

Ansar Projects Limited

Ansar 2

Inspection report

18 Bury and Bolton Road
Radcliffe
Manchester
M26 4LD

Tel: 07968 9400850

Website: info@ansarprojects.co.uk

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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 

Overall summary

Ansar 2 is a semi-detached house on a main road on the outskirts of Radcliffe. It is registered to provide accommodation and personal care for up to two people with learning disabilities and complex needs. On the day of our inspection one person was living at the home, one person was staying occasionally for Respite Care.

The inspection took place on 6th October 2015. This was an announced inspection. The provider was given one days' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team comprised of two adult social care inspectors.

The service has a registered manager who was present on the day of 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.

Summary of findings

People we spoke with told us they felt safe in Ansar 2. Policies and procedures to safeguard people from abuse were in place. Staff had received training in safeguarding adults; they were able to tell us how to identify and respond to allegations of abuse. Staff were aware of the whistleblowing policy.

A safe system of recruitment was in place. During the inspection we found there were sufficient staff to provide the care and support people needed. We found staff had received the induction, training and supervision required to ensure they had the skills and knowledge to carry out their roles.

Staff and managers showed a commitment to person centred care. They were respectful and caring about the people they supported, they knew people well and were aware of people's individual needs, like and dislikes.

We saw that people had access to a wide variety of activities outside of the home and opportunities to keep in touch with relatives and friends. Staff were innovative in their approach to ensuring people had a range of activities to choose from.

People's care records were detailed and person centred. Care plans and risk assessments reflected people's individual needs and provided sufficient information to ensure staff were able to provide people with safe and appropriate care and support. They were reviewed regularly to ensure they still reflected people's needs.

We saw that staff respected people's rights and choices. Staff we spoke with were able to demonstrate a good understanding of the importance of gaining consent to care and support. The registered manager and staff

demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decisions. During our inspection we heard staff asking people what they wanted and seeking consent when offering support. Staff told us they also look at people's body language and non-verbal communication to see if they are happy and consenting to what they are doing.

The home was clean, well decorated and well maintained. Systems were in place to ensure all necessary health and safety checks were completed and there were procedures to guide staff in the event of emergencies that could affect the provision of care.

We found that people were provided with a choice of suitable and nutritious food. People told us they were able to choose what they wanted to eat and drink, they were involved in planning the menu and shopping.

We found that robust systems were in place to monitor the quality of the service. Regular checks were carried out and issues and action taken recorded. We saw that the provider used a variety of methods to gather people's views about the service, ideas for the future and how it could be improved.

People we spoke with said they had confidence in the registered manager and said they were approachable. They told us they could contact managers at any time if they needed to. Staff spoke positively about the registered manager and other managers; felt supported and enjoyed working for the organisation.

Summary of findings

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

People told us they felt safe at Ansar 2. Staff had received training in safeguarding adults; they were able to tell us how to identify and respond to allegations of abuse. They were aware of the whistleblowing policy.

A safe system of recruitment was in place which helped protect people from the risk of unsuitable staff. There were sufficient staff available to meet peoples assessed needs.

Staff were suitably trained and supported to be able to provide people with safe care and support they required.

Risks had been assessed appropriately and staff were given guidance on managing identified risk.

Good



Is the service effective?

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and had met the requirements for the Deprivation of Liberty Safeguards.

Staff received the Induction, training and supervision necessary to provide them with the skills and knowledge needed to provide personalised, effective, care and support.

People were provided with a choice of suitable and nutritious food. People were involved in planning the menu and shopping.

Good



Is the service caring?

The service was caring

People told us staff were caring and listened to them. We saw that managers and staff were respectful and caring in the way they spoke with people.

Staff knew the people they were supporting well; they knew their needs, likes and dislikes.

Good



Is the service responsive?

The service was responsive

People who used the service had access to a wide range of activities outside the home. Staff were innovative in their approach to ensuring people had a range of activities to choose from.

Care records and risk assessments were detailed and person centred. They reflected individual needs, wishes and preferences and provided staff with sufficient information to enable them to provide the care and support people required.

Good



Is the service well-led?

The service was well-led

There was a robust system of quality assurance; checks were thorough and regular.

Good



Summary of findings

The registered manager used a variety of different ways of gathering people's views and ideas about the service.

People told us they had confidence in the registered manager, who they said was approachable and caring.

Staff told us they felt supported and enjoyed working for the service

Ansar 2

Detailed findings

Background to this inspection

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

This was an announced inspection. One day prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection took place on 6th October 2015. The inspection team comprised of two adult social care inspectors.

The service had previously been inspected on 28th June 2013 when it was found to be compliant with the regulations. Prior to our inspection we reviewed the Provider Information Return (PIR) this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. Prior to the inspection we also contacted local authority commissioning, quality assurance and safeguarding teams. They had no concerns about the service.

During the inspection we spoke with one person who used the service, two relatives, three members of staff, one team manager and the registered manager. We looked at two care records, two staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service is managed.

Is the service safe?

Our findings

People we spoke with told us “I feel safe and get on well with the staff”. A family member told us they felt their relative was safe, when they had raised an issue about safety before their relative moved in; it had been dealt with straight away. Another told us they were 100% sure their relative was safe, “I know [relative] can go and I know [relative] is safe”

We found that suitable arrangements were in place for safeguarding people who use the service from abuse. Policies and procedures were in place; these provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us all staff had received training in safeguarding. Staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they weren't happy with how the service had dealt with their whistleblowing. Staff we spoke with had received training about whistleblowing and were aware of the company's policy. They told us they had confidence the registered manager would deal with any issues they raised.

We saw that a safe system of recruitment was in place. We looked at two staff files. The staff files we saw contained proof of identity including a photograph, staff full employment history, contract of employment and job descriptions, two professional references. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw policies and procedures on staff recruitment, sickness, disciplinary, training and appraisal.

Our discussions with the registered manager, team manager, care staff, people who used the service and relatives showed there were sufficient staff to ensure people received the support they required. Staffing rotas showed us that one to one individual support was provided to each person during the day. We saw that during the

night there was a member of staff who could provide support or be called on in case of emergency. Staff we spoke with told us that cover was always provided if staff were sick and the service used their own regular bank staff that knew people well.

We were shown general risk assessments for each area of the home. We saw that seven staff had received training in completing risk assessments. We saw there was information to guide staff on what action they might need to take to identify, manage and minimise risk. Inspection of care records showed that risk assessments were in place around people's behaviour, travelling in vehicles and community based activities. All risk assessments had been reviewed regularly.

We found people received their medicines safely. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage and administration of medicines. We saw that medicines were stored securely. We were told by the registered manager that staff receive training and competency assessments before they can administer medicines. Staff told us they had received training and competency assessments, records we looked at confirmed all staff had received administration of medicines training which included a competency test.

We looked at two people's medicines administration records (MAR). They contained a photograph to help identify people. We saw that medicines files were audited monthly by the registered manager to ensure accurate records were being kept. We found that all records were usually fully completed to confirm people had received their medicines as required. We did find one entry where a signature had not been recorded and one occasion where stock had not been recorded appropriately. The registered manager told us this has been investigated and we saw appropriate action has been taken. Where entries on MAR were not printed by the pharmacist, written entries were signed by two staff to confirm they had checked the prescription and information was correct. We found protocols were in place for administering as required medicines; the registered manager told us that none are currently being used.

There were policies and procedures for dealing with accidents and incidents. These guided staff on what to do,

Is the service safe?

who to tell and how to record. We saw that accidents, incidents and near misses are recorded and these are audited by managers to look for patterns and recommend action to prevent reoccurrence.

The premises were homely, clean, bright and well decorated. Bedrooms were personalised. The garden was spacious and well kept.

We found there was an infection control and hygiene policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective clothing and equipment (PPE). We saw that PPE was available; staff we spoke with told us PPE was always available and used.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was serviced and maintained properly.

We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. We found that regular fire safety checks were carried out on fire alarms, smoke detectors and fire extinguishers. We saw that fire drills are carried out regularly and any issues are recorded.

We saw the service used a hospital traffic light form. This records important information about the person; medical conditions, communication needs, likes and dislikes and is given to health care professionals if the person needs to go to hospital. This keeps people safe by making sure people have the information they need to care and support the person

Is the service effective?

Our findings

People we spoke with told us they get support they need when they want it. They said they were “Happy with the way things are”

We asked the registered manager to tell us how they ensure people receive support that meets their individual needs. The registered manager told us that following the initial referral they go to meet the person and their family to assess what their support needs were. Following this assessment care plans and risk assessments were developed. A care plan details the individual care and support needs a person may have and guides staff on how to meet those needs.

We were shown the service user guide that was given to people when they started to use the service. This contained lots of information about the service and what should happen.

The registered manager told us all new staff completed an induction programme. This included policies and procedures, information they would need to carry out their role. We saw that new staff completed an induction checklist with one of the managers, this recorded what information they had received and any further training or information they needed. Staff were given a staff handbook, this explained to staff about policies and procedures relating to their employment and detailed their rights and responsibilities. We were told that during their induction new staff work alongside experienced staff “shadowing” until a manager assesses they are competent to support people on their own. Staff told us they enjoyed their induction and that it had prepared them well for their roles, one said “It was great”. We saw that as part of the induction staff receive all essential training, this is recorded on the staff files and on the training matrix.

We were shown the training matrix; this was used by the registered manager to record all staff training. This showed that staff had received the essential training needed to provide care and support to people they were working with. We found that certificates in the staff files we reviewed matched the information on the training matrix. We saw training staff had received included;

health & safety, first aid, food hygiene, fire training, safeguarding, medication, rescue meds, physical intervention, record keeping, supervision and appraisal,

person centred planning, diet and nutrition, challenging behaviour, communication, confidentiality, risk assessment, moving and handling, consent, infection control and COSHH. (Control of Substances Hazardous to health (COSHH) Regulations 2002). This gives guidance on how to protect employees and people who use the service from hazardous substances at work.

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS) and report what we find. We saw policies and procedures were in place to inform and guide staff in the Mental Capacity Act 2005 (MCA) and DoLS. MCA provides a legal framework to determine if people have capacity to make informed decisions about their care, support and treatment. We saw that staff had received training in MCA and DoLS. The registered manager and staff we spoke with were able to demonstrate an understanding of MCA, DoLS and under what circumstances a best interest meeting would be required. A best interest meeting is where other professionals and people who know the person well decide the best course of action to take to ensure the best outcome for the person who uses the service.

The registered manager told us that the service places great importance on gaining consent and involving people and their families in decisions that were about them. Staff we spoke with were able to demonstrate a good understanding of the importance of gaining consent to care and support. Care records we reviewed contained consent forms, capacity assessments and information about how future decisions should be made including best interests meetings. We were told that authorisation for DoLS had been requested. We saw the application was person centred and detailed information about the individual. The registered manager has notified CQC of the application, as they are required to do. During our inspection we heard staff asking people what they wanted and seeking consent when offering support. Staff told us they also look at people's body language and non verbal communication to see if they are happy and consenting to what they are doing.

Where people had potential challenging behaviours, risk assessments and care plans included what might cause the person to be upset and strategies the staff could use. We saw that staff had received training in how to support people with challenging behaviours including

Is the service effective?

communication, breakaway techniques and physical intervention. We were told by the registered manager and staff that physical intervention is not currently used. Staff told us de-escalation and breakaway training was specific to each person. Records we looked at showed us incidents are recorded, monitored and analysed by the managers. Information is used to review care plans and risk assessments.

Systems were in place to ensure staff received the support they needed to carry out their roles. Staff received regular supervision and had an annual appraisal. We saw that supervision records were kept in staff files. Records we saw showed there is staff handover at the end of each shift; this enables staff to pass important information to each other. Staff we spoke with told us they felt supported, they said managers in the service were always available. We saw that the service also had regular group supervisions for staff; these gave staff the opportunity to discuss important things for people they support and about the service. We were told the service also had “away days” where all staff could meet to discuss the service.

We found that people were provided with a choice of suitable and nutritious food. People told us they were able to choose what they wanted to eat and drink, they were involved in planning the menu and the shopping. We saw that the kitchen was well stocked with sufficient supplies of fresh, frozen, dried foods and drinks. Staff told us they always offer choice of meals, one told us “I ask [resident] about what is on the menu for the day before I start cooking and ask if [resident] is ok with this or if [resident] wants to change the meal” another said the food was “Very healthy, very fresh”. The kitchen was clean and tidy and we saw completed cleaning schedules. Records we saw showed that people’s weights were monitored for changes.

Care records contained a Health action plan and showed us that where needed people had access to a range of health care professional including G.P’s, speech and language therapists, dietician.

Is the service caring?

Our findings

People we spoke with told us staff listen to them; they said “staff are good”. Relatives told us the service is “wonderful” and “invaluable”. One person said “[relative] is 100% happy”; they told us “If [relative] is happy, I’m happy”. Another said the staff and managers “are very caring, they listen to what I say”.

During our inspection we observed how people were spoken with and supported. Managers and staff were respectful and caring in the way they spoke with people. We saw staff did not rush people and took time to explain activities and what was happening, they were supportive and encouraging.

The registered manager, and staff we spoke with, knew the people they supported well. Care records we looked at had information about people's likes and dislikes and things that were important to them. Staff were able to tell us about people's likes and dislikes, how they communicated and how they knew when they were happy or upset. We saw that staff responded and changed activity when people's needs or mood changed. Staff said of meal times “they are the best part of the day, we sit around the table together, it's family orientated”

We were told the service operates a key worker system. A staff member takes a lead role in making sure the service is

providing what the person wants, looking for new opportunities and activities. The keyworker is also a link for people's families. One staff told us that being a key worker they made sure “Everyone is aware of care plans”. A relative we spoke with said they had a lot of contact with keyworker and “provided information about activities and this had been used to arrange new things”. We were told that staff work regularly with the same residents so that they get to know them.

Staff we spoke with told us they encourage people to be as independent as possible; making choices, helping with cooking meals and clearing away after meals. One person told us they “do something's for myself, getting breakfast, dressing”.

Policies and procedures we reviewed included protecting people's confidential information and showed that the service placed great importance on ensuring people's rights, privacy and dignity are respected. Care records and important documents were stored securely. We were told that advocacy services were not currently needed but the service could access advocacy and IMCA's if required.

We were told that relatives visited whenever they wanted. The registered manager had also arranged social gatherings for people so that relatives could meet.

Is the service responsive?

Our findings

One person told us “[relative] goes out daily and is encouraged to do things”. Staff said the service was “Very homely, it’s built around what [resident] likes”.

We looked at two care records. We found that information about people was written in a person centred way. The care records contained detailed information about the person; their social and personal care needs, likes and dislikes, preferences and routines. The records included care plans and risk assessments that were sufficiently detailed to guide staff in how to provide the support people needed. The registered manager showed us that most records are now kept electronically; this enabled information to be shared within the service more easily. We were told that when people needs change or important events happen staff are emailed with the information so they can read the changes in people’s records. Staff we spoke with told us they have a company email and the emails help them to keep up to date with people’s needs. We saw that detailed daily records were kept by staff; these recorded activities and important events and incidents.

People took part in a wide range of community based activities throughout the week. An activity planner was used so that people could see what they would be doing on a particular day. We were told by one person that they liked using the planner and they liked “Swimming and going to the park”. Staff told us that they try to find a variety of activities including some that are free so that people don’t use up all their money, “A lot of things are free, we try to look for different things” and “If [resident] doesn’t like it we try something else”. They also said they try to go places

where people can meet their friends. Staff demonstrated they had detailed knowledge of activities people would like and how to access them. The registered manager told us that they try to match staff with similar interests to the people who use the service.

The provider also has five other small services; the registered manager told us that social events are arranged regularly to enable residents to meet each other. We saw that trips had taken place to pubs, Liverpool ferry, The Wallace and Gromit museum, Blackpool pleasure beach, sea life centre and Smithills Farm.

We found that care records including risk assessments and care plans were reviewed regularly to ensure they reflected people’s needs. Staff we spoke with told us they would tell the registered manager if anything needed changing. We saw that people and their relatives had been involved in reviewing the care and support received. Relatives we spoke with told us they had been invited to person centred review meetings.

Information about how to make a complaint was contained in the service user guide, which was given to everyone and their relatives when they started to use the service. We were told that an “easy read” accessible version was available for those who preferred the information with images and fewer words. The service also had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also informed people who they could contact if they weren’t happy with the way the service had dealt with their complaint. The service has not received any complaints.

Is the service well-led?

Our findings

A relative told us the registered manager is approachable and they can email them if they want.

Staff told us they felt supported, “[manager] is always available on the phone” “I can say if I can’t do something, and I will be shown how to do it”

The service has a registered manager who was present on the day of 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 said the registered manager was “Supportive and caring” and that they “Are always there if you need them”. Staff and relatives told us they were confident in going to the registered manager if they had a problem or issue.

Staff we spoke with were complimentary about the registered manager and management team and felt supported in their roles. They told us managers within the service are “Proactive and positive” one told us “I get on with them all”. During our inspection we found that the registered manager knew people who use the service well.

We found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits including; care plans and risk assessments, accidents and incidents, health and safety, medicines, fire, concerns and complaint, cleaning and infection control. We saw that checks were recorded and where issues occurred, records were kept of what action would be taken, by whom and when it would be completed by.

Policies and procedures were detailed and gave adequate information to staff, people who use the service and their relatives and were fit for purpose. We saw that they had been reviewed and that a system was in place for ensuring staff had read and understood them.

The service has an on call system so a senior manager can be contacted at any time by staff, people who use the service or relatives. Relative we spoke with told us they could contact manager whenever they needed to.

We found that the service had a continuity plan; this informed the manager and staff what to do if an emergency happened that could disrupt the service, or cause danger to someone who use the service or staff. This included buildings, gas and electric supply, heating, severe weather, and outbreak of infection.

The service had not had any safeguarding or incidents that they should notify CQC about, the registered manager was able to tell us what incidents they should notify and how they would do it.

The registered manager told us the service had not received any complaints. They told us they try to resolve any issues immediately before they become a complaint by talking to people and their relatives. We saw that a system was in place for recording and dealing with any future complaints.

We found the service used a number of different ways of getting people’s views on the service and ideas for future developments, including social gatherings, coffee mornings and meetings. The registered manager told us they complete an annual evaluation of the service.

Questionnaires were sent to people using the service, their relatives, staff and professionals involved with the service. We saw that the last evaluation was completed in November 2014 and showed that people had been asked about the service, the staff and quality of support they received, food, activities, holidays, health needs. We saw that the results were positive and people were satisfied with the service they received.