AS Care Solutions Limited

The Foothills

Inspection report

9 The Foothills
Rochdale
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Tel: 07976848608

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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

The Foothills is a three bedroom modern house on the outskirts of Rochdale. The service provides personal care for up to three people with a mental health illness. They provide long and short term care with a view to people achieving independent living. There is a bus route into the town centre and local shopping close by.

The service were first registered in March 2014 but admitted their first person in March 2016, therefore the service had not been inspected previously.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

There were sufficient staff to meet the needs of people who used the service.

The administration of medicines was safe. Staff had been trained or had training planned and were supported by the registered manager in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

A person who used the service told us food was good and they helped plan the menu and shop for food. People's weights were recorded and professional help was sought for any person who was nutritionally at risk.

Electrical and gas appliances were serviced regularly. Each person was shown the fire and evacuation procedures and there was a business plan for any unforeseen emergencies. There were regular fire alarm tests to help protect the health and welfare of people.

There were systems in place to prevent the spread of infection. Staff were trained or had training planned in infection control and provided hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files showed staff had undertaken or were being provided with sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. The person accommodated at the home thought staff were kind and helpful.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a complaints procedure for people to voice their concerns. There had not been any complaints since the service commenced operations.

People agreed to activities to help promote independence, for example, improving life skills such as cooking, shopping, cleaning and managing their own finances. There were also activities for people to enjoy such as going out, contact with friends and families, going on holiday and gardening.

Staff told us the registered manager was approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character.

People who used the service had regular planning sessions with staff for their activities, food and care. This meant they had chance to discuss their own wishes and choices.

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.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and looked after them.

We saw visitors were welcomed into the home and people were

encouraged to maintain links with their families and friends.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

People were able to join in activities suitable to their age, gender and ability. This included outings in the community.

There was a suitable complaints procedure for people to voice their concerns.

Plans of care were developed with people who used the service and gave staff sufficient details to care for them.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

The staff member on duty thought the registered manager was supportive and a social worker said the staff team were cooperative during monitoring visits.

The Foothills

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 an unannounced inspection and was conducted by one inspector on the 10 August 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We had previously sent a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However at the time nobody lived at the home. We did not ask for another PIR because the provider would not have had sufficient time to return one.

During the inspection we talked with one person who used the service, a member of staff, the registered manager and a social worker.

There was one person accommodated at the home and one person was currently being assessed over ten weeks to see if the person could settle and remain at the home. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care and medicines records for one person who used the service. We also looked at the recruitment, training and supervision records for two of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

One person who used the service said, "It is as safe as houses living here." A member of staff said, "I have completed my behaviours that challenge training. I am aware of safeguarding issues and the possible causes. I am aware of the whistle blowing policy and I am prepared to use it. I would report poor practice."

From looking at staff files we saw that one member of staff had been trained in safeguarding topics. The staff member we spoke with was currently undergoing safeguarding training. The registered manager was an approved mental health practitioner which meant he had had training around safeguarding vulnerable people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative, which was displayed where staff and visitors could see it. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. There had not been any safeguarding issues at the home since it opened in March. The registered manager however had access to the correct paperwork to report any concerns to the local authority and Care Quality Commission.

The one person accommodated at the home was in charge of their own personal finances. We did see a member of staff spending quite some time trying to find out what had happened to their benefits because it clearly agitated the person. This was resolved during the day. This person told us later, "I am feeling very good. I will be even better when my money comes through from the department of work and pensions." We noted the person had put some money aside for an upcoming holiday. This was recorded and stored safely.

On the day of the inspection there was one member of staff on duty, the registered manager and a volunteer who was known to the service and spending some time to see if the work was what she wanted to do. This meant there was one member of staff for each person. Other staff could be called in and there were plans to increase staffing when another person was admitted.

We saw the home was clean and tidy and there were no offensive odours. It is part of the care program that people who live at the home participate in cleaning and keeping the home in good repair. There were policies and procedures for the prevention and control of infection. People who are accommodated at this home are on a program of rehabilitation to help them regain independence. The laundry was situated in the kitchen and people were encouraged and if required supported to do their own laundry. Staff would remind people if they needed to clean their clothes. We saw the laundry had sufficient equipment to meet people's needs.

There were hand wash facilities in the kitchen and we saw staff washing their hands prior to making any food. One staff member had completed NVQ 3 training which included infection control and we saw infection control training was arranged for September 2016.

We looked at two staff files on the day of the inspection. We saw that there had been a robust recruitment

procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informed the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults. A volunteer working at the service was known to the registered manager but had been suitably checked as to their suitability to work with vulnerable adults. This included the DBS check.

The building was under the builders ten year guarantee. The electrical installation was up to date. Although the service had only been open since March all electrical appliances had been checked in early August 2016, which meant they were safe. Fire appliances had been checked and were in good working order. There was no hoisting equipment or a lift. People who used the service were fully mobile.

The fire system was tested regularly. The home had a hard wired system (connected to the mains electricity) that can detect heat or smoke and sounds off throughout the building should a fire occur. People who used the service had an induction when they commenced using the service and shown the possible escape routes. There was an escape plan which people could follow, however, this was not individual to each person and we advised the registered manager to develop a personal emergency evacuation plan for each person. Whilst people who used the service had capacity and were fully mobile their mental health state may mean they were not cooperative in an emergency situation and staff should be aware of what to do.

There was a business continuity plan which informed staff what to do in the event of loss of services such as electricity, gas supply, fire or staff shortage due to bad weather. There was a plan to move people into a local hotel if the building was uninhabitable and the computer systems could be accessed from staff's homes.

We looked at the care plan for the person accommodated at the service. We saw that there were risk assessments for nutrition. Although all aspects of the person's needs were taken into account there was no requirement for assessments for falls, moving and handling or tissue viability (the prevention of pressure sores). There were risk assessments for the person's mental condition, taking medicines and being in the community. The risk assessment looked at the possible risk to others as well as to themselves. Further risks were identified in life skills such as cooking. We saw that further advice was sought from professionals if a risk was identified such as a dietician. The person had signed their agreement to the risk assessments.

The hospital from where the person was admitted had informed staff on risks to ensure they knew what to look for.

There were policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage, administration and disposal. Because people who used the service were still deemed at risk of not taking their medication staff administered them. However it was the aim of the service that people would progress to independent living and would take their own medicines when they were able to do so safely.

People came to the office where they were stored or medicines were taken, they were observed and it was recorded. We saw that this had been completed and we could tell when people had taken their medicines. The medicines were stored safely and the temperature of the room was recorded top ensure they were stored to manufacturer's instructions. We were told that if anybody required medicines to be stored in a fridge they would be placed in a separate container. The temperature of the fridge and we noted it was stored safely. The registered manager said they had plans to have a small fridge in the office to store

medicines separately.

The medicines were stored in a locked cabinet within the locked office. We saw that the service had access to the British National Formulary and medicines information leaflets for staff to refer to for side effects. There was particularly good information around one of the medicines which had a higher risk than most medicines, especially around people's well-being if not taken. From looking at the plans of care we saw that there were specific risk assessments around non-conforming with the medicines regime with specific instructions for staff to follow.

Although no current people required controlled drugs or medicines as required the registered manager was aware of the need to record these separately and safely. We saw that one member of staff had received training in medicines administration prior to working at the service and training had been arranged for the end of August 2016 for both staff members. Until this training had been completed staff had their competencies checked to ensure they were using the correct procedures.

Good

Is the service effective?

Our findings

A person who used the service said, "I like the food and help cook it regularly." During the inspection we observed staff supporting a person who used the service to prepare a meal. It was part of their care package that people were supported to shop for food, keep the kitchen clean and tidy and be supported to make meals.

There was sufficient room for people to dine and meals were taken socially with each other and people chatted with staff. Each week people who used the service planned the week's meals in advance with staff. They then went shopping for the ingredients. People were still able to have choice and we heard people were asked what they wanted to eat, which was then prepared. The kitchen was clean and tidy. There were sufficient supplies of food and we also saw staff going out to get daily essentials such as milk. There were condiments for people to flavour their foods.

People were able to have their choice of breakfast foods, a cooked or cold lunch and a cooked tea. There were items for people to snack on such as biscuits and hot or cold drinks were available for when people wanted one.

One member of staff had completed food hygiene training and we saw that training had been arranged for all staff in September 2016. We saw in the plans of care that there was an individual nutritional risk assessment and one person had seen a dietician and diabetic specialist nurse for advice. We saw that fizzy drinks had been reduced due to high sugar content which was detrimental to the person's health. People's weight was recorded if they were at risk of gaining or losing too much weight. The registered manager said they would advise people on healthy eating and if required access specialists to help support people remain well.

The environment was homely but well decorated. People sign their agreement to look after the home and not cause damage. The home when full can accommodate three people. There was a kitchen/dining room, two lounges, two toilets and a bathroom. Each person had their own bedroom and we saw that they had been personalised to each individual's tastes. One person was proud of his hand built speakers and enjoyed showing them off and one person had a football themed room. People were encouraged to keep their rooms clean and tidy with staff support and this was part of the weekly planner they developed and agreed to.

There was a garden for people to sit in during good weather and an outside area for smoking. The home is close to a local bus route and the town centre is not far for people to travel to independently if they wish and are able to.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

The registered manager was an approved mental health practitioner and part of this role is the assessment of people under the mental health act and arrangement of DoLS. People may be under a community treatment order due to their mental health conditions. Both the people we spoke with had capacity. One person was undergoing an assessment to move from hospital to the home and their condition was managed by both organisations. On the day of the inspection a social worker, who was allocated to support the move came to see this person and told us he would arrange for a best interest meeting should the person have fluctuating mental capacity. He said staff at the home would and had provided him with good information about the person's condition and would help with any decisions nearer the end of the ten week assessment.

We saw from looking at the plans of care that people's mental health was regularly assessed and reviewed. At this time no person required a DoLS although the registered manager was aware to notify the Care Quality Commission (CQC) should one be required.

One staff member was NVQ 3 qualified and the other was undergoing NVQ2 training. We discussed induction and they said, "I was given an induction. Basically I was shown the fire procedures, care plans, how to administer medicines safely, health and safety, the use of electrical equipment, risk assessments and the history and care needs of people who used the service. I was taught what to write in care plans. I was mentored until I felt confident to work with the person accommodated at the home, so much so that the registered manager even came with us when we went out." The staff member thought the induction process gave them the confidence and skills to meet people's needs. This person had experience in looking after people. We spoke with the registered manager who showed us the paperwork for the care certificate and would enrol staff on the course if required. The care certificate is considered best practice for any worker new to the care industry.

A staff member told us, "I am completing my NVQ2 and with the help of the manager and assessor it is going very well. I am learning how care should be given and how to access the computer. I have worked here a few weeks and have already done first aid and moving and handling training and am going to complete the first aid at work training. We have also had behaviours that challenge training and there is a lot more planned. I am learning about safeguarding now on my NVQ course. I was trained to write care plans. I think there is enough training and support to do my job."

We looked at staff files and saw that the second staff member had completed NVQ3 and all mandatory training. We saw evidence that training had been arranged for staff. This included medicines administration (25/08/2016), food hygiene and infection control (14/09/2016), basic life support (04/10/2016), health and safety and fire safety (10/10/2016), MCA DoLS and mental health awareness (16/11/2016). The registered manager was a qualified social worker and the registered provider was a community psychiatric nurse and provided the experience and support for staff to look after people until all staff have completed the training.

A member of staff told us, "I have had supervision on a regular basis. I think we are very well supported. I have also had my competency checked when giving medicines." We saw records of staff supervision. This was held formally every month. We saw staff had the opportunity to discuss training, the care of people who used the service, NVQ support, performance and team working. We saw the staff member was asked how he was settling into the role and other topics such as annual leave. Staff were given time to discuss their careers and bring up any topics they wanted to during supervision.

We saw that people had signed consent to their care and treatment during assessment and review of their care. We also saw staff obtaining people's consent before they undertook any support.

We also saw people had access to their own GP and any specialists or professionals to keep their health care needs up to date. This included routine appointments to podiatrists, opticians and dentists.

Good

Is the service caring?

Our findings

A person who used the service said, "The staff here are as good as gold." They help me with my life." A staff member said, "I get a buzz out of the people we look after eventually getting their own place. We talk regularly about the future. I like working here. "The person on assessment said he was enjoying the stay at the home. A social worker said, "I telephoned to see if I could come to meet the client. The service were cooperative. I have not had this person here for long but It is well set up and how you would want it to be. Integration should be good in this environment. The staff know what they are doing and get involved in my clients transition to help it go smoothly. They provided all the details we needed on how the placement is going."

A staff member said, "We get to know their family which helps me get to know the person I look after better." Although visiting was unrestricted people were encouraged to visit their families and friends. People who used the service were local to the area and this enabled them to easily keep in touch. One person visited their mother on the day of the inspection without staff support and said they were in regular contact with family. People were also able to stay overnight if they were well enough and fitted in with family plans. People were supported to remain socially active.

We observed staff assisting people who used the service during the inspection. Although people did not need personal care we did see staff supporting people to do what they wanted, for example, looking after their financial affairs or cooking. There was a relaxed atmosphere with good natured humour and appropriate conversation. One person was a little anxious at one point during the day and we saw staff using good communication skills to help the person remain calm.

A member of staff said, "We will let families know if there is anything they need to know but no more." There was a confidentiality policy and we saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. There was also a detailed past social and medical history. People who used the service were able to talk to staff about what they wanted and if it was beneficial to the person would be added to the plans. This helped staff get to know people better and deliver personalised care.

The plans of care were also designed to promote independence. This was in the details around how staff should assist people to learn or maintain their life skills.

Good

Is the service responsive?

Our findings

A person who used the service said, "I go shopping. We do everything here it is great." Each week people planned their activities. Activities were around what people wanted to do, social inclusion and performing tasks within the home. One person went out to visit his family and one person listened to music or watched a DVD on the day of the inspection.

Activities included a program of life skills such as cooking, laundry, managing finances, keeping the home clean and tidy and personal cleanliness. One person was going to attend a college induction course to decide what they wanted to do. Another person went to a gardening group, attended football practice for exercise, went shopping and to places of interest such as Blackpool, ate out at restaurants and went on holidays. They told us, "I like playing snooker. I am looking forward to my holiday. I am going to Wales." The member of staff on duty took this person to play snooker and said he was very good at it.

Although there were no people who had any cultural or religious needs the registered manager said they would support people whatever their needs and gave an example of separate cooking utensils and space if someone had cultural needs around food.

A person who used the service told us, "I can talk to anybody here. They are all good". Each person received a copy of the complaints procedure within their documentation upon admission and there was a copy of Rochdale Metropolitan Borough Councils complaints procedure on the notice board. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the service opened or any from the local authority and Healthwatch.

We looked at one care plan and one assessment document during the inspection. The assessment for this person was a ten week introduction to the service. Initially this began by meeting the staff and visiting the home. If all went well the ten week assessment would build up to people staying at the home. The assessment included an induction to the home. People were shown the facilities and terms and conditions for living at the home. The service liaised with social services and the organisation they were coming from to ensure there was a smooth transition and all involved were aware of the progress being made. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each need was highlighted and what support staff should give to help people remain safe and well. Each heading, for example personal care, diet and nutrition, mobility or sleep showed what need a person had and how staff needed to support them to reach the desired outcome. We saw that where people were able to do tasks for themselves this was encouraged to promote independence. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was a daily record of a person's life in the plans of care. Staff wrote in detail about anything that had occurred during the day, for example if they went out, if they had an appointment or completed life skills.

Although staff and people who used the service had not been at the home very long we could tell from their conversations and good interaction that they knew each other well.

At this time there were no formal meetings with people who used the service. Staff did meet with people each week to plan activities and menus. Their care and feelings were discussed. People also discussed their care and life at the home during regular plans of care reviews.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A staff member said, "The manager is approachable, fair and available." A visiting social worker said the home were cooperative and did what they were supposed to for people living at the service. This is a small service and staff knew who was in charge and told us they could contact the manager or provider if they needed to.

The registered manager completed audits to check on the quality of service provision. We saw records for audits which included care plans, infection control and cleaning, medicines administration, hazardous substances, the fire alarm system, the environment and electrical equipment.

We looked at policies and procedures which were updated regularly. The policies we looked at included health and safety, infection control, safeguarding, DoLS, confidentiality, medicines management, complaints and equal opportunities. There were policies and procedures available for staff to follow good practice.

There was a staff handover at each shift for staff to pass on any information, updates, appointments or visits. We saw the service liaised well with other organisations.

There were recorded staff meetings. At the last meeting of 17/07/2016 items on the agenda included details around the new person for assessment, staffing, communication, record keeping, medicines, sleep over cover, the role of the CQC, local authority reviews and day trips/activities. Staff were able to bring up topics if they wished and contributed to the meeting. This meant staff had a say in the running of the service.

The service had been open a few months. With one person on assessment and only one person accommodated at the home there had not been any feedback from people in a survey. The registered manager said they would look at sending out questionnaires at a later date. However, with being in regular contact with people who used the service and staff people could say what they wanted and expected from the service.

Each person was given a service user guide when they came to live at the home. This informed them about management, aims and objectives, the philosophy of care, the environment, staff training, the admission procedure, care plans and planning, social activities, resident's views, the fire procedure, faith and culture, maintaining links, privacy and dignity, complaints, privacy and dignity, house rules and behaviour agreement. People signed the documents to say they understood and agreed to it. People were given sufficient information to make an informed choice to live at The Foothills.

There was also a statement of purpose. This told interested organisations and professionals about the background and experience of management, where the service was located, the facilities on offer, what the service provided, aims and objectives, the philosophy of care, staff experience and qualifications, the referral procedure, care planning, treatment, social activities, service user views, fire procedures, faith and culture, maintaining social links, privacy and dignity and complaints. This gave people like social workers the information they needed to approach the service to make a placement.