

Oldham Care and Support Ltd

Ena Hughes Resource Centre

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

About the service: Ena Hughes Resource Centre is based in Oldham and provides care and support to people living in their own homes, either on an supported living basis, or as part of a shared lives scheme, where people lived with carers and their carer's families. People in receipt of care on a supported living basis usually received support from support workers 24 hours a day.

The care service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

People's experience of using this service: People's care needs were assessed, and they received good quality person-centred care from carers and support workers who understood their needs well. Carers and support workers promoted people's choice and independence and ensured they had access to a wide range of individualised activities. People were engaged and involved in the day to day running of their home. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this.

Carers and support workers were caring. They were knowledgeable and received training, supervision and support to carry out their roles effectively. Carers and support workers were committed to providing person centred support and fulfilling opportunities for people.

Support workers used a variety of communication styles to ensure people's wishes were heard and acted upon.

People and their relatives praised the standard of care in the various settings. People said they felt safe and there were enough support workers on duty. People and relatives said support workers and carers were kind and caring.

Not all the people in receipt of care could communicate with us verbally, but those who could told us they were happy with the support they received.

Medicines were managed safely, and people's health needs were met.

The registered manager provided people with leadership and promoted an open and supportive team culture. Robust systems were in place to assess, monitor and improve the service. People's views were welcomed on the running of the service. Carers and support workers told us there was an inclusive and relaxed atmosphere and they felt valued by the service.

More information is in the full report.

Rating at last inspection: At the last inspection on 10 & 11 October 2016 the service was rated good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ena Hughes Resource Centre

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Ena Hughes Resource Centre provides care and support to people living in their own homes in supported tenancies or within shared lives. People living in shared lives accommodation live in a home with one or more carers and their families.

The service had two managers registered with the Care Quality Commission. One manager for supported living and one manager for shared lives. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

We visited the office location on 28 May 2019 to meet with the registered managers and management team; and to review care records and policies and procedures. We visited two shared lives occupancies and two supported living projects on 29 May 2019 to visit people at home and speak to carers and support workers. We also visited the 'wellbeing service' and spoke with people. We made calls to relatives on 30 May 2019.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the

service. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met eight people to explore their experience of the care provided. We also spoke with four carers, four support workers, two registered managers, the director, the associate director, an operations manager, the autism lead and mental capacity lead. We also spoke with five relatives on the telephone and received feedback by email from another relative.

We reviewed the care plans and risk assessments for eight people, three staff recruitment files, the training matrix for all staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risk to people's health and safety were assessed and a range of detailed risk assessments were completed. Carers and support workers understood people's needs and how to manage any risks they were exposed to. We saw there was a culture of encouraging positive risk taking. One person liked to visit their favourite eating places as part of their routine and information was available to ensure they could be supported to do this safely. This was an important part of the person's daily activities.
- The premises we visited were well maintained. Detailed safety checks were in place and actions taken when issues noted.
- Accidents and incidents were recorded and investigated. Where incidents had occurred, this had been acted upon. Carers and support workers were clear about how to record incidents and ensured detailed information was recorded. Carers and support workers had opportunities for debrief meetings. This meant they felt supported and lessons could be learned.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One relative said, "I am very satisfied that [Name] is safe. I can go away on holiday and I don't worry at all, I have total peace of mind." Another relative said, "I don't have to worry about [Name]. I feel they are safe, well looked after and enabled to enjoy life to the best of their ability."
- Carers and support workers received safeguarding training. They had a good understanding about how to raise concerns. We saw safeguarding was consistently discussed in staff and meetings, monitoring visits and individual staff supervisions.
- Seven staff were receiving additional training in 'dignity and safeguarding' and hoped to champion best practice in this area.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.

Using medicines safely

- Medicines systems were well organised, and people received their medication when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We saw up to date and detailed protocols were in place for people who needed "as required" medicines. Information included exploring alternatives to administering medication such as activities or a change of environment. This meant people were offered support to positively manage their behaviour and medicines were used when alternative methods had been used.
- Support workers had an annual observation when administering medicines to ensure they remained competent to do so.

Staffing and recruitment

- We identified safe recruitment procedures were followed.
- Safe support worker staffing levels were maintained, and we observed people received consistent and timely support. Some people received one to one support and some people received lower levels of support dependent on their needs.
- People and relatives said there were enough support workers. One relative said, "Staffing levels are fine and there is a stable team that know [Name] well. There is always someone with them."

Preventing and controlling infection

- Carers and Support workers completed training in food hygiene and infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.
- Some people using the service had completed hand-washing training to help them become more independent in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Carers and support workers we spoke with were knowledgeable and skilled. They told us they received a range of training. This provided them with the skills to provide effective care and support to people.
- Carers completed a robust recruitment and training process which consisted of a minimum of eight home visits. Comprehensive value-based assessments were completed involving not only the carer but also the carer's family and social circle. Carers were also required to complete a seven day induction training program which incorporated the 15 Care Certificate Standards.
- The service had provided hand-washing training and bespoke fire awareness training from the fire and rescue service. This was provided for both carers and people using the service, offering a unique opportunity for learning across the organisation.
- Support workers received regular one to one supervision which provided them with the opportunity to discuss any issues including their development needs. Carers had a quarterly monitoring visit. A registered manager told us about the annual appraisal system which supported support workers to develop. One purpose of this was to ensure support workers were offered opportunities for ongoing personal development.
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.
- We reviewed the training matrix for the service which demonstrated most carers and support workers were up to date with training. Outstanding training had been scheduled to ensure all staff were up to date.

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

- People's nutritional needs were assessed and met by the service. The service supported people with diets that were culturally appropriate. People with complex dietary needs were supported by staff that had undergone specialist training. For example, staff had completed dysphagia training which meant they could support people with swallowing difficulties safely.
- People's weights were regularly monitored when this was part of their care plan.
- People were encouraged to prepare their own food and eat a healthy diet. We saw people were supported to make lunch and evening meals using fresh ingredients.
- People said they liked the food that carers and support workers prepared. One person had a "snack box" system which encouraged them to moderate their food intake and make healthier choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they moved into supported living or shared lives accommodation. Compatibility with carers and co-tenants was a key consideration and regular meetings took place to match people accordingly. Multi-disciplinary teams worked together to ensure repatriations

and transitions for children into adult services were well organised, unrushed and exceptionally person-centred in order to meet people's needs.

- The service had arranged for one person using the service to complete the care certificate, a course originally designed for staff training. This enabled the person to have a greater understanding of the care they received and have greater choice and control over their lives.
- People's care plans described the support required. We found care plans were detailed and contained person centred information. People had positive behaviour support plans which provided comprehensive information about how to recognise signs they may become anxious or upset. Proactive strategies were followed to help reduce people's anxiety. We saw some people had physical intervention plans but this was only used as a last resort to keep people safe.
- Support workers said care plans were clear and updated if people's needs changed. The support workers we spoke with were able to describe the best way to support individuals and we observed them following detailed guidance from care plans.
- People's bedrooms were personalised. Four people were happy to show us their bedrooms which were pleasantly decorated and well maintained.

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

- People's care plans contained information about their health needs. Records showed people had an annual health check and saw a range of professionals to support their physical and mental health.
- Staff told us health appointments were planned carefully to ensure they met individual's needs. For example, one person was anxious about visiting the dentist. Support workers had arranged visits to the dental surgery, so the person gradually grew accustomed to accessing treatment in stages. This careful planning resulted in the person now regularly tolerating a full dental check.
- We saw people had the opportunity to engage in a wide range of activities that promoted exercise and health. This included regular walks, swimming and dancing.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
- The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- Appropriate DoLS applications had been made in a timely manner by the service and conditions were being monitored. The service had recently commissioned a social worker to carry out mental capacity assessments and support with decision making in people's best interests to ensure they were meeting their obligations.
- Information about people's capacity to make decisions had been clearly assessed. Where people lacked capacity, we saw best interest decisions had been made. We saw a range of individual person-centred assessments had been completed for different decisions.
- Six staff were receiving additional training in mental health and hoped to champion best practice in this area.
- We observed carers and support workers asking for consent from people before they provided support or

care.

- The registered managers understood the principles of MCA and how to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection the staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to support them in the way they wanted.
- People and relatives spoke positively about the service and the staff. One relative said, "I am very happy with the care. The team are really caring." Another relative said, "I have found the staff consistently prompt in their communication, responsive to [Name's] needs, and above all kind and caring."
- We saw carers and support workers treated people with kindness and compassion. One support worker said, "[Name] likes it when you sing and are upbeat and it has helped our relationship develop."
- Carers and support workers and people shared jokes and laughed together. It was clear carers and support workers had developed trusting and strong relationships with people and they knew each other well. One support worker said, "If you have a positive attitude, it spreads around the whole house."
- People had completed a survey about their views. Symbols and pictures were used to support people to give feedback. People indicated that carers and support workers treated them with respect and this made them happy.
- Advocates were used where people did not have someone to speak on their behalf. A health and social care professional told us, "The service demonstrate a strong value base placing the person with learning disabilities at the centre of everything they do, demonstrating that people's opinions matter and maintaining dignity at all times."

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

- Carers and support workers had formed good relationships with people who used the service and engaged positively with people. One carer said, "It's more than a job, it is so rewarding helping people live their best lives day in, day out."
- People's choice and independence were promoted. Support workers were able to describe how to support people with non-verbal communication. For example, one person used a variation of sign language to communicate.
- People said they felt listened to and carers and support workers acted on their wishes. One person chose to have the furniture in their flat laid out in a certain way which was important to them. Support workers respected this.
- People and their relatives were involved in care decisions daily and through reviews and surveys. One relative told us, "I am invited to meetings regularly and the team communicate with me very effectively in between. I am kept in the loop."

Respecting and promoting people's privacy, dignity and independence

- Carers and support workers were conscious of maintaining people's dignity and promoting

independence. We saw people were involved in the day to day running of their home, including shopping for items, cleaning and food preparation. We saw people had a sense of pride and fulfilment in being involved in the running of the home. One person said, "I like living with [Name] I do lots to help around the house. We work as a team. This is my home too."

- Care plans promoted people's independence. Care plans included detailed step by step guidance about personal care routines to ensure people were able to maintain and build on their skills.
- People and relatives gave examples about how they had been supported in a respectful manner. One relative told us, "Staff support [Name] very sensitively in terms of their personal care. [Name] always looks fresh and well presented."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of people and ensured flexibility and person-centred care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care which fully revolved around their needs. People and their relatives were involved in assessing, planning and reviewing the care to make it truly person-centred.
- Relatives told us that carers and support workers knew people well. One relative told us, "The team know [Name] really well having worked with them years. They know exactly how to care for [Name] best." We saw care plans captured people's personal preferences and fully described people's routines.
- Carers and support workers told us, and we saw, care plans included information on how personal care should be conducted, including how to promote independence as well as preferences.
- Support workers were able to accurately describe how to support people. They told us, and we saw they were informed when care plans had been updated and these were updated promptly. Regular team meetings kept support workers up to date of changes.
- Care files contained information on people's life history which was used to establish and support conversations.
- The service worked in line with the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for services to ensure people with a disability or sensory loss can access and understand the information, they are given. We saw information could be presented in easy read or pictorial format and they service had prepared various pieces of information in this way.
- People accessed a well equipped sensory room designed to develop a person's sense, through special lighting, music, and objects. The room was used as a therapy for people with limited communication skills.
- We visited Oldham Care and Support Ltd's 'wellbeing service', the scheme offers day time support activities such as gardening and making furniture and is an opportunity for people to enjoy positive community social interactions and vocational opportunities.
- People were engaged in a variety of social, employment and leisure activities. One person worked at a restaurant at weekends and visited a friend one night a week. Another person had a full weekly routine which included; eating out, walking, cycling, swimming and attending a local disco.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People told us they would speak to someone they trusted if they were not feeling happy about something. One person said, "I would tell [Name of carer] and [Name of registered manager] if I was feeling sad."
- Every carer, support worker and relative we spoke with, told us they were aware of the complaints policy but had never needed to make a complaint. The registered managers had an open-door policy and they knew people and their families well which allowed any concerns to be quickly dealt with.
- People and their relatives told us they knew any concerns raised, would be taken seriously. One relative

told us, "I know concerns would be addressed properly, I have spoken to the staff about things in the past and I always get a positive response."

- People and their carers organised and attended awards evening and social events throughout the year and enjoyed various benefits under the shared lives scheme.

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life.

- Support workers had received training from the local hospice in supporting people at the end of their life. One registered manager had been training in end of life care. They told us, "We really want to focus on end of life care so we can support people in line with their wishes. We are working with various partner agencies so that we can offer an effective holistic package of support for people."

- We saw evidence of end of life care planning which capture people's choices and preferences and who should be involved once people reached the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was committed to providing high quality care. One registered manager informed us that they would not accept new referrals if this had a negative impact on the people already using the service.
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed the service provided high-quality person-centred care.
- People told us they had regular contact with senior staff and managers either through visits and spot checks or telephone calls from the office. They also told us that they knew the managers well and could communicate easily with them. One carer said, "The [shared lives manager] is wonderfully supportive and approachable to all those concerned with shared lives from the staff to the service users and their families."
- Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

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

- The service had two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service.
- Oldham Care and Support Ltd had a clear management structure. without exception, carers and staff told us that the managers were approachable and supportive. One support worker told us, "Our management is great really." People who used the service told us that the registered managers were approachable and responsive. One person told us, "I have known [Name of manager] for years and I trust them to know what to do."
- The registered managers understood their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send us notifications about changes or incidents that affected people they supported.
- Staff performance was monitored through spot checks, supervision and appraisal.
- Staff and managers understood their responsibility to ensure risks were identified and care records indicated how risks were managed. Risks to people's health and well-being were effectively managed through ongoing monitoring and review, and policies in place, such as lone working policies, ensured the welfare of care staff.

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

- People and carers were asked to comment on the service they received during monitoring visits, and support workers completed regular surveys. The results from the last survey had been analysed and used to compile an action plan to improve the quality of the service.
- Carers and support workers were seen to be engaged and involved. Staff groups met frequently, and the management team met with staff regularly to support them in their role.
- A registered manager told us how important it was to value care staff. Events, staff reward scheme and a staff health and wellbeing programme were available for carers and support workers.
- The provider recognised the achievements and efforts made by staff by holding an annual staff awards ceremony. Awards included; best role model; leadership award, making a difference and outstanding team.
- The service produced and distributed a quarterly newsletter to staff to keep them updated with service news.

Continuous learning and improving care

- The provider demonstrated a long term commitment to learning and improvement by championing best practice and sharing learning across all services. This was reflected in the lead roles developed in infection control, mental health and dignity and safeguarding. The 2019 business plan included plans to develop champion opportunities in the areas of; dementia; end of life care and moving and handling.
- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date. Where errors were identified appropriate action was taken to correct the mistakes.
- The management team had oversight and scrutiny of internal investigations using a six stage approach. This consisted of provider wide reporting, analysis and oversight from a 'finance, audit and risk committee'.
- A health and safety committee had oversight of incidents and carried out compliance audits and produced regular reports. This provided additional assurance that people were protected from avoidable harm and that lessons learnt were shared across the organisation.
- Checks in people's homes enabled the registered manager to obtain feedback from people and check the environment, equipment, medicine management and safety.

Working in partnership with others

- The service worked closely with families and with professionals such as social workers, district nurses, pharmacists and commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- Representatives from the service demonstrated connectivity with the wider health and social care platform and attended local and national care provider forums. These included, 'registered manager forum' (skills for care); the 'alliance board'; 'Oldham cares' and 'making safeguarding personal'. This commitment to learning ensured that the service maintained contemporary knowledge and understanding of current best practice to ensure a positive trajectory of quality improvement.
- The service accessed extensive support, guidance and benefits with a 'shared lives plus' membership.
- Oldham shared lives were recently recognised as a model of national of good practice in three areas including how the service managed their financial processes for people using shared lives.
- Oldham's shared lives alliance with the regional shared lives group were working together to improve and standardise shared lives services across Greater Manchester. The shared lives management team played a lead role in this work.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The service held accreditation with the National Autistic Society, allowing access to specialist support,

training and advice to support people with complex needs to live as full a life as possible.

- A health and social care professional told us, "The team keep us in touch with any changes and will request reassessments to prevent the breakdown of a placement or to improve a service users wellbeing. Carers speak very highly of the scheme and feel as though they are part of a family."