Catholic Care (Diocese of Leeds)

Catholic Care - Diocese of Leeds

Inspection report

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Date of inspection visit:
13 December 2019
17 December 2019
18 December 2019

Date of publication:
18 March 2020

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

About the service
Catholic Care – Diocese of Leeds is a domiciliary care agency providing personal care to 36 adults with learning disabilities in their own homes and supported living settings 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
There were enough staff to meet people's needs, and staff had been recruited safely. People received their medicines as prescribed.

Staff received good induction, training and ongoing support to enable them to meet people's needs effectively.

People were supported to access health and social care services, and to enjoy a balanced diet which took into account their choices and preferences.

People said staff were kind and caring, and staff knew how to protect and promote people's independence, privacy and dignity.

People were supported to have maximum choice and control of their lives and staff 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 highly detailed person-centred information on people's needs, choices and preferences.

People were supported to maintain employment and access the community independently and lead fulfilling lives of their own choosing.

There were effective mechanisms of audit and oversight of the quality of the service. The provider engaged

effectively with people and staff to ensure their opinions of the service were used to drive improvement.

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 good (published 24 May 2017).

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?

Good

The service was well-led.

Details are in our well-led findings below.

Catholic Care - Diocese of Leeds

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.

Inspection team
This inspection was carried out by one inspector and assistant inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, as well as supported living settings 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 three managers 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
We gave a short period of notice of the inspection because the service is spread over a large geographic area and people are often out and we wanted to be sure there would be people at home to speak with us.

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 six people who used the service about their experience of the care provided and two relatives of people who used the service. We spoke with six members of staff including the registered managers, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

Good

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 good. At this inspection this key question has remained the same. 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, "Very safe place. Very nice place as well I like it here."
- There were appropriate systems and processes in place for identifying, reporting and investigating potential abuse and harm. Safeguarding files evidenced safeguarding concerns were reported and investigated appropriately, and information shared with the local safeguarding authority.
- Staff received training in safeguarding vulnerable adults and were able to describe how they would keep people safe from harm.
- There was a confidential whistleblowing line and staff were aware of it. One staff member said, "There is a whistleblowing line you can contact head office if it was an issue I had with a line manager above myself it wouldn't be an issue I can contact head office."

Assessing risk, safety monitoring and management

- Risks to people were clearly assessed and individualised to ensure risks specific to each person were reduced by staff who knew what to do to keep people safe. Examples ranged from road and kitchen safety, to safety when accessing the community independently, the service demonstrated a positive approach to risk taking.
- People had positive behaviour support plans which identified people's known behaviours and triggers, and how staff were to effectively reduce the impact of behaviours that may challenge while identifying restraint as a method of last resort.

Staffing and recruitment

- There were enough staff in post to meet people's needs. Staff comments included, "Staffing levels definitely, more than enough, people are independent here. Feels well staffed", "Staffing levels are ok we are doing alright, very efficient in recruitment, we are an organised tight knit team".
- Staff were recruited safely. Processes included a background and identity check.

Using medicines safely

- People received their medicines safely and as prescribed. Systems around ordering, storing and administering medicines were safe. Staff received training and competency checks around administering medicines.
- Medicines administration records were clear and audited regularly to ensure medicines administration was completed safely and as prescribed.

Preventing and controlling infection

● Staff received training in preventing and controlling infection. People were supported to maintain their rooms and communal areas and to maintain good hygiene. Communal areas were clean and well presented.

Learning lessons when things go wrong

● Learning from incidents was shared with staff through supervisions and team meetings. Incidents were discussed at management level and any learning identified and followed up through action plans.

Good

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 good. At this inspection this key question has remained the same.

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
- Peoples needs were assessed before they used the service. This included gathering information about a person's life history, hobbies and interests and medical needs.
- Care was delivered in line with national guidance, and best practice was evidenced. For example, the provider had incorporated the 'stopping over medication of people with a learning disability, autism or both with psychotropic medicines' initiative from the NHS into its practice.

Staff support: induction, training, skills and experience
- Staff said they received good support to ensure they had the skills necessary to meet people's needs. This included an induction which consisted of the values of the provider and training the provider considered to be mandatory. One staff member said, "Induction and training, had the induction at head office learned a lot about the organisation, safeguarding training, visited services. The organisations values, they are keen on those and keeping them up."
- There were a range of ongoing support mechanisms in place for staff, these included one to one conversations, supervisions and spot checks.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough to maintain a balanced diet, and people's choices were respected.
- Care plans contained good detailed information around people's food habits and choices, and staff were knowledgeable about these. For example, people's individual routines and rituals surrounding food.
- House meetings evidence food was a fixed agenda item, with people commenting on their enjoyment of the food and any suggestions for staff to take into account.

Adapting service, design, decoration to meet people's needs
- Elements of each service's design were chosen by the people living there, for example furniture and wallpaper or paint.
- Building layouts were adapted where possible by staff to meet people's needs. For example, one person living with autism spectrum disorder had their own separate dining room which they wanted to use to help with their anxiety.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support
● Care plans contained clear and contemporaneous records of people's interactions with external health and social care professionals and support.
● Where health needs were identified by staff this was followed up with referrals to relevant health and social care agencies, with clear actions for staff to take.
● People were supported to access regular annual check-ups, dentist appointments and dementia assessments where people had been identified at risk of acquiring a dementia.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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
● The service was working within the principles of the MCA. People's capacity was assessed and best interest decisions made accordingly. Staff demonstrated good knowledge of people's individual capacity.
● Documents relevant to any court of protection decisions were held in people's care plans.

Good

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 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 said staff were kind, caring and compassionate. Comments included, "I get on with the staff", "I know my keyworker. I get on with him alright. I would go to staff if I had any problems. Staff are good at listening to me."
- People's religious beliefs and other equality characteristics were recorded and protected by staff. One persons' care plan recorded how important their religious beliefs were to them, their room was personalised to reflect this and their key worker described how staff supported them to ensure they had as much access to religious services as they wanted.
- Interactions we observed were kind and caring, and staff had good detailed knowledge of people's personalities and preferences.

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

- People were supported to express their views and be involved in making decisions about their care. This was reflected in their care plans where care was planned around people's choices and interests. Keyworkers helped facilitate people's wishes and choices in decision making.
- The provider promoted access to advocates (people who help vulnerable adults make decision about their care) and independent mental health advocates or IMCA (an IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them) if required. People and their representatives were included in decision making processes

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect and promote people's privacy, dignity and independence. One staff member said, "With personal care for example, [Name] needs a little support, they like to take a shower in the main bathroom, we get them safely in and only help with areas they are unable to wash."
- Care plans and daily notes reflected people's choices and independence in their care. For example, where meetings had been scheduled and people did not want to attend, their wishes were respected and recorded.
- The language of care plans emphasised what activities people could do for themselves before the help they needed. Examples included, 'It is important for me to make as many of my own choices as possible. More complex choices require support of family, staff and professionals', 'I like to make my own choices. I require support preparing meals but take pride in maintaining my independence'.

Good

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 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 highly detailed person-centred information with clear guidance for staff on how people wanted their needs met.
- Care plans were reviewed regularly in consultation with people to ensure they reflected people's up to date needs and preferences.

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 compliant with the AIS. Communication care plans contained clear information in a 'What I do, what I mean, what you should do' format.
- Care plans contained information about people's communicative abilities and any sensory equipment they used to help facilitate communication.
- There was a wide range of information presented in 'easy read' formats, from care plans and hospital passports to house meetings and newsletters.

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

- People were supported to follow goals and dreams, and partake in activities that were socially and culturally relevant to them. Examples included support to access long term employment, staff working with employers to ensure people were safe in their workplace, support to access theatre groups and events in the community independently.
- One person said, "I work. Just sorting clothes out things like that. I like my job its lovely."
- Care plans contained a good level of information on people's hobbies, interests and activities that they wanted to take part in. For some people, they had a structured weekly plan of events that suited their needs, for other people this was not structured because they wanted to live their lives in the community independently.

Improving care quality in response to complaints or concerns

- There was a complaints process and policy in place. Complaints forms were available in an easy read format for people who used the service, and complaints were discussed at house meetings.

End of life care and support

● There were policies and processes in place for providing end of life care. Staff received training in providing end of life care. there was nobody receiving end of life care at the time of the inspection.

● Care plans contained information about people's end of life wishes if they had been expressed by the person. Advanced decisions had been made by people and their loved ones, for example we saw care plans which included detailed funeral plans.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider demonstrated proactive and positive engagement with people who used the service. This included an annual survey, regular house meetings for people living in supported living settings and newsletters. At the last survey in 2018 there was a 67% response rate and responses were overwhelmingly positive. Comments included, "I like all staff" and "We have tenants meetings and choose the menus and what we are going to do".
- There were regular newsletters and bulletins highlighting people's achievements and evidencing consultation with people with regards to any activities and events people had registered an interest in.
- We saw people from across the supported living settings had come together to agree on a race night, and people with specific skills had been identified and encouraged to help organise the event. For example a person with an interest in art was designing a poster and another person volunteered to find the best pie and peas for the event.
- The provider had developed links with local schools and colleges providing career opportunities and outreach, and was linked in as a work placement partner to generate interest in care work.
- The registered managers had undertaken mental health 'first aid' training as part of a commitment to improving mental health in the workplace.
- There were regular staff meetings where organisational and training needs were discussed alongside any new national best practice, incidents, rotas and people's individual needs. A member of staff said, "As a member of staff I think they do very well as a group, they look after the staff, we are well supported with training. If we had any further training we would feel benefits service users they are always obliging in looking into it for us".
- The provider engaged in numerous charitable events as a values led organisation, including Christmas hampers for those in need, charity runs and raising funding for a house for destitute asylum seekers.

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

- There were clear and effective quality monitoring processes in place. These included quarterly reports on key indicators of performance, and CQC style inspections. They were highly detailed, involved service user voice and generated clear action plans.
- Records showed actions noted were completed within identified timescales, for example arranging improvements to the environment with landlords, following up medication recording errors with named staff and the introduction of staff 'champions' who specialised in specific areas of care.

● The provider had demonstrated efficient movement towards new and improved ways of working in consultation with external healthcare providers. A pharmacist had written a letter to the provider which stated: 'What a pleasure it was to visit yourself and the team this morning, you have fully embraced the move to original pack dispensing and are flying with it.'

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

● Staff were highly motivated and said there was a positive and open culture. Comments included, "I wouldn't want to work for anyone else now I will be with them until I retire. I am happy in the job. Very enjoyable. Lots of satisfaction involved", "We are very supportive of each other, our manager is very supportive. I can say anything I want", "I feel comfortable definitely really easy going, my manager is a good listener can't fault it. The team who work here are a close knit team, work together really well and they welcomed me they have been great."

● The provider had a clear set of organisational values which were embedded within the organisation and introduced to staff at induction.

● The provider had demonstrated a commitment to improving oral care for people with learning disabilities by informing staff of new guidance and exploring new training. A staff member said, "I understand they are bringing a new standard out we were asked how we would like to be supported in our training on this subject, they asked if we could do the training for it."

● The provider also demonstrated a commitment to continuously engaging with people's health needs in ways that were relevant for them. For example the registered manager had obtained and provided information on breast care and self-examination techniques in easy read formats for people with learning disabilities.

Working in partnership with others

● The provider worked in partnership with other key stakeholders such as the local authorities in each area, local healthcare providers and local safeguarding teams in ensuring information was shared.

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 and procedure in place. People and their relatives were informed when something went wrong. Previous CQC inspection results were displayed, and the provider sent us notifications about incidents which they were legally obliged to provide.