

Catholic Care - Diocese of Leeds

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was announced and took place over two days on 11 and 20 August 2014. We announced the inspection because we needed to arrange visits to people who used the service. It is the third inspection that CQC has carried out since August 2013. In August 2013 the provider was found not to be appropriately managing medicines. In March 2014 the provider had improved some of the arrangements they had in place for managing medicines but they still needed to make further improvements. At this inspection we found they still needed to make some further changes in the management of medicines.

Catholic Care - Diocese of Leeds is registered to provide personal care to people in their own home and in supported living services and at the time of our inspection provided personal care in six supported living environments services. They provided a service to 29 people.

The service has two registered managers because the supported living services are spread over a large area. Each registered manager was responsible for a number of supported living services. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

At this inspection we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider had systems in place to protect people from the risk of harm. Staff knew the people they were supporting well and understood their individual needs.

Safety checks were carried out around the service and any safety issues were reported and dealt with promptly. Safety awareness was discussed with people who used the service which helped keep them safe.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

At the time of the inspection the provider was going through a transition period because there were changes in some of the commissioning arrangements. Staff felt they had been supported through the process but were anxious because staffing arrangements were less flexible. The provider was closely monitoring the changes.

People were supported to choose meals that took account of their preferences and nutritional needs. They were supported to have sufficient to eat and drink and encouraged to maintain a balanced diet.

People we spoke with told us they were happy with service and the staff were caring. Staff ensured people's privacy and dignity was maintained.

Care was personalised. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Support plans contained information which explained how people's needs should be met.

People were supported in promoting their independence and community involvement. People were encouraged to participate in household tasks; however, in one of the services we visited, opportunity to prepare and cook meals was limited because there was not enough staff to provide the required level of support.

People made decisions about their care and systems were in place to support people who did not have capacity to make some decisions.

Everyone we spoke with said they felt comfortable to raise concerns and felt they would be resolved. People were encouraged to share their views.

The provider had a system to monitor and assess the quality of service provision. The service had good management and leadership.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service required improvement

People felt safe. Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risks associated with people's care were identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

There were enough staff to keep people safe. Relevant checks were completed before staff started working for the provider.

People were not fully protected against the risks associated with the unsafe management of medicines.

Requires Improvement



Is the service effective?

The service was effective.

Staff were properly supported to provide appropriate care to people because they were trained, supervised and appraised.

People consented to the care and support planned for them.

People enjoyed the meals and had sufficient to eat and drink. The support planning process identified where support was required to meet people's specific nutritional needs.

People's healthcare needs were met. Support plans showed health care checks had been carried out and a range of health professionals were involved.

Good



Is the service caring?

The service was caring.

People were positive about the service they received and said the staff were caring. We observed interactions and saw staff spent time chatting with people; it was evident from the discussions they knew the people they supported very well.

People were supported to make their own decisions and staff respected them. Where people needed support staff provided appropriate assistance.

Staff were confident people were well cared for and ensured privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People received personalised care and decided what they wanted to do with their time. Support plans reflected people's needs and choices and staff were aware of these.

People engaged in a range of activities which included accessing the local and wider community.

People were comfortable raising concerns or complaints.

Is the service well-led?

The service was well-led.

The provider had systems in place to monitor the quality of the service. The management team took action where needed to introduce changes. People who used the service and others who were relevant, such as families and health professionals were regularly involved with the service and were listened to.

The management team worked well together and provided appropriate guidance and support.

Good



Catholic Care - Diocese of Leeds

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection team consisted of two inspectors of which one was a pharmacist inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We inspected the service on the 11 and 20 August 2014. During our inspection we used different methods to help us understand the experiences of people who lived at the home. We visited four supported living services and during these visits we spoke with eight people who used the service. We also spoke with seven people on the telephone, seven support workers, a senior support worker, both registered managers and the area manager. We observed how staff interacted and how people were supported. We looked at five people's support plans, records relating to the management of the service and medication administration records. We also visited the provider's office.

Before our inspection we reviewed all the information we held about the service and the provider had completed a provider information return. We contacted local authorities and commissioners before our inspection. They did not raise concerns about the service.

Is the service safe?

Our findings

People who used the service told us they received appropriate support with their medication and they received it at the correct times. We saw that staff had completed recent medication training which equipped them to administer medicines safely.

We looked at the medication policy and found that it was in conflict with the day to day practice in the service. The policy and procedure documents needed to be updated in order to provide robust support to staff to ensure the safe administration of medicines. We discussed this with the registered manager and the area manager and they assured us that the necessary updates would be made. An amended draft policy was shared with us on the second day of our inspection.

We saw that improved arrangements had been made to ensure medicines were administered safely. We saw that since our last visit information had been put in place to make sure that staff administering medicines could identify how people's individual needs could be met. We saw that clear information was in place in two of the services we visited and people could be supported to take their medicines safely. However, in one of the services there was still a lack of information recorded about medicines which were prescribed to be taken 'when required'. This meant staff may not be able to support people to take medicines safely.

After our last visit the service decided that homely remedies such as Paracetamol should be no longer available to people in the service. This meant that if people had a simple ailment such as a headache an appointment with their doctor would have to be made. During our visit we spoke to two people that complained of simple pain but had not been offered Paracetamol. This meant people were in unnecessary pain. The registered manager agreed to take action to ensure people had access to pain relief.

In general we saw that safe arrangements were made when people took medicines out of the house. However, we saw that in one service this was not the case. We also saw that when people took medicines out of the home records were not made so medicines could not be accounted for.

We saw that appropriate arrangements were in place for obtaining medicines. Most medicines were obtained in a

timely way which meant most people had an adequate supply of their medicines. However, we saw that one person had run out of Paracetamol which meant they were at risk of being in unnecessary pain.

We found that appropriate arrangements were in place for the recording of medicines. We saw that most of the records about the administration of medicines were completed well and could show that people were having their medicines as prescribed and that medicines were all accounted for. However, in one service we saw when changes were made to people's medication the records were unclear and could not show the changes had been made at the appropriate time or that the appropriate doses and been administered. The service's medication policy stated records should be made when people were supported to use non-prescribed medicines. However, we saw that no records were made when one person was supported to apply a non-prescribed cream. This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

People we spoke with told us they felt safe and did not have any concerns. Two people told us they felt safe inside and outside the home. When asked if they were ever bullied by staff or other people they lived with one person said, "God no that doesn't happen here." One person said, "If I wasn't happy I would tell the staff and they would sort it out. The staff are very helpful." Two people told us staff made sure they were safe.

We talked with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. Everyone said they would report any concerns to the management team and were confident they would respond appropriately. The registered managers understood safeguarding procedures and how to report any safeguarding concerns. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this.

The service had policies and procedures for safeguarding vulnerable adults and were accessible to the staff team. We saw evidence that the provider had referred safeguarding incidents to the local authority safeguarding team and to CQC. The provider's quality assurance monitoring visit reports showed safeguarding was discussed at each visit.

Is the service safe?

Staff we spoke with said there were sometimes tensions between people who used the service. If they observed any incidents they said they provided support to diffuse situations and always made a record in the person's notes. Some staff talked about a recent incident that had occurred between two people who used the service. They confirmed the incident had been recorded and reported to a member of the management team. However, it was not referred to the local safeguarding team. The registered manager said they had reviewed all the information, spoken with the people involved and decided it did not warrant a referral. However, after discussion it was agreed, that a referral would be made to the local safeguarding team if similar incidents occurred. This will help ensure safeguarding procedures are always followed.

We talked with staff and management about risk management. Staff told us safety checks were carried out around the service and any safety issues were reported and dealt with promptly. They said risks to individuals were identified and managed and gave examples of how they did this. For example, staff had to receive relevant training before they could support one person who had epilepsy. The support plans we looked at included risk assessments which identified risk associated with people's care. Staff were concerned about the safety of one person when they used the staircase. The person's care records showed an occupational therapist was involved and working with the team to minimise the risk, however, the person's risk

assessment had not been updated for a year and did not accurately reflect the level of risk or show how the risk was being managed. The registered manager agreed to update the risk assessment.

We looked at some tenant meeting minutes which showed safety awareness was discussed which helps keep people safe. In one of the services people had spoken about what they would do if someone had an accident or if all the lights went out.

Through discussions with people who used the service and staff we found there was usually enough staff with the right skills, knowledge and experience to meet people's needs. People we spoke with told us they felt there were enough staff available to give them the support they needed. One person talked about going out with staff on a regular basis. Another person talked about the support they received when they were at home. One person said, "I really like going out with my keyworker. We go shopping, do my banking and have a coffee."

The provider sent us information before the inspection that showed the recruitment process was robust. The registered manager discussed the recruitment process and confirmed relevant checks were completed before staff started working for the provider. We spoke with one member of staff who told us they had attended an interview and had to wait for checks to be carried out before they could start work. This meant the provider took action to reduce the risk of employing a person who may be a risk to vulnerable adults.

Is the service effective?

Our findings

Staff were properly supported to provide appropriate care to people because they were trained, supervised and appraised. Staff we spoke with said the training they received helped them understand the purpose of the service and how to look after people well. One member of staff talked about their induction which they described as “comprehensive.” Another member of staff said, “They are very keen on training.” We saw training records which confirmed training had taken place and dates for training updates were identified. All staff had completed safeguarding, mental capacity, first aid, food hygiene, health and safety, moving and handling, medication training and fire training. Records showed some staff had also completed specialist epilepsy and autism training. The service manager said they were rolling out some new training packages and the first topic would be about care principles such as dignity.

Staff told us they received appropriate support although two staff said they had not received formal supervision recently and had not had the opportunity to talk with their supervisor as often as they would have liked. Supervision records showed staff had received one to one support from their line manager but the number of support sessions that staff had received was varied. At the time of the inspection the provider was going through a transition period because there were changes in some of the commissioning arrangements. The management team discussed the additional support arrangements that had been provided to all staff to help reassure everyone in relation to their role and ensure everyone understood the new arrangements. This had included visits and group sessions with the director, service manager and registered managers. Staff felt they had been well supported through this process.

People consented to the care and support planned for them. In the information the provider sent us before the inspection they told us systems were in place for putting people at the centre of identifying their care and where they did not have the mental capacity to make those decisions their family were involved where relevant. In the provider information return they said ‘No decisions are made by anyone that are not in the person’s best interest. We undertake mental capacity assessments and best interest meetings. Family contact is maintained and access to local advocacy services is available’.

The registered manager said they continued to work with the staff team to ensure they had a good working knowledge of the Mental Capacity Act 2005. Staff we spoke with provided good examples of how they make sure people were involved in planning their care and support. They also described how they worked differently with people who needed different levels of support. We saw family members were involved where appropriate.

People were supported to choose meals that took account of their preferences and nutritional needs. They were supported to have sufficient to eat and drink and encouraged to maintain a balanced diet. People we spoke told us they held meetings and planned the menus. One person said, “We all choose what we want to eat.” Another person said, “We decide what we put on the menu for our main meal but for breakfast we just sort our own.” Another person said, “The food is very nice. Sometimes we eat out and have takeaways.”

Each supported living service had a system in place for recording meals provided. One service had a menu plan and a food record book but these did not correspond with each other. The menu plan was agreed by everyone and used to plan the shopping. However, the actual food provided did not always match the menu plan and it was not evident why changes were made. This meant there could be occasions when people’s preferences were not taken into account.

Support plans contained information that helped ensure people’s nutritional needs were met. These identified what people liked and disliked and any special dietary requirements. For example, one person’s eating and drinking support plan outlined what help they needed to ensure they received the right support to manage their diabetes. Another person’s support plan showed they had struggled to maintain weight so their GP and a dietician were consulted. Health promotion information was available in each of the services, which included healthy eating and staying healthy.

People told us they received appropriate support with their healthcare. One person said, “When I wasn’t very well the staff went with me to see the doctor.” Another person said, “If I’m feeling poorly I tell my keyworker and they help me feel better.” People talked to us about visiting health professionals such as the optician and dentist.

Is the service effective?

Support plans contained information that showed people's health care needs were being monitored and met. The

records had good information about health care checks and showed a range of health professionals were involved. People received assistance to attend appointments when required.

Is the service caring?

Our findings

People we spoke with told us they were happy with service and the staff were caring. One person said, “Staff are my pals.” Another person said, “I like it here. My keyworker helps me all the time.” Another person said, “I’m very happy here and am being well looked after. I mix with my friends and the staff are very nice.” Another person said, “I love it here, I love it here. I really like this place.”

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well.

Staff we spoke with told us people were well cared for and said there were good arrangements in place to make sure people received the right care. One member of staff said, “It’s a really good service and I’m very proud to work here.” Staff talked to us about the importance of supporting people to make their own choices. They told us how they maintained people’s privacy and dignity when assisting with intimate care, for example by making sure people were not rushed and ensuring they followed the agreed support plan. Staff ensured confidentiality was maintained.

We looked through a number of daily recordings which showed people’s care was individual and centred on the person. However, we noted that on two occasions staff had used inappropriate terms which were not respectful about the people they were writing about. The registered manager viewed the records during the inspection, stated the comments were unacceptable and took prompt action. The registered managers said they viewed records regularly but would also review these during their quality assurance monitoring visits.

Staff provided good examples of how they respected their work place was also the home of the people they supported. This included knocking on the door when they arrived and reminding colleagues of the key principles. One member of staff thought sometimes staff did forget this and felt it was an area that could improve. When we visited one of the supported living services a staff meeting was being held in one of the communal rooms. A person who lived there said, “Staff are having a short meeting but it’s their private meeting.” The registered manager said where possible they hold meetings at alternative venues but when this was not possible they held a meeting at the supported living service. The management team said they discussed respecting people’s home at team meetings, during supervision, and it was also covered during induction. They did however, say this was an area they would further promote and cover during their quality assurance monitoring visits.

People told us they could make decisions about what they wanted to do. We looked at support plans which were personalised and showed how people had been involved in planning their care. People had communication support plans which contained guidance to help ensure they were enabled to communicate their needs.

People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. Four of the people we spoke with talked about their keyworkers and said they helped them make decisions.

Is the service responsive?

Our findings

People received care which was personalised and responsive to their needs. People's care and support needs were assessed and support plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person. For example, one person's support plan identified that they were getting older and when planning activities this needed to be taken into consideration. Another plan had detailed guidance to help staff communicate with a person who used non-verbal communication. We observed the person communicating their needs and this reflected what was recorded in their support plan.

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. Some people talked to us about their holiday which they were planning with staff and other people they lived with. One person talked to us about a theatre and art group they attended and told us they loved going shopping with staff. Another person told us they went out shopping every week and called at the coffee shop. When we arrived at one service a person was going out with support from a member of staff. They said, "We always go out." We looked at daily recordings which showed people regularly engaged in a range of activities.

People talked to us about their involvement with household tasks around the home which helped develop and maintain independence. People told us they were involved in cooking, cleaning, laundry and household shopping. In one of the supported living services staff were responsible for cooking and people who used the service only had limited opportunity to participate in the preparation and cooking of meals. This was because there was not enough staff to provide the appropriate level of

support. Occasionally people did get involved but the management team acknowledged this was not on a daily basis. They said they were reviewing the arrangements and hoped to increase the level of opportunity.

All the staff we spoke with said the staffing levels were safe but some concerns were raised that recent changes introduced through local commissioning arrangements were impacting on the quality of care people received. They felt there was less flexibility because everything had to be planned in advance. One member of staff said, "It's awkward with the new structure. You have different staff doing different hours for different things and it feels as though there is not enough staff. Hopefully it will get better with time." This was a new arrangement and the staff we spoke with said they understood it would take time to adjust. They said the management team had worked with everyone to help make sure the transition was as smooth as possible. The provider sent us some information before our inspection and within their information they had identified they needed to monitor the arrangements in order to ensure they were being as flexible as possible to meet people's specific support needs.

People told us they would talk to staff or the manager if they wanted to raise a concern or a complaint. One person said, "If I'm unhappy about anything I tell my keyworker or any of the other staff." Another person said, "If I have any concerns I talk to (name of manager)." Staff told us they were confident people were happy with the service but also felt people were comfortable sharing concerns. They said they would be able to pick up when people were unhappy because they knew the people they were supporting well. One member of staff said, "You notice changes, even small changes and we are good at monitoring and checking out if anything is wrong." The provider confirmed they had not received any complaints within the last 12 months.

Is the service well-led?

Our findings

At the time of our inspection the service had two managers in post who were registered with the Care Quality Commission. Each registered manager was responsible for a number of supported living services within Catholic Care (Diocese of Leeds).

The provider sent us information before the inspection that showed quality assurance systems were effective. They told us what they did to ensure the service was well-led. We confirmed these systems were in place when we carried out our inspection. For example, they told us health and safety consultants visited each service annually as did the director. Staff we spoke with confirmed these visits took place.

Each supported living service had a system of audits that were completed on a regular basis. These included fire safety, food hygiene, medication and personal money checks.

The service demonstrated good management and leadership. People who used the service told us the managers and service manager spent time with them when they visited the service. One person said, “(Name of manager) asks if everything is ok.” People also told us they were asked about the care and support they received. We looked at a number of quality assurance records that showed the provider was not only monitoring the service

but also identifying how they could improve the service. For example, a visit record from June 2014 showed the service manager had confirmed care reviews had been recently held, tenants meetings were held weekly and staff meetings were held regularly. They checked staff training was up to date and staff were aware of how to access policies and procedures. Another visit record showed support plans were checked and they had identified one person’s needed updating. All of the visit records we looked at showed health and safety, accident and incidents, complaints and safeguarding were also monitored.

The management team confirmed surveys were sent out twice a year to obtain people’s views. The next set of surveys was due to be sent out a month after our inspection. The registered manager said they had decided to send surveys to more stakeholders so they could get a wider view. We reviewed the results of the last surveys which were carried out in 2013; these showed the provider received positive feedback about the service people received. They also carried out staff surveys and again received mostly positive feedback. Action was taken to address any areas of dissatisfaction.

The provider worked closely with local authorities and other professionals to help ensure the service was effective. The provider was a member of good practice an accreditation schemes which helps ensure best practice is implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users and others against the risks associated with unsafe use and management of medicines.</p>