

Homelife (Leeds) Limited

Talbot Gardens

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Talbot Gardens is a specialist domiciliary care agency providing personal care to two people at the time of the inspection in a supported living setting. The service can support up to eight people, and there were eight people living at the supported living property at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Although some improvements had been made in the governance of the service, we found there were still areas where records and audits could have been more effective in identifying areas of improvement and ensuring improvements had been made.

We have made a recommendation about governance at the service.

There were enough staff deployed to meet people's needs, and staff received appropriate levels of training and ongoing support.

People said the service was safe, and there were appropriate safeguarding policies and procedures in place. Accidents and incidents were investigated and monitored and risks to people's safety assessed.

People received their medicines as prescribed and medicines administration was recorded and audited regularly.

People said staff were kind, caring and compassionate. We saw staff had good relationships with people. People we spoke with said staff supported them to lead independent lives and pursue their interests and hobbies.

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.

Care plans contained information about people's needs and personal preferences, as well as their diverse characteristics.

Staff we spoke with said they felt the registered manager was approachable and that there was a good working culture at the service. There was a clear vision and purpose for the service which focused on ensuring people who required support and were also deaf could lead independent lives and have care

delivered by staff who communicated in British Sign Language.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there was a breach of Regulation 17 (Good Governance) identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Talbot Gardens

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

Inspection team

This inspection was conducted by one inspector with the aid of a British Sign Language Interpreter.

Service and service type

This service provides care and support to people living in 'supported living' setting, so that they can live 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.

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 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 three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe. One person said "Oh yes, very safe here. It's nice and quiet and very peaceful."
- There were appropriate safeguarding policies and procedures in place. Staff received training in safeguarding vulnerable adults from abuse.
- There was a safeguarding file which showed concerns were raised and investigated appropriately following the prescribed policy. Staff were included in multi-disciplinary safeguarding meetings with the local authority and the investigation outcomes were held in people's care plans.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were risk assessments in place which were person centred and detailed with clear actions for staff. Examples included kitchen safety and financial abuse risk assessments for a person who had been identified as being of heightened risk of harm.
- There was an accidents and incidents policy and procedure in place. We saw evidence accidents and incidents were reported and investigated appropriately.

Staffing and recruitment

- People and staff said there were enough staff to meet people's needs. One person said, "There are always enough staff available." Staff gave mixed comments about staffing but felt there were enough staff to meet people's needs. Comments included, "Yes. There are plenty of staff for support however we always need to make sure there is cover for people taking time off if they are ill", "I'd like more staff, but its ok".
- Staff received appropriate identity and background checks before starting work. We saw interview notes which indicated that people's qualifications and work histories were explored, as well as a requirement for professional references before starting work.
- We noted in two staff files evidence of DBS and right to work checks were absent. Evidence that these checks had been carried out were seen during the inspection.

Using medicines safely

- People received their medicine as prescribed. Medicines administration records (MARs) contained a good level of detail as to what medicines people took, if they had any allergies and contact details for their GP.
- Staff competency to deliver medicines was assessed. A member of staff said, "We get observed first time doing medications round. Yes. Then we have to sign and date when we have given medications. We got

training with the nurse".

- There were weekly stock checks and monthly audits of MARs.

Preventing and controlling infection

- Staff received training in preventing and controlling infection, and there were policies and procedures around infection preventing in place which included relevant legislation and guidance.

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 requires improvement. At this inspection this key question has now improved to good.

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 using the service were referred by the local authority who conducted an assessment of the person and their needs. This information was used to write people's care plans.

Staff support: induction, training, skills and experience

- Staff said they received good levels of training and ongoing support. Comments included, "Yes I did get training. I did shadowing as well. I also learned about medication and I am going to be trained in first aid and food hygiene. I did epilepsy training and dementia training as well. There are all kinds of training I did. I did the care certificate as well. I had lots of support to do that, being a deaf person jargon is difficult to understand", "Yes if ever I have a problem or ask a question any feedback anything like that they are very open, used to struggle in the past but learned a lot working here."
- Staff received training the provider considered mandatory and there were supervision meetings with senior staff to discuss personal issues, people's care and any training or development needs they had.

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

- People were supported to make their own choices and had their own independence in buying and preparing meals. Care plans contained information about people's likes and dislikes.

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

- People we spoke with said staff helped them access healthcare services and support. One person said, "I've been to the doctors with staff this morning and came back on my own. Staff help me with appointments."
- People's care plans contained records of people's healthcare visits and outcomes. Daily notes evidenced that when someone became poorly this was followed up with access to health and social care professionals, actions for staff to take and ongoing monitoring.
- Staff held daily handovers, where each person's wellbeing was discussed and documented. This included what medicines they had taken, and what appointments they had if any as well as updated to people's health and mood.

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.

- Staff had received training in the principles of the MCA. Where the local authority had conducted an assessment, this was recorded in people's care plans.

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 now 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 we spoke with said staff were kind, compassionate and caring. Comments included, "Yes I am happy with the staff they are nice and kind. If ever I have a problem and am not feeling great they will give me support and talk to me give me a cup of tea. If I feel down or anything I know who to go to", "We have a Good relationship, staff sign, it's brilliant we have a good laugh."
- We observed interactions between staff and people using the service and saw they were patient and attentive to people's needs, and staff had a good relationship with people they cared for.
- Care plans contained information about people's diverse needs and characteristics where relevant, including religion and sexual identity, and what support they needed from staff, for example supporting someone to attend a weekly religious service.

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

- Care plans contained supportive language around people's decision making in their routines and daily lives.
- The registered manager understood the involvement of advocates (people who help vulnerable people make decisions about their care) in decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain and improve their independence, helping people manage their finances and access the community safely.
- Comments included, "I feel independent, I can do what I want", "Staff have taught me about travelling on buses now I know how to travel on buses. I enjoy travelling on buses and trains", "Yes, I have my independence".
- Staff were aware and care plans evidenced where staff were helping people maintain a hygienic appearance and choose weather appropriate clothes through gentle prompting. One staff member said, "We help wash [Name]. We're gentle and they only have same-sex staff to help, we respect their wishes, they can do most of it themselves, we just support by helping clean their back as they can't do it for themselves".

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 contained personal goals and aims, for example improving nutritional health, managing behaviours and going on holiday, however these were not always linked to a target time frame.
- There were detailed 'pen pictures' which were person centred profiles, they included people's life histories, hobbies and preferences, and some information about their personalities.

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.

- The service was designed for deaf or hearing impaired people and as such all staff spoke British Sign Language. There were picture cards available as well.
- Care plans contained detailed information about people's preferred methods of communication and guidance for staff on how to ensure their needs were met, for example how one person expressed themselves which could be perceived as aggressive, and how to encourage people to do things for themselves.

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

- Care plans contained information about people's preferred activities and interests. Staff were guided by people's wishes when devising activities, and people were able to access the community independently.
- People said staff enabled them to follow their interests and take part in activities to reduce social isolation. Comments included, "Yes they help us with events in the deaf community in Leeds. They have bingo but I don't like bingo. We go bowling, I enjoy that", "Yes they help me go on activities. I like fishing, my equipment is in my shed. I caught a huge fish with big gills!"

Improving care quality in response to complaints or concerns

- There was a clear complaints policy and associated procedure. We saw that there was a process for resolving informal complaints as well as formal complaints.
- People we spoke with said they were confident they knew how to raise complaints.

End of life care and support

- The service did not provide end of life care to anyone at the time of the inspection but there were clear protocols and delegations of responsibility in place in working with other health and social care agencies in the event someone was at the end of their lives.

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 requires improvement. At this inspection this key question has now remained the same.

This meant the governance of the service was inconsistent. Governance systems and processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection in July 2018 we found that there were concerns with effective governance and records. At this inspection, although we found there had been improvements, there were still some areas requiring improvement.
- There was a service user survey in 2018, but it was unclear how this information was used to improve the service as there were no clear outcomes, actions or follow up to ensure people's feedback was used effectively.
- A review of staff files found there was some information missing. Staff files were not audited to ensure they contained relevant and required information. This information was seen during the inspection and the registered manager said they would review all staff files to ensure they met the standards required.
- Care plans we reviewed were not always signed by the person or their representative, and care plans were not always consistently structured. There was no care plan audit in place to ensure care plans were consistent with the required standards.

We recommend the provider review governance arrangements to ensure records are accurate and up to date.

- Actions had been taken to ensure governance arrangements were improved since our last inspection. A medicines audit had been brought in since the last inspection to ensure people received their medicines as prescribed and that there was accurate and contemporaneous recording of medicines administered. Records we reviewed showed clear actions the registered manager had taken when shortfalls had been identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear vision and purpose for the service which focused on supporting deaf people to live independent lives.
- Staff we spoke with were positive about the culture and leadership of the service. One member of staff said, "I am happy working here I enjoy it. I would be happy to recommend", "All staff are approachable. I would go to the office and feel comfortable. I feel comfortable with everyone that's why I enjoy being here",

"Yes managers are approachable. First time I felt shy but now if I had problems I would go to the senior staff, I could speak to any of them."

- People we spoke with said they were happy with the management of the service. One person said, "The registered manager is approachable. No complaints. Everybody is fine."

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

- There were regular general staff meetings which were recorded, and daily handovers where staff discussed daily goals and people's wellbeing. One member of staff said, "We have staff meetings once a month on Thursday. Sometimes staff speak about issues. I speak up, it's a comfortable environment."

- There were also regular management meetings which provided an oversight of people's needs, staffing issues such as training and other matters relevant to the governance of the service.

Working in partnership with others

- The provider had worked with the local authority since the last inspection to make improvements to the service.

- Staff worked with local health and social care organisations and local community organisations to ensure people's health, wellbeing and social lives were fulfilling and relevant to their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place.