

# Aspire Community Benefit Society Limited Leeds Learning Disability Community Support Service-East and North East Leeds

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Leeds Learning Disability Community Support East and North East Leeds is a service that supports adults with learning disabilities to live their day to day lives in shared accommodation or their own flats. The service provided personal care to 72 people at the time of the inspection.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using the service

People using the service were kept safe by staff. Safeguarding processes were in place and being followed to investigate and respond to allegations of abuse. Staff were knowledgeable about safeguarding systems and knew how to keep people safe. Risk assessments were completed and regularly reviewed to ensure risks were mitigated. Incidents and accidents were monitored, and actions taken to prevent future occurrences. Medicines were managed safely, however storage of medicines did not always follow best practice. Staffing levels were sufficient to meet people's needs and recruitment procedures were robust.

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 supported this practice.

Staff were provided with the necessary training to carry out their roles. Staff were supported with regular supervisions and appraisals. Staff practice was monitored through competency and observational checks. People were supported to maintain a healthy diet and people were offered choices about what they ate and drank. People were supported by health professionals and staff acted on advice given to improve people's wellbeing.

People received care from staff who were kind and compassionate. People and staff knew each other well as many staff had worked for the service for a long period of time. People and staff told us they had built positive relationships which helped people to feel supported in their day to day lives. People were encouraged by staff to learn new skills to promote their independence. Staff respected people and their diverse needs.

Care plans were completed, and people were supported to express their views about their care. People were involved in a variety of activities of their choice which supported them to maintain their independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider used internal and external audit systems to monitor the quality and safety of the care provided. People, their relatives and staff were asked for their views so improvements could be made. The provider had good community links and engaged with other organisations to improve their knowledge of good practice and learn from others. Staff felt the management team were supportive and people felt concerns would be managed effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 August 2017).

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Leeds Learning Disability Community Support Service-East and North East Leeds

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by an inspector.

### Service and service type

Leeds Learning Disability Community Support East and North East Leeds is a service that supports adults with learning disabilities to live their day to day lives in shared accommodation or their own flats. The registered office is based in Potternewton in Leeds with four sub offices around East and North East Leeds.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

### During the inspection

We spoke with six people to ask about their experience of the care provided and two relatives. We spoke with the registered manager, regional manager, team leaders and seven staff members. We looked at five people's care records and medicine records. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Some medicines (creams and liquid medication) had not been stored correctly. For example, we found medicines stored in a kitchen cupboard which was not locked and found creams stored in bedrooms. We discussed this with the registered manager who agreed to remove these immediately and ensure medicines were kept in a locked cupboard.
- Some medicine labels were difficult to read as they were faded. We were unable to identify one medicine and who it was prescribed for as the label had faded. Creams did not always have a record of when they had been opened. The registered manager agreed to immediately address these issues.
- Staff received medication training and annual competency checks to ensure medicines were managed safely. Any medication errors resulted in staff re training or frequent competency checks.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from abuse. Staff knew how to report any concerns and were knowledgeable about the different types of abuse. One staff member said, "If I witnessed unsafe practice, I would ask the staff to stop what they are doing and inform the manager."
- Safeguarding champions were in place and they worked with the organisation to develop and improve safeguarding practices. All the people we spoke with said they felt safe. One person said, "Yes I feel safe. Staff keep an eye on us."
- Lessons learnt were shared with staff to improve care for people using the service. We saw actions had been taken to prevent reoccurrences.

### Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Risks were managed effectively. Risk assessments were completed and regularly reviewed to ensure staff knew how to support people and minimise possible risks. For example, one person at risk of falls had a telecare system which alerted staff when the person had fallen so immediate attention could be sought.
- Incidents and accidents were investigated, and actions taken to mitigate potential risks. For example, we saw evidence of medicine errors being investigated and staff asked to complete further training, competency assessments and supervisions to improve practice.
- Lessons learnt were shared with staff to improve practice.

### Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There are plenty of staff." Rota's confirmed there were sufficient staff on duty during the day and at night.
- Recruitment procedures were robust and values-based interviews were conducted with people using the



service. The registered manager said they are currently recruiting staff.

#### Preventing and controlling infection

- People's homes were clean and well maintained. Staff had access to personal protective equipment such as aprons and plastic gloves to use when required.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had been assessed and reviewed with people using the service. Relatives had been consulted with, when needed about people's preferences for care.
- Staff understood the importance of delivering care in line with best practice guidance and standards.

Staff support: induction, training, skills and experience

- Staff completed training and competency assessments to ensure they had the skills and knowledge to work with people using the service. The registered manager told us specific training was introduced when lessons learnt had been shared throughout the organisation. For example, staff were planning to refresh their MCA and safeguarding training.
- There was an in-depth induction process for new staff which included a six-month probation period and shadowing of more experienced staff. One staff member said this allowed time for staff to build relationships with people and to understand their needs.
- The provider had recently introduced eLearning training along with face to face training to ensure continuous updates of new guidance and legislation was being understood by staff.
- Staff were supported through regular supervisions, observations of practice and annual appraisals to develop their job role.

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

- People were supported to maintain a balanced diet and were given choices as to what they ate and drank. One person said, "I get things out of the fridge that I want and then the staff cook it."
- Nutritional care plans recorded people preferences and any specific support required from staff. For example, some people used specialist equipment to help remain independent when eating. One staff member said, "[Name] chooses what they like. We have the meal sheets which record what people have eaten. We ask everyone what they want to eat. We try and encourage healthy eating."
- Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. For example, one person did not eat a certain meat due to their religious beliefs and this was respected by staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other organisations to deliver effective care to people. There was evidence of people being supported by a variety of health professionals. For example, one health professional complimented the service on supporting someone to have their bloods taken after previously being fearful of this

procedure. Staff helped the person to overcome their fears which helped to improve their health status.

- Staff acted on any advice given by community health professionals. For example, due to a health condition one person needed to be taken to hospital following any fall due to the risks to their physical health. This had been recorded in the person's care plan and the reasons why this should happen.
- The provider promoted health awareness. We saw a cancer awareness event had taken place with people using the service to give them information on how to check their bodies for certain signs or symptoms that may require a visit to the GP.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- The provider had capacity assessments and best interest decisions in place for people unable to make specific decisions, some of which were in place for people unable to manage their medicines or finances due to a lack of capacity.
- Staff were knowledgeable about the MCA and those people they supported with restrictions in place. One staff member said, "[Name] has a leather belt around her waist to protect her if she had a seizure as she could fall out. The buckle restricts her."
- When people lacked capacity to make decisions we saw referrals to the court of protect had been made.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by compassionate and kind staff. One person said, "The staff are very excellent, they are great."
- People were encouraged to express themselves and their diverse needs. For example, one person had previously been discouraged from wearing clothes of the opposite sex. However, staff encouraged the person to be open and to enjoy what they wanted to wear. The staff said once they started to wear their preferred choices of clothing, they saw a significant change in their confidence. The person said, "I like to wear my dresses."
- Staff had positive relationships with the people they worked with. Many staff had worked with people using the service for several years and had built close relationships with people they cared for. One staff member said, "I enjoy coming to work everyday. The people living here are like my family and I like helping them to run their lives."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and to do daily tasks which they felt able to achieve. One person said, "The staff get me up on a morning and bath me. I wash myself and the staff wash my back."
- Staff worked to improve people's independence. One person showed us their achievements booklet which included how they had learnt to do their own laundry and Hoovering in their home. Another person attended a cooking school to learn how to cook and then used these skills to cook for themselves at home.
- Staff were respectful of people's privacy. We observed staff knocking on people's doors before entering their homes. Staff had the practical knowledge and skills of how to promote people's dignity and independence.
- The most recent survey showed 97% of people said their privacy was respected and they were treated with courtesy and respect.

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

- People and their relatives were consulted with when care plans were created and reviewed. People were asked about how they wished to spend their time and this was respected by staff.
- People and their relatives were asked for feedback about the service through surveys and regular meetings.
- There was a board of people using the service who ran council meetings discussing organisational changes, employment opportunities and advice for people using the services. For example, 'safe places' was

discussed to ensure people's safety when in the community. 'Safe places' helps vulnerable people if they feel scared or at risk while they are out and about in the community and need support right away.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and detailed. These provided guidance for staff on how to meet people's needs. Care plans recorded people's preferences likes and dislikes to inform staff how people wished to be cared for.
- People had keyworkers who worked closely with people to build positive relationships and ensure their wishes were being listened to. One staff member said, "I am a keyworker to [name]. Everything is person centred and I make sure their needs are fulfilled. The care plans are tailored for each individual customer."

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 participated in individual activities of their choice. One person had a wish to go to Lapland and meet Santa. This was arranged and the person told us, "I enjoyed it. I went in a sleigh in the snow and went to see Santa Claus."
- One relative said, "Taking part in a variety of outings, activities and interests is so beneficial and enjoyable for [name]. Not only does it keep [name] physically active and mentally stimulated but I can see how it helps them socially. The last time I went out with [name] I noticed they were comfortable dealing with the cashiers. You have ensured [name] feels part of the community and you have encouraged them to take part in events in the community. I am so pleased they have had the chance to do this. They did not have the confidence or opportunity to do this sort of thing before they came under your caring support."
- People told us they enjoyed the activities. One person worked with a local community group to plant bulbs in preparation for 'Wetherby in Bloom'. The provider arranged an athletics event at a local sports centre where people participated in their chosen fields of sport.
- People met with their keyworkers to plan annual trips away. One person had been to Euro Disney and another person went on holiday to Benidorm. They said, "I liked it. I'm going again this year, I'm going with the same staff." One staff member said, "I took one of my customers to see Little Mix. He enjoyed himself in the environment and it felt like an achievement that we made his day."
- One person was supported to write a book about their past abuse. A staff member said, "[Name] was inspired to write the book after his friend who lived in the home passed away. [Name] helped to write their eulogy and wanted people to know about his own life. That's why he wanted to write the book." Staff encouraged them to write the book. The person said, "I wanted to tell the world what happened. I feel better for writing it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans.
- Some people used support from staff or equipment to aid their communication. One person said, "I've got a hearing aids in my ear, it helps." Another person told us, "The staff help me to read my care plan."
- We saw documentation was made available in easy read formats. These included surveys and care plans.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. There had been three complaints in the last 12 months which had been managed effectively.
- People and their relatives knew how to complain and felt confident issues would be dealt with.

End of life care and support

- The service did not routinely provide end of life care. The registered manager said they would support people at the end of their lives and support them to consider their wishes and needs.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Governance systems were effective and there was good oversight of the service by the management team. Audits were undertaken to ensure any improvements required were monitored and actioned.
- External audits were carried out and people's experiences of the service was captured. We saw people said they were happy, doing what they wanted and that they felt safe. There were actions taken when issues were identified, for example, three tenants who go out on their own didn't seem to know about safe places. The provider ensured staff talked through this with people and were given information to use.
- People told us they felt confident issues raised with the management team would be investigated. People and staff told us the management team were honest, open and helpful.
- Staff were clear about their roles and responsibilities. Staff morale was positive, and they all told us they enjoyed their jobs.
- The registered manager understood the regulatory requirements and provided information to the CQC following significant events at the service.

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

- People, their relatives and staff were given surveys to provide feedback on the service.
- People received regular updates about the service through quarterly newsletters. For example, in January it showed some people using the service had been involved in making a music video and other updates about organisational changes had been communicated.
- Regular meetings took place with people to talk about their wishes and plans for the month. This included discussions on activities the provider had planned, such as sponsored walks and also asked people what they wanted to do. Some people planned trips abroad and supported them to book this.
- Staff awards took place which gave the provider an opportunity to demonstrate their appreciation for staff work. One staff member said, "I won newcomer of the year award last year. It shows that they see the good I am doing. This lifted my morale."

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuously improving care. An annual service improvement plan was carried out to action any improvements required.
- The registered manager attended network meetings with the local authority to keep up to date with best



practice. The registered manager said, "We are now doing manager meetings to share best practice. It's also a supportive environment."

- The provider had good community links. The service worked with community sports centres, local clubs and advocacy services. They planned events for people using their services, for example, they had a club night (organised for people living with a learning disability) for those people who wished to attend.
- We saw evidence of the provider working with a number of charities in the local area helping them to raise money. Some of these included local hospices, dog trusts and MacMillan.