Aspire Community Benefit Society Limited

Leeds Learning Disability Community Support Services-West and North West 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

This inspection took place on 26 July, 2 and 15 August 2017 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Leeds Learning Disability Community Support-West and North West Leeds is a service that provides personal care and support to people with a learning disability to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have a tenancy agreement with a housing provider and receive their care and support from Leeds learning disability community support-West and North West Leeds. At the time of our inspection there were 105 people who used this service.

Care records were personalised and tailored to the person. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support people effectively.

Other health and social professionals were involved in the care of the people.

Safe systems were in place to ensure people received their medicines as prescribed. Medicines were stored and recorded appropriately.

The Care Quality Commission's role in these settings is to focus on the regulated activity of 'personal care' and the CQC has no regulatory responsibility to inspect the accommodation for people living in these settings. Although staff were not always responsible for people's accommodation, we found they had ensured people's homes were safe and comfortable, through effective communication with the landlords and other relevant agencies.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures.

Systems were in place to ensure people were safe including risk management and safe recruitment processes. There were policies in place for lone working for staff.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles.

Systems were in place to ensure open communication including team meetings and one to one meetings between staff and their line managers. Staff were committed to providing a service that was tailored to each person they supported.

Staff were enthusiastic and worked with people to enable them to achieve positive outcomes. They understood their roles in relation to encouraging people's independence, whilst protecting and safeguarding people from harm.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible.

People's rights were upheld, consent was sought before any support was given. Staff were aware of the legislation which ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, meetings and surveys and acted upon. Systems were in place to ensure complaints were responded to and, learnt from to improve the service provided.

The provider's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. The provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There was sufficient staff to keep people safe. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed. There was a culture of positive risk taking allowing people to be independent and take control over their own lives.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received an effective service because staff provided support which met their individual needs.

People's nutritional needs were being met in an individualised way that encouraging them to be as independent as possible.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People we spoke with thought the staff were approachable and kind. People were supported in an individualised way. People were supported to maintain contact with friends and family.

People had been involved in developing their plans of care.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

People's care was based around their individual needs and aspirations. People were supported to take part in regular activities.

Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in place.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Leeds Learning Disability Community Support Services-West and North West 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 July, 2 and 15 August 2017 and was unannounced. This was the first rated inspection of this service at its current address. At the time of our inspection, there was 105 people who used the service.

The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection. At the time of our inspection, there were 105 people who used the service.

During our inspection, we spoke with the 10 people, seven support workers as well as the registered

manager and two service managers. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at the care records for 10 people who used the service and 12 staff files. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, quality assurance documentation and individual training records.

Good

Is the service safe?

Our findings

People told us they felt safe when they were being supported by the service. Feedback included, "I feel safe living here", "I trust the staff", "I have always felt safe living here" and, "We are all very safe."

With the consent of people, we visited three supported living properties where support was provided by the service. Observations made during the inspection visits demonstrated people who lived there looked comfortable and relaxed in the environment. For example, we observed people smiling, laughing and joking in the presence of staff. This showed us people felt safe.

We looked at how medicines were managed by the service. We noted there had been a number of medicines errors throughout the service since the last inspection. The registered manager showed us evidence that action had been taken following medicines errors being raised. This had included systems for recording medicines and administration processes for medicines.

With consent, we reviewed processes for medicines storage and administration at two of the supported living services. We noted good practice guidelines were considered and followed. When people had capacity, we saw evidence that they were offered the choice of managing their own medicines.

We looked at processes for handling and administering of medicines. Medicines audits took place when medicines were received and a check completed on a daily basis. This minimised the risk of errors occurring when administering medicines, and if there were any issues or concerns, ensured these were identified quickly. For medicines prescribed on an 'as required' (PRN) basis, we saw guidelines were clear and informative. Medication Administration Records (MARs) clearly detailed what medicines had been given, at what time and the dosage. This allowed staff to monitor the amounts given and at what times.

Staff confirmed they were unable to administer medicines without completing training. They told us they had to undertake regular competency checks to demonstrate they were suitably skilled to administer medicines.

We looked at how risks were managed to ensure people were kept safe. There was a variety of risk assessments to address and manage risk including risk assessments to manage behaviours which may put people who used the service or others at risk malnutrition and falls. Care records evidenced staff routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed.

We noted the service had a person-centred approach to managing risk. This meant people were encouraged to take risks in a safe managed way to promote their autonomy and well-being. For example, although there were associated risks for one person to carry out a sporting activity, the staff had explored all options to reduce any risks to enable the person to complete the activity.

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. Staff had access to safeguarding procedures should they require any advice

or guidance. Staff we spoke with described the different forms of abuse and systems for reporting abuse. One staff member said, "If I saw anything that worried me, I would report it instantly. You cannot wait with these things, because people are at risk."

The manager kept a record of all accidents and incidents. This allowed them to assess all accidents and incidents to look for emerging patterns. Information relating to specific incidents was also shared with other agencies so people's care plans and risk assessments could be reviewed and amended when necessary.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty to support people with their care needs. People told us they had no complaints about staffing levels. One person said, "There is always staff if we need them." People told us staff rotas were flexible and changed in response to people's needs. For example, one person had decided to change an activity they did during the week. The service manager changed the person's support to enable them to carry out the activity.

During the inspection visits, we observed staff were not rushed and responded to people in a timely manner. For example, we saw one staff member sat with a person reading a magazine and another staff member was sat having a handover with another member of staff who had just arrived on duty.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. We reviewed records relating to 12 employed staff. We saw application forms had been received and full employment checks had been carried out before staff started employment. Two references were sought for each person, one of which was from their previous employer. This allowed the provider to check people's suitability, knowledge and skills required for the role. Staff members told us turnover was low and said they were happy with current staffing levels.

The manager requested a Disclosure and Barring Service (DBS) check for each member of staff before they started work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work. They said, "No one can start work until the full recruitment procedure had been completed."

Good

Is the service effective?

Our findings

People who used the service told us they were supported to maintain good health. One person said, "If I need the doctor, staff help me get an appointment." Another person said, "I'll see the dentist and everyone regularly."

Care records contained clear documentation which detailed all health professional involvement and outcomes of meetings with health professionals. People had regular appointments with health professionals including GP's, dentists and opticians. Individual care records showed health needs were monitored and action was taken to ensure good health was maintained. We saw people had hospital passports in place. Hospital passports are documents which provide hospital staff with important information about people who have been admitted. People had been encouraged to have annual health checks. Annual health checks are recommended for people with learning disabilities to ensure any health conditions do not go undetected.

Staff worked in a person-centred way to meet health needs. A member of staff told us a person did not like to engage with medical professionals. The person required medical support for health conditions. Staff liaised with all health professionals so that all health care requirements could be carried out at one time whilst the person was in hospital. This prevented the person having to repeatedly visit the hospital. This showed us staff were committed to ensuring the person's health conditions were suitably managed and positive outcomes were achieved.

We looked at how people's nutritional needs were met. People told us they were able to choose what they wanted to eat. One person said, "I do my own shopping, I am trying to eat healthy so staff tell me what's good for me." We asked another person what would happen if staff cooked them something they did not like. They said, "I would throw it away and make a sandwich." People told us staff supported them to cook their own meals. At all the properties we visited, we observed people being involved in making their own meals. Where people were nutritionally at risk, records of what people ate and drank had been recorded. Staff told us they knew people who were nutritionally at risk and would encourage them to eat and drink more. We saw where staff had become concerned about people's nutrition level, they were supported to see health care professionals, for example one person saw a dietician.

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 MCA 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.

Care records demonstrated staff had a sound understanding of the principles of the MCA. Staff described how the MCA influenced their work. One staff member described how they had to have a best interests meeting for one person in relation to making a specific decision about their finances. One member of staff

said, "I always assume people have capacity, some people may need information in a simplified format" and, "If we needed to make any changes to a person's care package, we would discuss it with them, their parents and hold a best interest meeting where a person lacked capacity."

We checked whether the service was working within the principles of the MCA. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that, at the time of this inspection, the manager was liaising with the local authority who have the duty to submit applications to the COP.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff praised the training provided. One staff member said, "There is lots of training we can do. If we feel we need something we can ask for it."

The manager maintained an electronic training plan. We noted a variety of training was provided to staff including safeguarding of vulnerable adults, moving and handling, first aid, person-centred planning and medicines awareness. Staff told us training was provided both in house by staff employed by the service, externally from other training providers and by e-learning.

Staff confirmed they were offered support and guidance at the start of their employment and were not permitted to work alone until they were deemed competent. Staff were also required to undertake shadowing of more established staff members to build relationships, experience and knowledge. One staff member said, "There was lots to go through, but we had the support from all staff." All staff we spoke with said management were very supportive of them during the induction period and on-going development. One staff member said, "I know if I need help, I can ask the managers for support."

We spoke with staff about supervision. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Staff confirmed they had regular supervisions with their line manager. We saw evidence these meetings occurred and discussions were recorded. Staff said they could discuss any concerns they may have in between supervisions. One staff member said, "We have our regular meetings when we can raise any concerns we may have. I do find these meetings useful."

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Feedback included, "I really like the staff, they help me when I get nervous", "I like all the staff" and, "The staff are really nice; they help me with anything I need."

Staff respected people's privacy. One person said, "I have my own space and if I don't need staff, I can ask them to leave." During the visits to people's homes, we observed staff knocked on doors before entering.

People who used the service told us independence and choice was always promoted by staff. One person praised the way in which the service promoted and respected people's choice. They said, "They ask us what we want to do. I like music so staff support me with my music."

People were encouraged to be involved in all aspects of their daily living, making choices about what they had to eat, daily routines, activities and how they received support. People who lived in supporting living properties told us they had house meetings on a regular basis. These were organised to ensure people had a say in the way in which the service was managed and run.

There was focus on promoting independence. People told us they were encouraged to develop independence skills. One person said, "I do more cooking now than I did before." Another person said, "I take myself outside if I need something now." We saw evidence in care records of people planning and attaining specific goals. One person told us, "I like to go to the theatre." One person's records showed they like to attend fashion shows, which had been worked on with the person and staff.

We observed general interactions between staff and people who used the service. Staff took time to sit with people and engage in conversation. Communication was light hearted and warm. There was a pleasant atmosphere within the supported living properties.

Staff spoke fondly about the people they supported. When we asked staff about what was good about the service, one staff member said, "We all work well together and we get on well with the people who live here." Another staff member said, "As we work so closely with people we get to know them really well."

The manager encouraged people to speak out and be heard. When people could not speak for themselves, we found staff encouraged people to use advocates. Advocates are independent people who can offer support and guidance and help people to speak up for their rights. At the time of our inspection visit, we met one person who had an independent advocate supporting them with health decisions to be made.

Care records contained the information staff needed about people's significant relationships. Staff told us about the arrangements made for people to keep in touch with their relatives. For example, one person was supported by staff to travel half way between their home and their relatives to meet up for lunch on a regular basis. People told us they were supported to maintain contact with their family and friends. One person told us they had been supported to go on holiday with a member of staff to visit family that lived further afield. This showed us people were encouraged to maintain relationships.

Good

Is the service responsive?

Our findings

People told us they received person-centred support. One person said, "Staff are here if I need them. I can get nervous at times so staff will help me then."

People were encouraged to have active lives and be involved in their own communities. On one day of the inspection, we visited two supported living services. We observed people returning from daily activities. One person had been at work. One person told us, "I like to meet up with my friends and do things with them." Another person told us they had been out for lunch and to their local shops for the day. One person showed us their pet in their room. Another person told us they went on a weekly basis to watch their local football team play. We viewed an activities planner and noted people's days were filled with activities. People told us they chose what they wanted to do. The provider had recently celebrated 'Leeds Learning Disability week' by hosting and supporting lots of people during different events. For example, there was a local band which some people who used the service were involved with; a 'Britain's got talent' style competition, a sports day and many other activities for people to be involved with.

The provider had recently made links with a local professional rugby team to encourage activities, raise interest and support people to have healthy lifestyles. This had been arranged with the support of stars from the local rugby team.

Care records contained information about people's initial assessments, risk assessments and correspondence from other healthcare professionals. People had a support plan which detailed the support required during each visit. They were informative and contained in-depth information to guide staff on how to support people well. There were copies of the care plan on the provider's computer system and in people's homes. People told us they knew about their care files and we saw people had actively contributed and consented to information held about them.

One person told us, "Yes my care plan is in my kitchen, I know where it is. I helped the staff make it." Another person gave us permission to look at their care plan and confirmed staff wrote in there every time they visited. The person described how they liked to be supported and this corresponded with their care plan. Care plans and risk assessments were of a good quality, they clearly identified any risks and people's individual needs. Regular reviews took place with the person, their relatives and other professionals where relevant. Daily records were maintained of the care provided. This showed us people received the support they needed.

Staff told us they regularly worked on people's plans to update their goals and ambitions. This information was shared with the person's 'keyworker' so action could be taken to update care plans. Care plan reviews were also individualised and took place where people felt comfortable. People who used the service determined who attended the meetings and the focus of the meeting.

Care was delivered according to people's needs and preferences. One person said, "We make our own choice, I like to stay up and watch movies sometimes. Staff remind me if I need to be up for something

though."

People who used the service told us they had no complaints. Feedback included, "I would not change anything" and, "I've no complaints. They all really help me." They told us they were able to raise concerns through house meetings and through meetings with keyworkers. In order to ensure information was fully accessible, there was a pictorial 'easy read' guide to making complaints. Easy read information is information that has been transferred into a different format so people with a different preference of communication were able to understand. This showed us the provider was committed to listening to people and responding to complaints. We reviewed the two complaints the provider had received in 2017. We saw responses had been made to the people who complained and action had been taken to reduce the risk of a similar complaint.

Good

Is the service well-led?

Our findings

Staff praised the ways in which the service was managed. They described the senior management team as, 'approachable' and 'knowledgeable'. One staff member said, "I know who I need to speak to if I need to. We have access to all manager's e-mails and numbers just in case." Staff described the registered manager as caring. Feedback included, "[Manager] cares a lot. I think they have a clear direction to take the service." And, "[Manager] will ensure jobs are done. If needed, they will help you out."

The provider had a clear management structure, which included a board of trustees, directors, heads of service and area managers who were based at the provider's office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, involving people who used services and positive behavioural support. The chief executive had a regular presence at workshops and events and people who used the service knew who they were.

Staff told us teamwork was good. They described a positive working environment where people were central to everything that took place. When asked to describe the culture of the service, one staff member said, "Everyone is very friendly and caring here. We really try to help people to have better lives."

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the provider acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology. The provider had also worked with the local safeguarding team to address any concerns and this included sharing action plans and progress.

Staff said they were encouraged to make their own decision when suggesting ideas to people. They said this enabled them to create positive outcomes for people and created a positive culture. Staff spoke highly of their achievements and the achievements made by people who used the service. One staff member said, "[Person's name] is doing more of the things they enjoy doing now, they have really come out of their shell."

Staff had regular team meetings to discuss important aspects of care and share ideas. Staff were encouraged to contribute at team meetings and could add agenda items to discuss at the team meetings. This showed us that staff were encouraged to be involved in decision making and an open culture was encouraged.

The provider had a range of quality assurance systems in place. These included health and safety audits, medication and staff files as well as checks on care documentation. Audits were carried out by staff within the service, the registered manager, and the area manager. The senior management team ensured some audits took place through site visits. Findings from audits carried out were reported back to the registered manager and other members of the senior management team so changes could be implemented.

We saw evidence consultation took place. People who used the service and relatives told us they were consulted with on an on-going basis. Feedback included, "They ask us what we think" and "I talk to staff all the time, oh and we have house meetings." People who used the service were encouraged to be involved in

how the service was managed and run. We saw the provider had people who used the service on the board of directors. This meant all big decisions that passed through the board of directors were decided on with input from people who used the service. We also saw staff recruitment records contained the views of people who used the service. This showed us people were included in the recruitment process for new staff.

We spoke with the registered manager about their responsibilities. The registered manager was aware of their legal duties and told us they recognised the importance of keeping their own skills up to date. They told us they regularly updated their knowledge by attending external network meetings and keeping up to date with information and updates from the CQC.