

Catholic Care (Diocese of Leeds)

Catholic Care - Diocese of 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

Care service description.

Catholic Care Diocese of Leeds is registered to provide personal care to people in their own homes and in supported living services. At the time of our inspection Catholic Care provided personal care in eight supported living environment services. At the time of the inspection they were providing a service to 34 people.

Rating at last inspection.

At the last inspection the service was rated as 'Good.'

At this inspection we found the service remained 'Good' and had improved in 'Safe' section from 'Requires improvement' to 'Good.'

Why the service is rated Good.

The provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Robust recruitment and selection procedures were in place to ensure suitable staff worked with people who used the service.

Care was personalised and people were well supported. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People received good support to make sure their nutritional and health needs were appropriately met.

The registered managers and provider had a range of audits which were effective in identifying and addressing any shortfalls in the service. People who used the service, relatives and professionals had been consulted about the way the service was managed and any improvements which could be made. Their responses had been acted upon which showed their views were valued.

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?

Good ●

The service was good.

Staff knew what to do to make sure people were protected and people's medicines were managed consistently and safely.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 was a comprehensive inspection which took place on 23 February, 1 and 9 March 2017 and was announced. The provider was given 48 hours' notice because the some people regularly attended a community based day centre or were in employment and we needed to be sure that someone would be in. The inspection team consisted of an adult social care inspector.

Before the inspection, the provider had completed 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 reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. This information was reviewed and used to assist with our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

We visited two supported living services and during these visits we spoke with six people who used the service. We also spoke with three relatives on the telephone, four support workers, a senior support worker and both registered managers. We observed how staff interacted and how people were supported. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and support plans and medication records. We looked in detail at five care plans and the recruitment records of five members of staff. We looked around areas of the home including living rooms, dining rooms, bathrooms and kitchens.

Is the service safe?

Our findings

Without exception people who used the service and their relatives told us they or their family member felt safe living in the homes. One person who used the service told us "I feel safe. All the staff are nice and I have friends." Another person said, "I like living here, it's good."

People who used the service were safeguarded from abuse. The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. Safeguarding training was given during induction. Risk assessments were in place, to cover activities and health and safety issues, including; moving and handling and use of public transport for community activities. The risk assessments were supported by care plans which detailed how staff should respond to any issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Any accidents and incidents were monitored by the registered managers and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported.

We found recruitment practices were safe. Relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Through our observations and discussions we found there were enough staff with the right experience to meet the needs of the people living at the homes.

We looked at the systems in place for managing medicines at the service and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. People's care plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely, and the records we looked at confirmed this.

We concluded the service was safe and significant improvements had been made to medication administration records.

We looked around the service and found people lived in a pleasant and comfortable environment. The homes looked well maintained, certificates and service records showed the premises and equipment was checked to make sure they were safe. However we noted a window in one of the dining rooms needed attention and there was a draught and cold air around that area. The registered managers told us this was being addressed with the property surveyor.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw staff had received training in MCA and we observed people making choices throughout our inspection. People's consent to care and treatment was recorded along with their capacity to make decisions about their care. We saw examples where the best interest decision making process under the MCA had been followed. Information about advocacy services was available to people if needed.

We saw people who used the service had given consent to record information during their assessment and to share this information with others involved in their health care. People spoken with told us their consent was sought by staff before any intervention or provision of care and/or support was provided. One person said, "They always ask me." We saw staff gave people an explanation and waited for them to respond before they helped them to undertake care or support tasks.

Staff we spoke with confirmed they had regular supervision and yearly appraisal. The staff files we looked confirmed this. We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role.

We saw that people had the ability to influence the food served at the home. For example, people were involved in menu planning and wherever possible went with their support worker to the local shop or supermarket to purchase food. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change. People had hospital passports which contained information to inform health professionals. One person told us "I visit the doctor on my own." Another person said, "I hate going to the dentist but [worker name] helps me go."

Is the service caring?

Our findings

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person said they could make their own choices about care and day to day events. "I am able to say what I want and they listen."

Care plans contained detailed information as to people's likes and preferences and they were all written in the person's voice, for example using phrases such as 'I like' and 'I prefer' rather than '[name of person] prefers.' We saw evidence that this information was reviewed and updated regularly.

People who used the service looked well cared for. They were relaxed and comfortable in the presence of staff throughout our visit, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day, for example some went to work and some spent time in the home and or went out with staff.

We observed care in the dining room and lounge area and saw people received very good support and enjoyed the company of staff. People received person centred care, and were engaged in different activities. There was a good balance between giving people their own space and making sure they were comfortable and happy. People were supported to maintain their independence. We saw people were involved in household tasks such as doing their own laundry and cooking.

People who used the service and their relatives were involved in developing and reviewing care plans. A relative told us they felt fully involved in all aspects of their family member's life and confirmed care plans were discussed with them and that they were invited to review meetings.

The registered provider told us people's equality, diversity and human rights were respected. They told us about one person's communication preferences and another person was being supported to have a relationship with someone who did not use this service.

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care. This included the types of assistance needed, how the person liked to receive assistance and at what time. Records showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were arranged to make sure all people who used the service were compatible and provided the opportunity for people to get to know each other.

The staff we spoke with told us the daily routines of the home were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people come to use the service detailed assessments took place which ensured people's independence was maintained.

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the support plans for six people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished; for example, with preferred personal care habits. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

Each person's notes included a daily record of care and support given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities outside the home. This included; trips out into the community, walking clubs, going to cinema, going to football. Some people regularly attended a community based day centre or were in employment. We spoke with six people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities. Their individual care plans recorded these events and the resulting therapeutic benefits. This showed that people were actively encouraged to participate in a range of appropriate social, educational and leisure activities.

There was a complaints file in the service with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately. A relative we spoke with said they had no concerns or complaints but would feel comfortable and confident to speak with any of the staff and raise concerns if they needed to. They said they had been given a copy of the complaints procedure.

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).

Staff spoke positively about the registered managers and said they were happy working at the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, "We all work very closely together and try hard to make sure everyone is happy and safe here."

The registered manager's ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service. We saw these meetings happened regularly and we looked at the minutes of the most recent meetings. Minutes were produced and circulated which ensured transparency and good communication within the service. Staff told us they found the meetings useful and felt they could speak openly.

We saw tenants meetings were held weekly between staff members and people living at the service. Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. Staff we spoke with said important information was communicated to the team.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered managers and the provider. The reports included any actions required and were checked each month to determine progress. These ensured actions were completed to improve service delivery.

There was a range of audits in place to ensure service improvement. Audits included; medication, care records and reviews. The provider had a development manager who undertook a monthly audit of the service to check on the quality of the service delivered. The audits reviewed any action that had been identified at the previous audit to ensure completion; any incomplete actions were highlighted to ensure the agreed plans were finalised.

The registered managers told us they developed questionnaires to give to people who used the service as well as professionals in order to gain their views of the service. We saw several questionnaires which had been returned and these showed overall satisfaction with the service. Comments included "Completely satisfied with the service and general helpfulness of friendly staff."