were staff available to help them when they needed it. One person told us, "There are enough staff to help me. If we need them we could just come out (of our bungalow) and find them."

Good

Is the service effective?

Our findings

People we spoke with believed staff had the right skills to care for them. Their comments included, "They help me and always remember to write down when they've done it" and "The staff are good at what they do."

Staff received a comprehensive induction and training to give them the skills they needed to support people effectively. New staff worked alongside existing staff as part of their induction, before working independently. Training was routinely refreshed and the provider had a system to alert staff when their training was due. Staff were also observed to check their competence at certain practical tasks, such manual handling and use of the hoist. Staff provided very positive feedback about the training they received.

Staff received supervision and had opportunity to attend team meetings. The provider was moving to a new schedule for staff annual appraisals, and we were advised the timescale for this was in the process of being confirmed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). In the community, applications must be made to the Court of Protection. The registered manager retained a record of their communications with the local authority regarding applications for people they supported. We also saw records of decisions made in people's best interests, involving other relevant professionals. For instance, decisions regarding the use of bed rails and a wheelchair lap strap for one person.

Staff demonstrated awareness of the MCA and understood the importance of seeking people's consent before providing care. Where people were able to, they had signed their care plans, to consent to their care. People confirmed to us that staff offered them choice and respected their wishes. One person told us, "I get offered choice. Staff listen and respect me."

Staff supported people with their health needs, and ensured they had access to healthcare services when required. People were supported to attend an annual health check. Care files contained information about people's health needs, including detailed instructions for staff where people had specific conditions such as epilepsy. People also had a 'hospital passport' outlining key information to be aware of, should they need to go into hospital. We saw examples which showed the provider worked in partnership with other agencies to support people with their health needs where required. This included the speech and language therapy team and occupational therapists.

People were supported to maintain a healthy, balanced diet. Information about people's nutritional needs was recorded in their care files. This included clear instructions for staff where people required a pureed diet or thickened fluids. People's weight was monitored to identify any changes or concerns. People we spoke with were satisfied with the support they received with meals.

Systems were in place to assess people's needs and choices in line with legislation and best practice. The provider conducted an assessment of each person's needs, and used this to identify the areas of support where a care plan was required. Care files also contained a document entitled 'What's Important to Me' to help staff deliver effective care in a person-centred way.

Good

Is the service caring?

Our findings

People spoke highly of the staff who supported them, and told us they were caring. Their comments included, "The staff are really nice," "They are all nice" and "I love it here. All my friends are here, the staff are nice and kind. They take you out and help you do things." Another person told us, "The staff are really nice, they are in my heart" and talked to us about particular staff members they liked.

Our discussions with staff showed that they understood people's preferences and support needs well. We observed a member of staff interacting with one person and saw they had an enabling approach; offering assistance and prompting where required, but without taking over or interfering where the person was able to speak or do something for themselves.

Staff promoted people's privacy and dignity. There was information in people's care files, giving instruction to staff on how to ensure people's dignity was maintained when providing personal care. For example, one care plan we viewed stated that staff should cover the person with a towel whilst washing their hair. Staff were able to describe how they maintained people's privacy and dignity. One person told us staff were not always consistent in remembering to knock on the door before entering their bungalow, but all other people we spoke with told us staff always knocked on their door and alerted them to their presence before entering. Personal information was stored securely, to help maintain people's confidentiality.

Staff promoted people's independence and ensured people were involved in all aspects of daily living, such as shopping, cooking and cleaning. Some people managed these tasks independently and others needed assistance with this; support was tailored accordingly. One person was supported to use a feature on their tablet computer to get recipe ideas. Care files contained information about the level of support people needed. This helped ensure people were encouraged to maintain and develop their skills. People told us, "I do lots of things for myself," "I clean my own flat" and "I choose what I want to do. The best thing (about living here) is my independence."

People confirmed they were involved in decisions about their care, and had a choice regarding their daily routines, living arrangements and home environment. People told us they had chosen who they lived with and the furnishings in their bungalow. One person said, "I like to have my own voice, and if I don't, they know about it! I could raise any concerns." People were also involved in interviewing new staff and one person we spoke with about interview panels confirmed their views on candidates were listened to. Three people had been involved in the provider's 'Clear Information Group'; reviewing and providing feedback on leaflets and documentation to check the accessibility of the information. People we spoke with were able to express their wishes and views, but the registered manager agreed to make information available to people about local advocacy services, should people ever need independent support with decision making or expressing their views.

Staff completed equality and diversity training and the registered manager had also recently attended LGBT awareness training. Information about people's diverse needs and protected characteristics, as defined by the Equality Act, were recorded in people's care files. This included any equipment people required due to a

physical impairment. Staff had an understanding of people's faith needs and supported one person to get to church.

Good

Is the service responsive?

Our findings

Feedback from people we spoke with showed the service was responsive to people's needs. The provider developed a care and support plan for each person, which gave staff information about how to support the person in line with their needs and preferences. This included information about people's needs in relation to finances, personal care, nutrition, mobility, relationships and daily living. Care and support plans were person-centred, comprehensive and regularly reviewed.

The provider identified people's communication needs, recorded this, and ensured these needs were met. This helped demonstrate the provider was working in line with the requirements of the Accessible Information Standard, which is a legal requirement. Care and support plans contained information about how to present information in a way people could understand. For example, one file we viewed recorded how the person could respond to closed questions and had detail about the physical actions the person may make to express that they were frustrated or in pain. A variety of information was available to people in easy read or pictorial format, such as housing agreements, information about the service, care consent forms and guidance on keeping safe.

Staff used electronic mobile devices to record the support they provided to people, including specific monitoring information. 'Alerts' could be set up on the system to remind staff of particular tasks that were required. The provider used the system to check that care delivered was in line with people's care and support plans. The provider also planned to transfer all the care and support plan documentation on to the new electronic care planning system in due course.

People were supported to maintain relationships and have contact with family and friends. Information from care and support plans showed us that people used different methods to do this, such as skype (on-line video messaging), regular visits and contact via mobile phone.

We found people took part in a varied range of activities, according to their individual interests. This included swimming, boccia (a ball sport), eating out, resource centres and a theatre group. People told us they could go on holiday and choose where they went, and who they went with. One person told us they enjoyed gardening and having a "BBQ and a beer" in the garden. Another told us, "I watch TV, love jigsaws and going out with my [relative]."

Some staff had received end of life care training from a local hospice in the year prior to our inspection. The registered manager advised us they had good links with healthcare services and would work in partnership with them to provide end of life care should this be required for anyone. There was no information in the care and support plans we viewed about people's advanced wishes or end of life care preferences. We discussed this with the registered manager, who agreed to explore ways of gathering more information about people's preferences in this regard, should they be willing to discuss and share them.

No formal complaints had been received by the service in the year prior to our inspection, but there was a system in place to manage complaints, should any be raised. The provider had a complaints policy and

procedure and this was available in easy read format. People told us they would feel confident about raising any concerns or complaints, should they have any.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with CQC since November 2016. 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. The registered manager also managed one of the provider's other services in York, so split their time between the two services. They were supported by an acting deputy manager.

People spoke positively about the management of the service. One told us, "[Name of registered manager] is nice. She is busy, we can talk to her." Staff also provided positive feedback about the registered manager and told us they felt well-supported. Their comments included, "She knows everyone and has done night shifts if needed" and "[Registered manager] is fair and approachable."

Our discussions with staff indicated there was a positive culture within the organisation. Staff told us, "I'm proud of how we support people. People are always clean, tidy and happy. People can do anything they want and staff support them. Care is individualised" and "We have a good (staff) team and all pull together." When describing the values of the organisation, one member of staff commented, "They do their best for people. It's about people having a good life."

The provider worked in partnership with other organisations and built good links within the community. For instance, two people were supported to go to a local slimming club, one person attended church and everyone used local shops and healthcare services. The service had hosted fundraising events with friends and family and given the proceeds to local charities. In the year prior to our inspection, people using the service had been invited to judge the carts in the town's 'soap box derby'. The provider also had a stand at the York Pride event.

There was a quality assurance system and the registered manager completed regular checks to monitor the quality of the service provided. This included monthly audits of people's finances, medication and health and safety. There were also quarterly management audits, covering care plans, staffing and premises, equipment & medication management. We saw examples which showed that action was taken as a result of these checks. For instance, an audit from May 2018 identified that care plans were not being reviewed regularly enough. We found that since this issue had been identified the frequency of reviews had increased and care and support plans were now being reviewed monthly.

The provider's quality assurance system also included conducting annual surveys, to seek the views of people who used the service. We looked at the responses from these surveys and found that they were generally very positive. The provider had not conducted recent surveys of other stakeholders involved with the service, such as relatives and visiting professionals. We discussed this with the registered manager who advised us this would be considered, as new surveys were in the process of being developed, including making the questions more tailored to the particular needs of people using this service. People we spoke with expressed satisfaction with the service.

The provider had submitted notifications to CQC in line with requirements.