

Birtenshaw

# Birtenshaw Domiciliary Care Service

## Inspection report

Birtenshaw  
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Bolton  
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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

### About the service

Birtenshaw Domiciliary Care Service (Birtenshaw) is a service which provides personal care and support for adults with a learning disability including Autism Spectrum Disorder and or physical disabilities. At the time of our inspection there were ten people who used the service within four supported living tenancies, which were staffed by care workers at all times.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The opportunities made available to those who used the service clearly had a positive and encouraging impact on their physical, social and emotional well-being. This was confirmed by everyone we spoke with and was evidenced through our observations and reviewing of records. People were supported by a committed staff team to achieve their goals and to meet their aspirations.

People were safe using the services of Birtenshaw. The practices adopted by the service protected people from harm. The staff team was consistent and the support provided to people promoted continuity of care. Robust recruitment practices were in place. Potential risks were handled well and medicines were managed safely. Relatives confirmed they felt people were safe whilst using the service.

An wide range of training had been provided for the staff team, which helped to ensure people received the care and support they needed. Community health and social care professionals had been involved in the care and support of those who used the service and people's dietary needs were fully met.

People received good care and support. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. Care files were very well written and provided staff with clear guidance about people's needs. Detailed information was also available about how to communicate with people effectively and independence was consistently promoted.

The management and staff team were open and transparent during the inspection process. There was plenty evidence of community engagement taking place. A wide range of regular audits and monitoring was evident. We received very positive feedback about the manager and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

## 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.

# Birtenshaw Domiciliary Care Service

## **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

The inspection team consisted of two inspectors.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in supported living tenancies.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that someone would be available to support the inspection.

Inspection activity started on 28 January 2020 and ended on 28 January 2020. We visited the office location on 28 January 2020.

### What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any notifications the service is required to send to us by law, any allegations of abuse or feedback about the

service. The provider sent us a 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.

During the inspection

People who used this service had limited verbal communication and therefore it was not possible to obtain their views about the service provided. However, to understand people's experiences we spoke with three relatives and visited three people at college. We also requested feedback from five community professionals and nine staff members and we spoke with the managers of the service. We looked at several records. These included two care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

We used all this information to plan our inspection.

# 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

- The provider had implemented detailed policies, which helped to ensure people who used the service were protected from the risk of abuse. Relatives felt their loved ones were safe using the service.
- Any allegations of abuse were managed properly and the staff team had received relevant training.

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

- The provider had developed systems to ensure people who used the service were kept safe and free from harm. A range of internal checks had been conducted and equipment had been appropriately serviced.
- Some people had complex needs that could challenge the service. Risks had been assessed and strategies implemented to reduce the level of potential harm. However, we discussed the risk category for one person with the registered manager at the time of our inspection. This was subsequently reviewed, updated and re-categorised to reflect a higher level of risk.
- Incidents and accidents were recorded and actions taken to support lessons learned. Managers and staff were trained in safe restraint techniques and were fully aware of the importance of keeping people safe. However, it was clear that restraint would only be used as a very last resort to protect people. Staff and managers knew what to do should they be concerned about someone's safety. The provider had supported staff to be safe in their working day.

Staffing and recruitment

- People who used the service were supported by a consistent staff team, who were fit to work with vulnerable individuals.
- Safe recruitment practices had been adopted and clear disciplinary procedures were in place, which were evidently being followed in day to day practice.

Using medicines safely

- The provider had systems to ensure medicines were managed safely. Medicines were administered in accordance with local policies and NICE guidance (The National Institute for Health and Care Excellence.) This is an independent organisation which provides guidance about drugs and treatments available on the NHS England. Key staff had received medication training and were periodically assessed as competent.
- Occasional gaps were evident on the medicine administration records (MAR) and a reason for omission was not recorded. The MARs also showed some medicines as being 'out of stock.' This was discussed with the registered manager, who assured us she would investigate this and address any issues without delay.

Preventing and controlling infection

- The provider had systems and guidance in place, which helped the staff team to maintain good infection control practices. They had received relevant training and Personal Protective Equipment was available.

# 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

- The provider had systems in place to ensure good outcomes were achieved for those who used the service. The staff team effectively ensured people's choices were carefully considered.
- People's needs were thoroughly assessed before a package of care was arranged and they were supported to experience a good quality of life. People and their loved ones were fully involved in the assessment process and in the development of their care plans.

Staff support: induction, training, skills and experience

- The provider ensured staff were well trained and had the skills and competence to provide the support required by those in their care. Staff received induction, supervision and a range of mandatory training, as well as specific learning relevant to their role and to the needs of those who used the service.
- Staff personnel files were very well organised, making information easy to find.

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

- The staff team supported people to maintain a nutritious diet and specialised diets were catered for.
- Evidence was available to show people were supported to help with meal preparation and choices of food were available. Each person had menus within their support files, which included healthy options.
- The staff team had completed relevant training in relation to food hygiene.

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

- The provider had systems in place to ensure people were supported to access healthcare services in a timely manner.
- It was clear that the service worked well with other health and social care agencies to ensure people received a good standard of care and support.

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.

- The provider had systems in place to ensure the service was working within the principals of the MCA.
- Mental capacity assessments had been conducted and those who had capacity to make decisions had given their consent to the care and support provided. Plans of care incorporated the decision-making process and these showed that best interest meetings had been held to support people in making decisions.
- Court of Protection applications had been made, as deemed necessary and evidence was available to show the registered manager had followed these up from time to time.

# 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

- The provider had systems in place to ensure people were treated equally with any diverse needs being respected.
- We received very positive feedback about the care and support people received. Relatives described the care staff as 'supportive', 'friendly' and 'helpful.'
- People's individual needs were recorded, along with their likes, dislikes and preferences.

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

Respecting and promoting people's privacy, dignity and independence

- People received good care from a kind and caring staff team. Records showed that people's oral hygiene was taken into consideration and systems had been implemented to support people to maintain good oral care.
- We received very positive feedback about the staff and the management of the service in relation to respecting people and promoting their independence.
- People's privacy and dignity was fully considered and staff were aware of the importance of respecting people as individuals.
- The provider had a range of policies in place to help staff to promote people's privacy and dignity and information relating to advocacy services was available. Advocacy seeks to ensure people can have their voice heard on issues that are important to them.

# 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.

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

- The registered manager and staff team clearly encouraged people to develop and maintain relationships and supported them to participate in person-centred activities. Some people who used the service had secured voluntary or paid work in the community and others were enrolled on work experience or college courses. One relative told us, "It's really uplifting to see [name] working in the community. Something I thought I would never see. It is also good that [name] really enjoyed a recent leisure activity. Let's hope the behaviour problems continued to decline. I really enjoyed looking at the pictures."
- One person had progressed from being totally dependent on staff support to being confident and able to interact with people in a productive and positive way. This individual now has a good quality of life and enjoys socialising with people and joining in activities, which they previously were unable to do. Another person's behaviours had significantly improved through specialised programmes, which helped them to engage in community activities and to achieve set personal and educational goals.
- The service had worked with the local council on a 100-day challenge programme, where key partnerships aimed to increase the number of people with learning disabilities into meaningful paid employment and deputy managers had approached local businesses for work placements, to allow those who use the service to gain the skill set required for paid employment.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had systems in place to ensure the planning of people's care and support was person-centred and tailored to individual needs. Plans of care and risk assessments had been developed, which provided detailed information for staff about individual needs and how these were to be best met.
- People were supported to make a wide range of choices and were encouraged to make decisions about how they preferred their care to be delivered. Some people were supported to make decisions by others who were involved in their care, such as relatives or community professionals.

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 provider was meeting the AIS and good use of technology was evident. The staff team were provided with detailed guidance about people's individual communication needs and these were recorded well

within the care planning process.

- The provider had systems in place to enable people to receive information in different formats. This supported those with a variety of communication difficulties or those whose first language was not English. One relative told us, "The service has done really well with [name]. He is settled. They [staff] respond quickly to his needs and they communicate well with him and with us. Everything is going very well."

Improving care quality in response to complaints or concerns

- The provider had implemented systems to ensure complaints were well managed.
- People were provided with clear information about how to make a complaint and those we spoke with said they would feel comfortable in making a complaint, should the need arise.

End of life care and support

- The provider had systems in place to ensure people received appropriate end of life care and support, should this be necessary.
- Policies and procedures were in place, but as Birtenshaw provides support for young adults it is not always appropriate to discuss people's end of life wishes, unless it becomes necessary.

# 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.

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

- The registered manager and her staff team promoted a positive culture which achieved good outcomes for people.
- The provider had periodically sought feedback about the service from service users, relatives and staff. Feedback received was consistently positive.

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

- Everyone was co-operative throughout the inspection process. They demonstrated good knowledge of the service and the needs of those who used Birtenshaw. During the inspection information was provided promptly when requested and managers were open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems which effectively monitored the service. Regular audits and checks were completed. Internal practices were embedded to check on staff performance and management systems.
- The provider demonstrated an open and honest culture had been adopted by the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had displayed a wide range of information at the agency office and it was clear strong links had been developed with families, the local community, as well as health and social care professionals.
- Those we spoke with provided very positive feedback about the service, the managers and staff team. Surveys had been conducted by relatives and staff members. The results of these were produced in a format for easy reference and action plans had subsequently been developed.
- Adult supported tenancies sit on the local autism board that feeds into the strategic framework of Greater Manchester Health actions. This board is made up of numerous local and national organisations looking at the opportunities and support for local individuals with autism and learning disabilities.

Continuous learning and improving care

- The provider had systems to ensure the staff team were continuously learning to consistently improve the

care provided. Updated policies and procedures were available for the staff team.

- People were encouraged to make suggestions about possible improvements or to comment on current good practices. Team meetings took place within each house and action plans had been developed.

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

- The provider had systems in place, which supported the staff and management team to be open and honest.
- Systems adopted by the service showed accidents, incidents and safeguarding events were managed in an open and honest way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations where things went wrong. This supported the duty of candour standards.