Wirral Independent Living Services Limited

Birkenhead Project

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 unannounced comprehensive inspection was carried out on 27 and 28 February 2018. This was our first inspection of the service since it had registered with CQC.

Birkenhead Project provides care and support to 24 people living in 'supported living' settings, so that they can live in their own home 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 is provided by Wirral Independent Living Services Ltd (WILS), who also run another supported living service from its head office in the Wallasey area of the Wirral. WILS aim to provide specialist support services to individuals who may have a range of complex needs, which may include a severe mental illness, learning disability, physical disability, alcohol dependency, substance misuse or homelessness.

The service had a registered manager, who had worked for the organisation for many years. 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.

During this inspection we found that the service was performing well in most areas. However, the service was not keeping appropriate records of the medication that people had been supported to take. Staff recorded that they had supported the person with their medication in the daily records but they did not specifically record each medication that they had supported the person to take. This was not in line with the relevant national guidance on managing people's medicines in the community. We also saw that one person who had a medicines administration record (MAR) in place had two gaps in their records which had not been identified and investigated.

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff we spoke with told us that they were confident supporting people with their medication and assisted people to take the right medication at the right times. The staff we spoke with were knowledgeable about people's medication needs and people told us that the staff were very helpful with this.

We saw that people's care plans were person-centred and provided staff with the information they needed to meet people's needs. They also contained relevant risk assessments, which were reviewed regularly and gave staff the information needed to safely manage these risks.

The service had systems in place to protect people from abuse and staff demonstrated a good understanding of this when we spoke with them. They were able to demonstrate the actions they would

take in the event of a person being at risk of harm. Records showed that safeguarding concerns were promptly and effectively managed by staff with oversight from the registered manager. However, we had not always been notified of safeguarding concerns as we should have been.

Staff were safely recruited and were supported with a thorough induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files.

Staff training records were well-maintained and up-to-date and there was a clear system to document and plan staff training. We saw that all staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided at the service.

Staff had received regular supervisions and appraisals with senior staff. All staff told us that they felt well-supported working for the service and they received an appropriate level of supervision from senior staff.

People we spoke with told us that they received care from regular staff who were caring and knew them well. People also said that staff were always there for them if they needed them, either via their visits or at the office.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance available for staff in relation to the MCA. Staff demonstrated a good understanding of this and recognised the importance of providing people with support that empowered them to live as independently as possible.

Information about how to complain was available to the people using the service. The people we spoke with told us they rarely had any issues but were confident they could voice any concerns they had with staff. The service had not received any formal complaints but the records we saw showed that any issues that had been raised were appropriately documented and addressed by staff. We also saw that the service invited feedback about the quality of its service in various ways. These included a suggestion box and feedback forms at the office. People supported by the service were also surveyed twice a year for their feedback.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service was not keeping appropriate records of the medication that people had been supported to take.

Staff were knowledgeable about how to safeguard people from abuse.

Risk assessments were reviewed regularly and care files contained the information staff needed to safely manage these risks.

Staff were safely recruited.

Is the service effective?

Good

The service was effective.

Staff were supported through regular supervision and appraisal meetings with senior staff.

The service had a robust training and induction process in place.

People's rights were protected by staff that had knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and always there for them.

Staff respected people's privacy and treated them with dignity.

Staff supported people to maintain their independence living in the community.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and provided staff with the information required to meet people's needs.

People were aware of how to complain and the service dealt with complaints appropriately.

Staff treated people as individuals and respected their lifestyle choices.

Is the service well-led?

Good

The service was not always well-led.

The service had not always ensured appropriate records were kept about what support people had been given.

We had not always been notified of significant events or safeguarding issues but we saw any such issues had been dealt with appropriately.

There was a positive and caring culture amongst staff at the service, focusing on supporting people to lead happier and healthier lives.

There were various systems in place to gather feedback about the quality of the care being provided.

Birkenhead Project

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 was 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 unannounced comprehensive inspection was carried out by one adult social care inspector on 27 and 28 February 2018.

At the time of our inspection the service provided personal care to 24 people living in their own homes in the Birkenhead area.

Before our inspection we reviewed the information we held about the service. We looked at the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service. We used this information to plan how the inspection should be conducted.

During the inspection we met and spoke with five people supported by the service and 8 people's relatives. We spoke with 10 members of staff who held different roles within the service. This included the registered manager, team leader and deputy team leader.

We looked at a range of documentation at the service's office in Birkenhead and at its head office in Wallasey. This included five people's care records, medication records, five staff recruitment files, staff training records, accident and incident records, health and safety records, safeguarding and complaints records, audits, policies and procedures and other management records.

Requires Improvement

Is the service safe?

Our findings

People told us that staff gave them the support they needed with their medication. One person said, "Staff help me to take my medication when I need it, I'm quite happy with this." We found that staff were knowledgeable about people's medication and had received the training they needed to safely support people with their medication.

Staff, who had appropriate training and experience, provided people with appropriate support with their medication. The staff we spoke with told us that they were confident supporting people with their medication and assisted people to take the right medication at the right times. The staff we spoke with were knowledgeable about people's medication needs and people told us that they were happy with the support they received.

We saw that the service assisted people to store their medication safely and securely. People's care plans contained up-to-date information and guidance about people's medication, including any 'as required' (PRN) medication.

However, we found that the service was not keeping appropriate records of the medication that people had been supported to take. We saw that staff recorded that they had supported a person with their medication in the daily records but they did not specifically record each medication that they had supported the person to take. This gap in the service's record keeping meant that staff could not be fully assured that people had received all of their medication at the right times. This was also not in line with the relevant national guidance on managing people's medicines in the community.

We also identified that one person who had a medicines administration record (MAR) in place had two gaps in their records, which could suggest medication had not been given as prescribed. These gaps had not been highlighted by any staff who had used the MAR chart since the time fo the missing signatures and these had not been investigated. We discussed these gaps with staff who were able to confirm through other records that the medication had been given but they acknowledged that this record keeping error had not been identified and investigated.

We recommend that the service reviews and improves its record keeping around medication, including making reference to the relevant national guidance.

The service had systems in place to protect people from abuse. One person commented, "The staff are great, they keep me safe and well." Staff demonstrated a good understanding of safeguarding vulnerable people when we spoke with them. They were able to explain the actions they would take in the event of a person being at risk of harm. Records showed that safeguarding concerns were promptly and effectively managed by staff with oversight from the registered manager. However, we had not always been notified of safeguarding concerns as we should have been.

We saw that people had appropriate risk assessments in place and these were reviewed regularly. The risk

assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, identifying and managing relapses in people's mental health. This meant that staff had the information they needed to safely manage the risks associated with delivering people's care and people were supported in the least restrictive and intrusive ways possible.

Staff were safely recruited and were supported with a thorough induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files. This helped to ensure staff were safe and suitable to work with vulnerable people.

The service had accident and incident recording processes in place. We found that accident and incident records were thorough and up-to-date. Staff discussed any specific issues during team meetings, recorded them as part of the daily records. This enabled the registered manager and senior staff to safely identify and manage any trends and ensured that risks were being safely managed.

Staff rotas showed that the service had an appropriate number of staff to meet the needs of the people it supported. The staff we spoke with told us that they were able meet everybody's needs and complete all of their visits as planned. Staff also explained that the number of staff they had on duty was planned so that they could be flexible to support people with any activities that were unplanned or outside of people's regular visit times. For example, attending an appointment with a GP or other health professional. The registered manager explained that the service carefully assesses people's needs before taking on any new packages of care. This ensured that the service had the capacity to meet people's needs and avoided any risks to the quality of the care provided.

Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary. This meant that staff and people were protected from the risk of infection being spread.

Good

Is the service effective?

Our findings

People's care plans showed that their needs had been fully assessed and they had contributed to this assessment process. The care plans were also designed to include the general and long term outcomes people hoped to achieve with support from the service, along with short-term outcomes to assist them with their day-to-day living. For example, one person's long-term aim, with the support of staff, was to monitor their ongoing mental health effectively and one of their short-term aims was to buy a new washing machine.

Staff had received regular supervisions and appraisals with senior staff. All staff told us that they felt well-supported working for the service and they received an appropriate level of supervision from senior staff. The registered manager told us that they appreciated the importance of maintaining regular supervisions and appraisals to properly support staff in their roles was a priority for the service. The registered manager also showed us a new guidance document they had developed to help senior staff to supervision and appraisal meetings effectively.

All of the people we spoke with told us they felt the staff had the skills and knowledge to support them effectively. One person said, "Yes absolutely, the staff all know what they're doing and how to support me."

Staff training records were well-maintained and up-to-date and there was a clear system to document and plan staff training. We saw that all staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided at the service. Training at the service covered a variety of topics, such as safeguarding vulnerable adults, health and safety, moving and handling and mental health awareness.

All new staff took part in an eight-week induction process. This included a period of office-based training and shadowing an experienced member of staff, this was mapped against the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
During the induction process staff were introduced to the people they would be visiting regularly so they could get to know the people they would be supporting and vice versa. One member of staff told us this was an invaluable part of their induction. This meant that both existing and new staff had the skills and knowledge to effectively and safely meet people's needs.

We found that staff supported people as required with their eating and drinking needs and worked alongside other health professionals. The support provided varied from assisting people with their shopping to encouraging people with their dietary intake. We found that staff knew people's eating and drinking needs and were able to support them in a person-centred way. For example, one person was at risk of self-neglect through not eating enough. Staff had worked with health professionals and the person to find ways to supplement this person's diet in a way that they were happy with and would help them meet their calorie needs. Staff explained to us that this was a sensitive subject for this person and it needed to be approached carefully and respectfully. We observed one of these sensitive conversations taking place, which the person

responded positively to.

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 or are helped to do so when required. 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. People who normally live in their own homes can only deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had an understanding of the MCA and there were appropriate policies and procedures in place to guide staff. None of the people supported by the service were subject to a Court of Protection order but some had a lasting power of attorney in place. Staff told us that they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. This meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw records that showed that people's consent had been sought by the service for the support they received. For example, people had been involved in and had contributed to the preparation of their care plans and had consented to them. People told us that staff asked for consent before doing things, such as supporting them with their medication.

Good

Is the service caring?

Our findings

People we spoke with told us that they received care from regular staff who were caring and knew them well. People also said that staff were always there for them if they needed them, either via their visits or at the office. One person said, "I get on great with the staff, I'm happy they're there for me."

One person commented, "I like all the staff, they're all really nice and treat me with respect." We found that staff and the people they supported had developed caring and friendly relationships. For example, one person's first language was not English and they had started teaching one of the staff some of their language. We observed that both the member of staff and the person supported had enjoyed doing this and this had formed part of a positive relationship.

All staff had received training on equality and diversity. All of the staff we spoke with told us they treated people as individuals and with respect, regardless of their personal histories and backgrounds.

The staff we spoke with were very knowledgeable about the people they were supporting. For example, one member of staff was able to brief us on what one person did and did not like visitors to do when they attended their home. This included avoiding moving things, as this caused the person some anxiety and upset. This demonstrated that staff knew the people they were caring for well and they had the knowledge they needed to properly meet their needs. It also showed us that staff were respectful of people's right to privacy and the fact that they were visitors in people's homes.

We saw that staff supported people to maintain their independence and wellbeing. They did this in a variety of ways, such as encouraging people to attend their health appointments and if needed staff attended appointments with them. Staff also supported people with their day-to-day living tasks, such as helping them to pay bills and completing paperwork.

We saw that staff were focused on the people they were supporting and not just the tasks they had to complete in order to deliver that support. For example, we observed staff spending time talking with people about various topics that were of interest to them.

We found that confidential information was kept securely locked away in the office. This included people's care plans and staff records.

Good

Is the service responsive?

Our findings

We saw that people's care plans were person-centred and provided staff with the information they needed to meet people's needs. The registered manager told us that they had been working hard over the past few months to improve the structure and detail of their care plans. The care plans we looked at were easy to follow and up-to-date. They gave staff the information they needed to get to know the people they were supporting. This included their life history, things and people that were important to them, choices and preferences, support needs and any risks associated with meeting those support needs along with strategies on how to effectively manage any such risks. This meant that staff were able to provide people with personalised support.

Records showed that senior staff regularly reviewed people's care plans, usually on a monthly basis. This helped to ensure people's care plans accurately reflected people's support needs.

People told us that they were happy with how their care had been planned and they had been involved in this process. One person said, "The staff are great, they do anything and everything I need them to help me with."

We saw evidence that the service was responsive to people's changing health and support needs. For example, we saw that one person suffered from alcohol-related liver disease which had led to a build-up of fluid in their abdomen, known as ascites. This build-up of fluid can cause discomfort and there is a risk it can become infected. It can be treated with medication or drained by a minor surgical procedure. This symptom can be monitored and managed as required by regularly measuring the person's abdomen. We saw that there was a period when staff worked with this person and the relevant health professionals to take these regular abdominal measurements. This demonstrated that the service was responsive and adaptable in meeting people's support needs.

We saw that staff supported people to enjoy activities and hobbies that were of interest to them. Examples included going for walks with people to local parks, ensuring people were up-to-date with newspapers and listening to and talking about music. One person told us that they regularly spoke with staff about their interest in music. They said that one staff member often joined them in playing along with a 'guess the year' game run by a local radio station. We looked at this person's care plan and found that these interests were clearly recorded. This meant that the care plan was person-centred and ensured all staff had the information they needed to engage with this person about things that were important to them.

Staff we spoke with were non-judgemental about people's lifestyle choices. For example, the people they decided to spend their time with or how people chose to keep their homes. However, we saw that staff gave people the support and advice they needed when their lifestyle choices had a detrimental effect on their health and wellbeing.

Information about how to complain was available to the people using the service. The people we spoke with told us they rarely had any issues but were confident they could voice any concerns they had with staff. The

service had not received any formal complaints but the records we saw showed that any issues that had been raised were appropriately documented and addressed by staff.

Good

Is the service well-led?

Our findings

Overall, we found that the service was performing well in most areas and both the people supported and staff gave us positive feedback about the management of the service. There were some areas requiring improvement at the service, such as record keeping around medication. However, when considering all the information we gathered during our inspection the service was well-led.

The service had a quality audit system in place to monitor the quality of the service being delivered and identify areas for improvement. Although these audits were not always carried out as frequently and formally as possible. The registered manager acknowledged that this had been an area the service needed to improve in. They explained that they had recently designed a new quality audit system mapped against the areas inspected by CQC. The registered manager told us that they had planned to carry out a comprehensive quality audit shortly after our inspection. This will then be followed up with shorter monthly audits focused on any areas requiring improvement.

Registered providers are required to inform CQC of certain incidents and events that happen within the service. For example, allegations of abuse. We reviewed the service's records relating to these sorts of incidents and found that we had not always been notified as we should have been. However, the records we looked at demonstrated that staff had taken all reasonable and necessary steps in these instances. We discussed this with the registered manager, who said that they would work with senior staff and improve in this area.

There was a positive and caring culture amongst staff at the service, focusing on supporting people to lead happier and healthier lives. We were able to speak with a group of staff during our inspection to gather their feedback and experiences working for the organisation. All of the staff gave positive feedback about the service and told us they were proud of the difference they made to people's lives.

We found that the registered manager was very open, transparent and demonstrated a continuous commitment to delivering a quality service to the people supported. The registered manager positively engaged with us during our inspection and we noted that they had a similarly positive and cooperative relationship with the local authority.

The service had well-established and positive links with community health services and professionals. For example, a local specialist in alcohol related brain damage had given the service positive feedback about the support it was providing to people and had offered to deliver some specialist training for staff.

There were clear lines of accountability at the service and all staff had senior staff who they could rely upon for support and advice. The registered manager explained that their long-term vision is to assist the two team leaders at their Birkenhead and Wallasey services to gain their NVQ Level 5 Diploma in Leadership for Health and Social Care qualification. This qualification will assist them to gain the skills and knowledge required to manage and lead a service in the adult social care sector. The registered manager explained that the eventual plan is for these two team leaders to take over the responsibility of registered manager for their

respective services.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

We saw that the team leader held regular team meetings with staff, usually on a monthly basis. There were clear records of what information and guidance had been discussed at these meetings. For example, we saw that staff had recently been given a reminder about the safeguarding policy and procedure at the service.

Staff told us they felt supported by the team leader and registered manager. They described senior staff as approachable and supportive.

We saw that the service invited feedback about the quality of its service in various ways. These included a suggestion box and feedback forms at the office. People supported by the service were also surveyed twice a year for their feedback.