Joseph Rowntree Housing Trust

JRHT- Independent Living Services

Inspection report

The Oaks Hartrigg Oaks
New Earswick
York
North Yorkshire
YO32 4DS

Tel: 01904735034

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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

JRHT – Independent Living Services provide care and support to people living in four '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 20 people with a learning disability or physical disability.

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.

There was a registered manager in post. People and staff spoke positively about the management and leadership of the service.

There were safe systems in place to ensure people received their medicines as prescribed. Risks to people were assessed and action taken to reduce them. Staff were aware of different types of abuse and the action they should take if they had any concerns. Safeguarding referrals had been made appropriately.

There were sufficient, suitably trained staff to meet people's needs. Appropriate recruitment checks were undertaken before staff started their employment, to ensure they were suitable to work with vulnerable people. Staff received support and supervision to give them the skills and knowledge they needed to care for people effectively.

People received support with their nutritional needs and people were satisfied with the assistance they received to prepare meals. Where people were at risk in terms of their nutrition or hydration, staff monitored their food and fluid intake. Staff supported people to access a range of healthcare professionals where required, and people received an annual health check.

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.

People were treated with dignity and respect. Staff promoted people's independence and supported them to be actively involved in the running of their own home and daily living tasks, such as cooking and cleaning. We observed caring interactions between staff and people who used the service. People's diverse needs were catered for. Staff understood people's individual communication needs and made appropriate

adjustments to aid effective communication.

There were regularly reviewed care plans in place, to give staff the information they needed to support people in line with their preferences and needs. People took part in a range of activities of their choosing in the community. The provider had a procedure in place for responding to any concerns and complaints. People told us they would feel comfortable reporting any concerns and were confident these would be addressed.

There was a quality assurance system in place to monitor the quality of the service provided. Feedback from staff indicated there was a positive, person-centred culture within the service.

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**

JRHT- Independent Living Services

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 3 and 6 September 2018. We gave the service two days' notice of our visit to the office on 3 September 2018 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. We visited people in their own homes on 6 September 2018.

The inspection was carried out by two adult social care inspectors on the first day of the inspection and one adult social care inspector on the second day.

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 contract monitoring team prior to our visit.

During the inspection we spoke with seven people who used the service in their own homes, and one relative. We visited three locations and observed care staff providing support and interacting with people. We spoke with the registered manager, a deputy manager, four care co-ordinators and three support workers. We looked at a range of documents and records related to people's care and the management of the service. We viewed four 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

All the people we spoke with confirmed they felt safe and we observed people appeared comfortable with the staff who supported them. One person told us, "I feel safe living here because of the help staff give you and it's a lovely house."

The provider had whistleblowing and safeguarding policies and staff received training in how to safeguard vulnerable people from abuse. Staff were able to describe how they would identify and report any concerns. The provider appropriately reported any concerns to the local safeguarding team for investigation.

The provider assessed any risks to people's safety and took action to minimise these, without placing unnecessary restrictions on people. For instance, one care file we viewed outlined the action staff should take to reduce the risk to the person if they became distressed or aggressive. Another file documented the assessment staff had undertaken in relation to the benefits and risks of the person having bed rails. The assessment concluded that the risk of using bed rails was higher than not using them for this individual, so alternative options were explored. People had signed their risk assessments, to show they had been involved in decisions about their safety.

Where people presented behaviour which could be challenging to others, staff used positive behavioural support methods to reduce the person's anxiety. Known triggers and de-escalation techniques were recorded in people's care files, and staff completed incident monitoring records to identify patterns.

We found examples which showed the provider learned from any accidents or incidents that occurred in order to make improvements. For instance, staff promptly identified how an error had occurred with the timing of a care visit to one person. Records showed how this was investigated and the additional checks that were put in place to prevent recurrence.

The provider conducted appropriate recruitment checks 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.

The provider had a system in place to ensure there were sufficient staff to meet people's needs. At our last inspection in April 2016, some people raised concerns about the number of external agency staff used, but at this inspection we found the use of agency staff had significantly reduced. People confirmed there were sufficient staff to meet their needs and that it was usually the same group of familiar staff who supported them. One person told us, "There's enough staff for what we need. There's someone here all the time and staff have time to chat."

Medicines were appropriately managed and administered. Staff received medication training and their competence to support people with medicines was assessed annually. Medication records were completed and audited to check that medicines had been given in line with people's prescription. We found there was not always a clear protocol in place to guide staff when to give specific medicines prescribed for use 'when

required'. The registered manager agreed to address this straightaway, to ensure consistency.

Staff received training about infection prevention and control and had access to personal protective equipment, such as disposable gloves.

Good

Is the service effective?

Our findings

People told us staff supported them well and had the right skills to care for them. Their comments about staff included, "I think they're good at what they do. They try and do a good job," "They are very supportive" and "They are pretty good here."

Staff received a comprehensive induction and training for their role. The induction included time to shadow other staff and get to know people. In addition to training considered mandatory by the provider, staff could also access a range of additional training. There was a system in place to alert staff when they needed to refresh their mandatory training. Staff spoke positively about the training they received.

Staff we spoke with confirmed they received supervision and felt supported. We saw records which showed that there was also opportunity for staff to attend regular team meetings. Where staff were unable to attend, minutes of the meetings were available to read.

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 was in communication with the learning disability team at the local authority regarding applications for some of the people they supported.

People's consent to their care was recorded in their care plan and people confirmed that staff offered them choices and respected their wishes. Staff were able to explain the key principles of the MCA and understood the importance of seeking people's consent before providing care.

Systems were in place to assess people's needs and choices in line with legislation and best practice. The provider conducted a needs assessment for each person, and used this assessment to identify the areas of support where a care plan was required. There was also information about things of importance to the person. We found staff knowledge of best practice guidance, national initiatives and legislation in relation to learning disability services could be developed further. The registered manager agreed to address this.

Each person had a 'hospital passport' outlining key information to be aware of, should the person need to go into hospital. They also had a health action plan, which was regularly reviewed. People accessed a range of healthcare professionals and services. For instance, we viewed care files which showed that people had received support from learning disability nurses, psychiatrists and epilepsy specialists. People attended regular dental and optical appointments and had annual health checks. It was evident the provider worked alongside other agencies to support people with their health needs where required.

Information about people's nutritional needs was recorded in their care files, and we found that, where required, people's food and fluid intake was recorded by staff in the service's electronic care records. Staff also sought advice from speech and language therapists where there were concerns about people's ability to eat and drink. People we spoke with were satisfied with the support they received with meal preparation

and food. One person confirmed, "I tell staff exactly what I want (to eat)" and "have no problems". Another told us how much they enjoyed cooking and baking with staff.

Good

Is the service caring?

Our findings

We observed staff supporting people in their own homes and found that staff were attentive, patient and caring in their manner towards people. This was consistent in all the homes we visited. People who used the service spoke positively about the staff and how friendly they were. People told us, "I get on well with all the staff," "There's none we don't like" and "They're nice. I like all the staff." Another person confirmed they thought staff were "Definitely" caring.

From our discussions with staff and observations of care, it was apparent staff knew people's preferences and support needs. We saw staff chatting and laughing with people, discussing topics of interest to people, including forthcoming holiday and families. We also observed staff keeping people informed about things affecting them. For instance, we saw a staff member discussing with two people the staff rota for the week, so they knew who would be supporting them each day. Another person showed us the staff rota which was on display in their home, and told us they found this useful as it helped them know who to expect.

People confirmed they were also involved in decisions about their care, daily routines and home environment. For instance, one person told us how they had chosen the colours and furnishings in their home. Others told us they had been involved in interviewing new staff. One person said, "I can get up and go to bed when I want. I get choices and have control of things, oh yes." We were advised that one person accessed the services of an advocate for independent support with decision making and expressing their wishes. Others were members of a local self-advocacy group.

People's privacy and dignity was respected and promoted. Staff explained how they maintained people's dignity when providing them with personal care. This was confirmed by people we spoke with. People told us, "Staff give me privacy. They knock on my bedroom door. I can tell them to wait if I am still getting dressed" and "They put a towel over you after you've got out of the bath. They always knock on the door."

Staff promoted people's independence by tailoring their support according to people's needs. Care plans contained information about the support people required with daily living tasks and personal care, and the tasks they could complete independently. This helped to ensure people were encouraged to maintain and develop their skills. People's comments included, "We get involved in the cooking and cleaning" and "We do the menu planning on a weekend and take it in turns (with the person they lived with) to go food shopping." Another person told us, "I help with gardening, tidying and making it nice and clean. They (staff) help me be independent and do as much as I can."

The provider had an equality and diversity policy and staff completed equality and diversity training. Information about people's diversity needs was recorded in care files. This included any equipment people needed due to their learning disability or physical impairment, such as hoists and wheelchairs. Staff respected people's faiths and we were provided with examples which illustrated how staff supported people with their religious needs. Staff also demonstrated good understanding about how one person's cultural heritage affected their support needs in relation to managing specific aspects of their care, including their finances.

Personal information was stored securely, to help maintain people's confidentiality.

Good

Is the service responsive?

Our findings

The provider developed a care and support plan for each person. This provided staff with the information they needed to support the person according to their needs and preferences. Areas such as personal care, finances, health, medication, mobility and movement, work and leisure time, relationships and daily living were included. There was information about people's likes, dislikes and routines. For instance, in one person's file there was detailed information about community based activities the person liked to take part in each week, including the specific measures staff needed to take to promote their independence whilst ensuring their safety. Earlier in the year of our inspection, the provider had increased the frequency with which care and support plans were reviewed, and we found these were now being reviewed monthly to ensure they were kept up to date.

The Accessible Information Standard (AIS) is a legal requirement which requires providers to make sure that people with a disability or sensory loss are given information in a way they can understand. Although the response given by the provider in their PIR did not demonstrate a good understanding of the AIS, we found during the inspection that the provider identified people's communication needs, recorded them in their care and support plan, and took action to ensure people's communication needs were met. Care and support plans contained information about how to present information in a way people could understand. For example, one file explained that the person could read simple sentences as long as they were written in a font size larger than 12. We found the care file complied with this and was written in large font.

Staff used hand-held mobile devises to record the support they provided to people and specific information, such as food and fluid intake for people at risk of malnutrition or dehydration. '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 plan.

Staff supported people to maintain contact with friends and family. Visitors were welcome any time and one person told us that staff helped them use skype (on-line video messaging) to keep in contact with relatives overseas.

People were supported to access a range of activities, according to their individual interests and hobbies. People's comments included, "I've got a car outside. I like to go to National Trust places" and "I get to go out and I like knitting and books." Others told us about the different activities they took part in, such as drama groups, day services and craft work. People were also supported to go on holidays of their choice.

The service worked in partnership with other healthcare services to provide end of life care where this had been required. Staff involved in providing end of life care had received training from a local hospice. Staff had also supported people compassionately when they had been bereaved; one person we spoke with had received bereavement counselling and had been supported to maintain a memorial garden.

Complaints received by the provider in the year prior to our inspection had been appropriately managed and responded to. The provider's complaints policy and procedure was available in easy read format.

People told us they knew how to raise a complaint and felt confident these would be addressed.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since November 2016. They were also the registered manager for one of the provider's other services in Market Weighton, so split their time between the two services. The registered manager was supported by an acting deputy manager and four care co-ordinators, who worked across the four support locations in York.

People and staff commented positively about the registered manager and staff told us they felt well-supported. Staff comments included, "[Registered manager] is really good. She'll pick up the phone, even if she's at home. She'll do a shift for you if you're stuck" and "There is always someone you can go to; the coordinators or the manager." Another staff member told us, "I think the management is really good. I definitely rate [Name of registered manager]. She's good; fair, on the ball and kind. I've learned a lot from her. She has been nominated (by staff) for a staff award. She's very popular. She has to make tough decisions and will let you know if you've done anything wrong, but she does it in a way that is positive."

Feedback from staff reflected a positive culture within the organisation. Staff told us, "There is good team work," "Everyone has the residents' best interests at heart" and "I think people go the extra mile because they understand the bigger picture and why we're here." The provider had recently developed a new set of values for the organisation, and planned to incorporate these into the staff supervision and development framework.

The provider is required to send CQC notifications of specific events and incidents that occur, and these were usually submitted to CQC in a timely manner, as required. However, we received one notification retrospectively, in relation to the death of a person using the service. We discussed this with the registered manager and shortly after the inspection the provider advised us of the action they had taken following our feedback to ensure all notifications were submitted promptly. This matter has been addressed outside the inspection process.

The provider worked in partnership with other organisations and built links within the community. This included healthcare partners, leisure and education facilities and a local learning disability forum. Staff had recently shared information with people about the opportunity to be involved in a newly developing learning disability partnership, involving the local authority and other stakeholders.

The provider had a quality assurance system in place and completed regular audits to monitor the care provided. This included monthly checks in areas such as medication, people's finances and health and safety. Managers also conducted quarterly checks, looking in more detail at areas such as care plans and staffing. Management action plans were developed from these checks, in order to address any issues identified. Data and information from audits was also reviewed by the provider's central quality assurance team, to monitor for any patterns or responsive action required.

The provider conducted annual surveys, to seek the views of people using the service. The results of these surveys indicated a good level of satisfaction with the service provided. 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.