Care Quality Commission

North West Community Services Limited

North West Community Services (Merseyside)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 17 May 2016 and was announced. Northwest Community Services is a domiciliary care agency which provides care for people with complex care needs in their own homes. At the time of our inspection there were 156 people receiving a service and 171 staff providing a service.

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

Staff were knowledgeable regarding safeguarding and knew how to raise concerns when necessary. Risk assessments had been completed to ensure the environment was safe and in areas, such as mental health and mobility. There was an incidents policy and emergency plans in place to ensure the safety of people.

Medication risk assessments had been undertaken and medication management plans were in place for staff to follow. Medication awareness training was provided for staff.

Safe recruitment practices were clearly recorded in staff files to ensure only suitable staff were employed to work with vulnerable people. There were appropriate numbers of staff available to meet people's needs.

People were supported by staff who knew them well. Care was person centred. Care plans included information regarding people's social history, preferences and choices, which enabled staff to provide support based on the person's wishes.

Staff told us they were well supported, received monthly supervision and an annual appraisal. Consent was sought from people in areas such as finances, administration of medicines and care planning. When people were unable to consent, the principles of The Mental Capacity Act 2005 (MCA) were followed to ensure care was provided in people's best interest.

People were supported to engage in activities that were purposeful and meaningful to them and were supported to access advice and support from relevant health professionals in order to maintain their health and wellbeing.

People told us staff were kind and caring towards them and had a good understanding of how to communicate with people who used methods other than spoken English. People were appropriately referred to other health professionals to maintain their health and wellbeing.
People's nutritional needs were being met by staff who supported them to shop and prepare meals based on individual preferences. Staff were aware of people's needs from detailed information in the care plans we viewed and what support they required regarding their nutrition.

Quality assurance systems were in place to monitor the quality of the service, such as surveys, audit's, spot checks and regular team meetings. People told us they were able to raise any issues with the manager and knew how to make a complaint should they need to. The registered manager was well respected and people we spoke with provided positive feedback about the management of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Recruitment processes were clearly documented demonstrating staff were recruited following safe practices.

Staff had a good understanding of safeguarding and knew what action to take to protect people from suspected abuse. Staff were aware of whistle blowing and of the service's whistleblowing policy. .

There were enough staff to meet people's needs.

There were safe processes in place for managing medicines.

Is the service effective?

The service was effective.

People were supported by staff who were knowledgeable regarding their needs.

Staff were being supported via supervision and annual appraisal. Staff received an induction before they started work.

Consent was sought from people in line with the principles of the Mental Capacity Act 2005.

People were supported by staff to access external health care professionals. .

People's nutritional needs were met by staff supported them with shopping, and meal preparation.

Is the service caring?

The service was caring.

Staff were knowledgeable about the people they cared for.

People's respect and dignity were being maintained.

Staff were encouraging people to be as independent as possible.

People were involved in their care planning and their care plans we viewed provided detailed information about the person's wishes.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments were being reviewed and information recorded to ensure the care plan reflected the care needs of the person.

Care was person centred. Care plans included information regarding people's history, preferences and choices.

People were supported to engage in activities meaningful to them.

Complaints were being dealt with and investigated.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture of person centred practice with openness and of communication throughout the service.

Feedback regarding the management of the service was positive and people told us they were able to raise any issues with the manager.

Quality assurance systems were in place to monitor the quality of the service and encourage improvements.

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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 inspection took place on 17 May 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

A PIR dated 6 April 2016 was received from the provider. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

We looked at four care plans, five staff recruitment files, we spoke to five people who used the service and five staff members. We also spoke with two healthcare professionals.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person who uses the service told us - "I feel safe". A relative who was the main carer for another person told us – "X is safe with the staff". Another relative said – "They care, I feel safe, knowing X is with them".

We saw systems for recruiting staff and viewed five staff files. We could see that all required recruitment checks had been carried out to confirm that the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out and identification was obtained from staff. The Disclosure and Barring Service (DBS) helps employer's make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The provider had risk assessment methods in place if potential employees had convictions of their DBS. We saw an example of how this was risk assessed. Staff had a probationary period of six months. We saw a meeting was held which each staff member at the end of their probationary period to discuss the role. We saw probation was extended if it needed to be for some staff.

We saw the procedure in place to safeguard people from abuse and checked how much staff understood about safeguarding and whistleblowing. We found that people who used the service were provided with information by the provider about what abuse was and how to raise the alarm if they were suffering abuse. The information leaflet we viewed was titled "No Secrets" and it was written in an easy to read format with pictures for people to enable people to understand the different types of abuse. The registered manager kept a record of reported safeguarding's using a log sheet to enable them to look for trends or any emerging patterns. Staff we spoke with were able to explain the different types of abuse and were knowledgeable about the safeguarding procedures in place within the service. One person's care plan we looked at stated – "All money withdrawn should be recorded in the personal financial record book (located in the person's home). A record was also made of any money spent and a receipt was required for each individual transaction that was made. Finances were checked every week by the manager and a designated member of the team. The personal finance record book was in duplicate format and at the end of every month the original copies were submitted to the office where they were checked again by the service manager". We checked the financial logs and found this system was being followed by staff. The service had systems in place to protect people from financial abuse. There was a thorough checking system to ensure people's money was being protected thereby reducing the risk of financial abuse occurring within the service. We found all the care plans we viewed described the system for them to follow when supporting the person with their finances. Staff were able to tell us about whistleblowing and what they would do if they had concerns regarding practices of staff they worked with.

The registered manager had a system in place to record all incidents. The incidents were logged with a description of the incident and information to tell us what they did, details of investigations and an outcome. Staff we spoke with were able to describe what they would do in the event of an emergency. The services' incident form which staff were required to return to the office within 24 hours of the incident occurring contained a detailed account of what the incident was with details of the injuries sustained, what

action was taken and a body map for staff to record bruising seen or injuries.

We looked at how risks to people had been assessed in order to maintain their health and wellbeing. The care plans we viewed contained risk assessments which were detailed and they were being reviewed. We found there were PEEPS (Personal Emergency Evacuation Plan's) in all the care files viewed. Other risk assessments we viewed in the care plans to mitigate risks were for example, about how staff were required to support the person to walk, move around in their home, manage their behaviour, eating/drinking, medication and mental health. It was clearly documented when the risk assessments were undertaken, with the name and designation of the staff member who had completed them.

We checked how people were supported to take their medicines. We found people's prescribed medicines were clearly documented in their care plans with specific medication risk assessments undertaken for staff to follow. The service followed a system of assessing the level of support each person needed to receive their medicines when they needed them. Level one being low level support, level two which indicated the person needed support and level three indicated that medications were administered using a specialist technique. We viewed PRN (which means prescribed medication to be taken only as needed) risk assessments to check if they provided staff with guidance as to when to administer PRN medication including recording in the documentation. We spoke with the registered manager about covert medication and found lawful covert practices were being adhered to by the service with evidence the best interests process was being followed. Covert practices are ways of administering prescribed medication for service users who lack mental capacity such as by placing it in their food.

We looked into whether there were enough staff to meet the needs of the people using the service. People we spoke with told us staff were on time and provided care for the duration of the call time. The percentage of visits missed was under one percent for the last 12 months. Staff turnover was infrequent and staff told us they had time to sit and talk to people they were providing care for.

Good

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 supported to do so when needed. When they lack mental capacity close gap 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.

We checked the service had a system in place regarding obtaining people's consent. Consent to the plan of care set out in the care plan was seen and all the care plans we viewed provided details about the person's ability to provide consent, their mental capacity including information regarding their financial capacity and financial deputy or welfare deputy appointed by the Court of Protection. The Court of Protection are appointed in circumstances where a service user lacks mental capacity such as financial capacity. We saw the service were following the principles of the Mental Capacity Act for people who lacked the mental capacity to provide consent to a specific aspect of their care. One person's care plan provided details of the person's mental capacity to consent to receive 24 hour care and confirmed that they had requested a mental capacity assessment to be undertaken with a view to applying to the court of protection for a deprivation of liberty authorisation. The service demonstrated they were following the best interests and deprivation of liberty safeguards process. Another person's care plan stated – "X is able to consent to their daily medication and consent to general everyday primary health needs and general medical treatment. For serious medical decisions a capacity assessment would be needed at that time to determine their understanding".

We saw staff were receiving training in accordance with the providers policies and were skilled to provide care to people. The service had a training matrix which detailed the training provided for staff including equality and diversity, first aid, fire awareness, diet and nutrition, food safety, health and safety, infection control, medication awareness, mental capacity act, safeguarding adults and manual handling. Over 80 percent of all staff were up to date with all aspects of their training with future dates for outstanding training.

The registered manager told us that all new staff were being enrolled on the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers must adhere to in relation to their job roles. Staff were supported to complete the QCF (Qualification and Certificates Framework) level 2 or 3 in Health and Social Care once they had completed their induction process. The service had an online staff portal system. The registered manager told us staff were able to view all policies and procedures on the staff portal system. The service offered staff use of a lap top at the Information Technology Suite which was a facility available for staff. This provided staff with a system to log on securely and undertake on line training. The registered manager told us they also have a "News Feed" system where they are able to post other useful information for staff into the system. The registered manager would then view the training being undertaken by staff to ensure the training was undertaken competently. The service had links with other training groups including Epilepsy Action and Dementia Awareness groups.

Supervision was being undertaken every eight 8 weeks, including a practical work based supervision. Staff we spoke with told us they were receiving supervision and annual appraisals. We viewed one supervision record which outlined any training needs outstanding and agreed action points to be completed by agreed time scales signed by both the staff member and the supervisee.

Staff told us, and care records confirmed, that staff supported people to attend medical appointments and made contact with relevant health professionals based on the needs of the people they were supporting. We viewed a "My Health Appointment Tracker" which the service kept up to date information of all health care professionals involved in people's care, appointments due and what the outcome of the appointment were with any follow up required. We spoke with one person who said – "staff take me to the doctors when I need to". Another person told us – "Staff have called A and E for me". One person said – "They always contact the GP if they [staff] need to" One person's care plan listed 13 professionals involved with the person's care including the manual handling team, wheelchair services, incontinence nurse and an advocate/IMCA (Independent Mental Capacity Advocacy). We spoke with one care professional who told us that all staff were very professional and always took action when needed.

Staff were supporting people to maintain their nutritional wellbeing by assisting with shopping, food preparation and providing support at meal times. One relative told us – "Staff do the shopping with X and make sure X has choices". Care files we viewed showed that staff were provided with a detailed plan to follow regarding the nutritional needs of the people they were supporting. For example, one person's plan of care stated – "Staff will prompt by scooping food and gently tapping X's hand to let them know they can take the spoon to feed themselves. Staff need to stay close at mealtimes and be patient as X can push food away and spit it out. X likes to squash food and play with it between their fingers instead of eating. Staff need to be patient and respectful when dealing with the mess X can make and especially when out in the community". The plan for the person also contained details of the preferred temperature of drinks and food, where the person liked to sit to have meals and the texture/amount of fluids/food needed. The care plans contained information regarding what people liked to eat and drink and details of speech and language therapists and Dietician's involved in their care.

Good

Is the service caring?

Our findings

All people we spoke with were positive about the staff and told us staff were caring. One relative said – "Staff are caring and polite". A relative told us – "They care, I feel safe, knowing X is with them". Another person said – "They're excellent".

We found specific details of people's advocates including the advocate's name, address and contact number documented in the people's care plans we checked. There was advocacy information available for people to access.

People were involved in the planning of their support. One person said – "I have been involved in the care plan and I know the staff read it". The staff we spoke with described the people they provide care for in a compassionate and respectful way. All staff we spoke with cared about the well-being of the people they provided support for and this reflected a positive caring culture within the service.

Staff told us they provided support to the same people using the service and had a consistent rota which enabled them to gain an understanding of each person they provided care for. One staff member told us they provided a service for five people and they understood their care needs well. Another staff member told us they had provided support for one person for six years within a consistent team of staff. The registered manager explained that the carer was specifically matched for a person receiving the service according to the interests, personality and preferences of the person and whether they wish to have male or female carers/support workers.

We looked into how the staff were communicating with people who used the service. One person said – "They are always on the phone keeping me updated". We viewed one person's care plan who had communication problems. The care plan we viewed contained a specific communication plan for staff to follow. The plan stated which communication method was the most effective and preferred method for the person. We viewed information related to the communication difficulties of the person and how staff could best communicate and support them.

People were respected by staff. The care plans we viewed contained the preferred name the person wished to be addressed by and ways in which the staff could maintain the person's dignity. One person's care plan described how staff were to maintain their dignity when eating in a public place due to the person's eating and drinking difficulties. We viewed another person's care plan which stated – "Staff are to support X to participate in community events and also to ensure that X's dignity and respect are upheld at all times".

Staff respected people's independence and were encouraging people to be as independent as possible. One person told us staff supported them to find a voluntary work placement and they had been successful in doing this. Another person told us staff supported them to complete application forms to apply for work opportunities.

Good

Is the service responsive?

Our findings

People we spoke with told us they were receiving care when they needed it. One person said – "The staff always arrive on time". Staff told us they were provided with the information they needed and were provided with a person centred rota to follow. This meant the rota was completed based on the needs of the people, not the service. Each person receiving a service had their own weekly rota which set out who going to provide their care and when.

We checked to see if the care being provided was person centred. We looked into the system of devising rotas and allocation of staff. We found individual, personalised rotas which detailed which staff members were providing care for specific shifts.

Staff were knowledgeable about the people they were providing care and support for . One staff member we spoke with who provided support for one person was able to describe in detail what the person liked and disliked demonstrating they knew the person well.

All the care plans we viewed showed that people were supported to make day to day choices, such as what to wear or what food to eat. The care plans were being devised in conjunction with the person, their family members and health care professionals to ensure the care plan reflected people's preferences. Plans of care were often developed based upon the advice and guidance of relevant health and social care professionals involved in the person's care.

People were being listened to and supported to maintain their relationships with others. All care plans we viewed provided information about important relationships for people including who the person was and how often they liked them to visit or when the person wished to meet them. For example, one person's care plan stated – "X is an important person in their lives, they visit the house on a regular basis and they stay over at X's house on a Friday evening". The care plans provided detailed information about the person's family background and support network to enable staff to be sensitive to the needs of the person they were caring for by being aware of the relationships they need support to maintain in their lives. This demonstrated the service was person centred and considered the social and emotional needs of the people they were caring for.

People's aspirations were recorded in the care plans and staff were supporting people to achieve their goals. One person who aspired to ride horses achieved this with the support of a staff member. The service arranged for an organisation called "Riding for the Disabled" to provide an opportunity for the person to be supported to ride a horse. We viewed pictures of the person riding a horse with the support of a staff member. People we spoke with told us they were being supported to do things they wanted to do and they were being given choices. One person told us – "I'm happy with my support, I've got a job through them". Staff we spoke with had a good understanding of the types of activities people enjoyed and were aware of their role to support people to choose the activities they wished to take part in. We viewed activities listed in people's care plans and timetables of activities which people enjoyed.

We saw the complaints procedure was on display in the main reception area of the building. People were also provided with a copy of the complaints which was available in their homes. There had been seven complaints in total over the last 12 months. We saw an detailed complaints log, which contained information regarding the details of the complaints, an outcome, which detailed what needed to be done, and a 'task allocation' which contained details of who was responsible. We were clearly able to track the progress of one complaint from the time it was made to the time it was resolved. The complaints procedure was also available in an easy read version for people who required this.

Good

Is the service well-led?

Our findings

The registered manager had been in post for a number of years and had achieved a masters in Health and Social Care Management. We spoke with the registered manager and found they were able to provide a thorough overview of the service and they were clearly aware of their responsibilities as a registered manager. Our conversations with the manager confirmed that they knew the people the service supported well. They told us they provided a report for the service directors and a directors report was then prepared for the board of directors and presented on a monthly basis. This demonstrated that there was good communication and that the registered manager was being supported in their role.

The registered manager told us the service had a quality assurance manager and quality audits were conducted by senior managers. Weekly and monthly quality checks of the work undertaken by care coordinators were being conducted including spot checks. We found the care records we viewed were clearly written and the systems for recording information were robust.

People receiving support were provided with regular information on various everyday topics of interest such as energy saving tips, Internet Security, Fire Awareness, Slip Trips and Falls leaflets, Be Bright, Be Seen safety information when going out in the dark and Equality Act Guidance 2010. We viewed this information which was presented in an easy read format.

The registered manager demonstrated they had embedded good systems to keep people safe such as incidents and safeguarding systems. Staff we spoke with told us they found the registered manager approachable and they had confidence in them to take action. One staff member told us - "There's nothing the registered manager could do better". Another staff member told us they had been supported when they had concerns and brought them to the attention of the registered manager. This demonstrated effective methods of communication and an open and transparent culture.

Most people we spoke with who used the service had met the registered manager and knew of them. One person we spoke with who used the service told us – "X (Registered manager) is brilliant." Staff were encouraged to communicate with the managers and the service held regular team meetings, leadership meetings and a team brief was sent to all staff on a monthly basis. Staff knew what was expected of them and were being supported through monthly supervisions and an annual appraisal system. Staff were being encouraged to further their knowledge and skills through undertaking mandatory training and additional training..

As part of this inspection we looked at some of the current quality assurance systems and processes in place to help ensure the service and drive forward improvements. The registered manager showed us some audits (checks) which were completed by other managers in their team, and then checked by the registered manager. These checks covered areas such as how the people who were using the service were feeling, health and safety, care plans, medicines, premises inspection, staff supervision, training and incident reporting. Where improvements had been needed in some areas, actions had been drawn up and were being worked through. In addition to this process, the registered manager showed us documented

discussions which took place every week between them and the other managers. We saw these discussion's covered everything that had been happening in the service over the last week and any changes which were being implemented were also discussed. This showed that the management team were frequently communicating and the registered manager displayed a comprehensive amount of knowledge regarding the services they were responsible for.

We saw results from the most recent annual feedback survey undertaken by the service and the registered manager had analysed the results and developed a chart made up of people's responses to multiple choice questions. We saw from looked at the responses that over 90% of people who used the service were either happy or very happy with the service being provided by Northwest Community Care. The organisation clearly used people's feedback to shape the service received. For example, we saw a 'you said we did' document which contained an example of peoples responses and actions the organisation had taken.

Before the inspection we looked at what notifications had been made by the service and we found the registered manager had completed notifications when required.