North West Community Services (Greater Manchester) Limited

North West Community Services (GM) Limited

Inspection report

Meridian House, 1069 Stockport Road
Levenshulme
Manchester
Lancashire
M19 2TF

Tel: 01613209060
Website: www.northwestcommunityservices.co.uk

Date of inspection visit:
18 October 2016
19 October 2016

Date of publication:
27 January 2017

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?	Requires Improvement

Summary of findings

Overall summary

The announced inspection took place on 18 and 19 October 2016. The service was last inspected in August of 2013 where they met all the regulations that we checked.

North West Community Services (GM) Limited provides a range of support and care services to people with a learning disability, older people and those with mental and physical disabilities. This is done through a range of tailored services, including outreach, supported living, day services and domiciliary care. There is an office base and staff provide people with a range of care and support including with; personal care, medicines management, shopping and domestic help.

At the time of the inspection 119 people lived independently and received care and support from the service.

The service had a registered manager in post. 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.

We visited one service and found staff did not always follow safe working practices within the administration and recording of medicines procedures. We watched a staff member prepare two people's medicines and take them to the two people together. They did not follow good practice or the providers medicines policy. However, at another two services that we visited, staff were following correct procedures and other people and relatives we spoke with did not indicate any concerns with medicines. We have made a recommendation in connection with the safe administration of medicines.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Staff had received training in safeguarding and knew about whistleblowing procedures.

Emergency procedures were in place should the staff need to activate them to keep people safe, for example, in the event of a fire or poor weather conditions.

Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated and monitored for any trends forming.

We found one supported living accommodation that we visited in need of redecoration and some refurbishment work. We have asked the provider to support people to address the outstanding work.

There were enough staff with the right skills training and experience to meet people's needs, and although holidays and sickness interfered with staffing rotas, this was managed well with attention given to minimise the impact to people through inconsistency of the same staff as much as possible. Staff felt supported and

suitable training and development opportunities were in place.

People told us they felt confident that should concerns be raised these would be dealt with appropriately. People told us they could contact the management team or staff at the service if they needed to discuss anything. People had the opportunity to talk about their opinions of the service during reviews and through meetings or surveys they completed.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

People were supported to be able to eat and drink suitable amounts to meet their needs. People received a range of treatment when needed from health care professionals which helped to promote their health and well-being, including GPs, dentists and specialist consultants.

People were treated with kindness and respected by staff. Staff had a good relationship and rapport with the people they cared for and supported them to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs where possible.

Care and support records were regularly updated to ensure that people's needs were continually being met and a range of activities and social interactions were available for people to participate in.

Complaint processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision. Any complaints received were prioritised and dealt with quickly and appropriately.

The provider and registered manager ensured people received the quality of care and services they would expect. There were processes in place to monitor the quality of the service people received and experienced. This was through regular communication via meetings, surveys and a programme of continuous checks and audits.

The registered manager had not sent the Commission notifications as they are legally obliged to.

We have made two recommendations for the provider to follow.

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 not consistently safe.

Staff had not always followed safe practices in the administration of medicines and we have made a recommendation.

There were appropriate safeguarding procedures in place to protect people.

Risks were assessed and we have made one recommendation with regards to window restrictors. Accidents and incidents were recorded and monitored for any trends forming.

People were supported by a sufficient number of staff who had been appropriately recruited.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff that were well supported, trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were supported by staff so as to ensure that they received sufficient food and drink.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Is the service caring?

Good

The service was caring.

People were pleased with the care and support they received.

People told us they were treated with dignity and respect and care staff gave us examples about how they did this.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care plans were produced and updated regularly.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

A complaints process was in place and people and their families were able to access it.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not sent the Commission all the notifications they should have; which is a legal requirement.

The provider and management team provided good leadership. Staff understood their responsibilities to ensure people received the quality of care and service they expected and felt supported in their role.

There were quality monitoring systems to identify if any improvements were needed.

North West Community Services (GM) Limited

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 October 2016 and was announced. The inspection was carried out by one inspector. We gave the provider 24 hours' notice of the inspection because we needed to give advance notice and seek permission of people who use the service. This was to advise them that we would be calling by telephone or visiting them in their own homes (with their permission). We needed to also be sure that staff would be present at the offices to access records.

Prior to the inspection, we reviewed information we held about the service, including the notifications we had received from the provider about safeguarding concerns. Before we visited, we contacted local authority contracts teams and safeguarding officers from the area where the service operates. We also contacted the local Healthwatch organisation to obtain their opinion of the service. None of the people who responded raised any concerns.

We contacted health and social care professionals by telephone following the inspection to seek their view of the service. These included social workers and advocates.

We visited 13 people in their own homes, although some were out socialising and were not present during the visit. We noted that one supported living property we visited was registered separately and we were given this as a place to visit as part of this registered service. We met and spoke with a further 15 people when they attended activities held within the main office building and we spoke with a further three by telephone. We also spoke with six relatives.

We spoke with a number of staff during the inspection, including the registered manager, two service managers, two coordinators, eight care and support staff and two office based HR and administration staff.

We looked at a range of care records which included the care records of five people we had visited in their homes. We also checked the personnel records of five staff members. We looked at accident and incident records, training records, quality assurance checks, health and safety information, risk assessments, meeting minutes and surveys undertaken.

Good

Is the service safe?

Our findings

We asked people how staff supported them to safely administer their medicine. One person said, "The staff help me to take it, they get it out for me and make sure I have had it." Another person said, "[Staff name] helps me." People had support plans, risk assessments and medicine administration records (MARs) in place to provide guidance to staff. The provider used 'easy read' medicines information for people who may have needed that level of support. Easy read information sets narrative out in simple words and pictures to help people who may not be able to understand the usual format.

We checked medicines records and found the majority of people received their medicine in packs made up by the chemist, although some did receive them in individual boxes. The majority of MARs we checked had all been filled in correctly with peoples prescribed medicines with no missing gaps. However, at one shared supported living home we found that medicine administration records were not always completed appropriately, for example, items had been scribbled out or overwritten which is not good practice.

We saw staff had signed to say medicines had been administered. Staff ensured people's medicines were stored safely and discarded after 'use by' dates had been reached. We found that at one property, the medicines cabinet lock was broken and staff were storing people's medicines in a filing cabinet. However, the room in which the cabinet was held was locked, while staff waited for the cabinet to be fixed. The provider informed us that a second cabinet had been ordered as the first was not appropriate.

At the same property we found that staff did not always follow the correct procedures in the safe administration of people's medicines. We saw one member of staff correctly prepare the medicines for two people from the pharmacy prepared monitored dosage system. A Monitored dosage systems (blister/dosette packs) are a system used by pharmacists to dispense medicine's so that people can keep track of what to take at particular times of day. They are usually in some form of tray with medicines boxed into individual pods which are labelled by day and time. The staff member then took both people's medicines to them. Although the monitored dosage pots were labelled, this still meant there was a risk that people could get the wrong prescribed medicine by accident, as good practice indicates that one person is administered their medicines at any one time. We discussed these issues with the registered manager who made a note and said she would look into these issues.

Staff said their medicines training was up to date and records confirmed this. We also saw staff had received competency assessments to show they were suitably skilled to administer medicines to people. People's care records detailed information on 'how people took their medicine', including information on allergies. The provider monitored the administration of 'as required' medicines for behaviours which may have challenged the service. Staff had to telephone the on call team and register their use with people. This was in an effort to monitor any medicines that could have been used inappropriately and follows good practice. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief or to calm them when they have an episode of anxiety.

We visited other people in their homes and found staff administered medicines as per the provider's policy

and in line with good practice. People and relatives that we spoke with had no concerns with the way their medicines were administered to them. One person said, "Staff help me with my medicine…..I have been fine." One relative said, "Never had any cause for concern about the staff giving medicines. They are very competent."

We recommend that the provider ensures that all staff are following best practice guidelines and company policy and that any repairs to medicines storage facilities is classed as urgent and dealt with immediately.

Comments from people included; "I feel very safe"; "Very safe….very safe indeed"; "No problems with the staff, they are all very good"; "I am safe…my things are safe"; "I am very very happy. [Names of staff] are good to me"; "Everything is alright. I am happy" and "I feel safe, yes. The staff are all good." One person made a negative comment about one particular member of staff and said they did not like them, but told us that this was getting dealt with.

Relatives comments included, "Yes they make me and [my relative] feel safe…[my relative] is so happy when the support workers come"; "[My relative] has never raised any concerns…she seems very very happy" and "No problems on that score."

The provider had safeguarding procedures in place. The registered manager was able to explain the process she would follow, including reporting concerns to the local authority safeguarding team and also to the Care Quality Commission. Where there had been safeguarding concerns, these had been dealt with appropriately by the registered manager although notifications to the Commission had not always been sent. Staff confirmed they had received training in safeguarding and this was updated on a regular basis. Staff we spoke with were aware of their responsibility to report any concerns.

Staff were also familiar with whistleblowing procedures and said they would report any concerns regarding poor practice they had to the registered manager or their line manager.

Risk assessments including personal health and safety risk assessments were in place and regularly reviewed so the people who used the service were safeguarded from unnecessary hazards. These included, for example, the use of equipment or the use of various chemicals. However, we found that some people had not been assessed for having window restrictors in place. We asked people whether they had or felt they needed window restrictors in place within their homes. One person told us, "No I have got none….I don't need it as I am safe enough." Another person told us, "I have catches in the living rooms…bedroom so I can't fall out." A member of staff who worked in the same person's home told us, "We do have restrictors, but in this service user's room they are not required…the windows are very high…the service user cannot reach the window. The lower windows are difficult to open." A staff member in one supported living home that we visited said that they needed to review the risks around window restrictors and said they would look into this matter straight away. We discussed our findings with the registered manager who said most people did not need window restrictors, but said they would look at this to check assessments were in place if required. The provider informed us in feedback that initial assessments had been completed for all but one person.

We looked at accident and incident reporting and saw these were monitored for any trends forming by the completion of a summary sheet. Where issues had occurred, actions had been taken and lessons learnt. Body maps were completed with full details of the event. When accidents or incidents had occurred, these were discussed at team meetings so all staff could learn from these issues.

We visited a number of people in their homes and in one supported living accommodation where four people lived, we found the upstairs bathroom area in need of refurbishment and also parts of the home in

need of minor painting and decorating. We asked staff about the decoration of the home and they told us that the property was rented from another provider and that they were responsible for the upkeep of the property. Staff told us that the landlord had been contacted for these repairs and the provider also confirmed this.

People thought that there were enough staff to support them with their care and support needs and told us that generally staff arrived on time. People's comments included, "Yes, plenty of staff"; "The staff are here all the time." One relative told us, "Yes, yes…. they are on time…they don't rush and take their time. They stick to the rota." A number of people who used the service required one to one support at their homes and when accessing the community the provider had assessed the staffing levels to be able to manage this need. Staff told us about the support required whilst people were at home and we saw this recorded in care records. People had dedicated care teams where 24 hour support was required and this was generally consistent and reliable. There were enough staff employed to ensure people's needs were met.

At the time of the inspection we were sent a list of 202 active staff working at the service, this included management, senior staff and administrative staff with the majority being care and support staff. The provider had a system in place to ensure each person received their care package in a timely manner. A small number of people commented on the late arrival of staff, comments included, "Sometimes the rota changes and they may be late…sometimes not turn up, but I have called the office and they send someone" and "If they [staff] are late…they stay longer to make the time up." We spoke with the registered manager who advised us they monitored staff punctuality/reliability though they recognised staff sickness or other absences had an effect on scheduling from time to time and worked extremely hard to ensure staff were replaced by others when this happened. The provider tried to ensure people received continuity of care from the same staff members, although they recognised this was not always possible due to the type of service.

The provider had a continuous recruitment drive in place, including advertising posters on the outside of the main building to alert passers-by and leaflets within the service to encourage interested parties to pursue a job within adult social care within the organisation. This meant that the provider actively sought to maintain a steady level of care and support staff to enable them to meet the needs of the people who used the service.

There was an emergency on call number and procedures which staff could activate in the event of needing additional support out of hours, for example, in the event of an accident. The provider's emergency contingency plan was also available. This would be activated in the case of a computer system failure or malfunction, or in extreme weather conditions when staff travel arrangements may be affected. The plan was designed to ensure people would still receive the care provided by the service. Staff also had crisis plans in place within individual people's homes, to support them in an event of an emergency occurring, for example, a missing person or a fire. This meant the provider had systems in place to keep people safe in the event of an unforeseen emergency.

We found a robust system in place to ensure staff were suitable to work with vulnerable adults and a personnel checking list was in place to confirm that administration staff had completed all relevant checks. We saw checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where issues had been found, the provider had undertaken a risk assessment to ensure that the staff member was able to continue with their application and was still suitable to be employed. Staff records confirmed potential employees had to complete an application form from which their employment history had been checked. Suitable references had been provided and taken up in order to confirm this. Eligibility

checks had been carried out and proof of identification had been provided.

We noted on staff records where staff had been involved in disciplinary issues, these processes had been carried out in line with the provider's policy. This meant that the provider and registered manager had taken seriously any concerns they had with staff and dealt with them appropriately to ensure that people remained safe from the potential of abuse.

Good

Is the service effective?

Our findings

People comments included; "She [staff] is good. She is as good as a nurse"; "The staff are very well trained. They do the job they are paid to do and they always do what I ask. I have no complaints"; "They do a good job" and "The staff are all very good and nice."

One staff member said, "I have completed lots of training which has helped me and I enjoyed." Other staff we spoke with told us they completed regular training which supported them to fulfil their caring responsibilities. Staff had completed the standards within the Care Certificate if they were new to the service and we saw an example of this. Care Certificate standards are the standards people working in adult social care need to meet to ensure they can safely work unsupervised.

Staff records confirmed that training included; manual handling, food hygiene, first aid and medication awareness. We confirmed through records and by talking to staff and health professionals, the provider had supported staff to receive appropriate and additional training when people's needs had changed. We noted that the majority of staff had either completed or were working towards diploma levels two to four of a recognised qualification in health and social care with six staff members achieving level five.

Staff confirmed support meetings (supervision) were held with their supervisors to discuss work related issues and any other concerns that they may have. All staff that we spoke with told us that they felt supported by their supervisor and had opportunities to meet with them. We also saw appraisals took place every year and both the staff member and their supervisor were involved in recording information about their progress.

During our interactions with staff we saw some of them using various local forms of sign language with people. One staff member confirmed that they had trained staff teams to be able to use this form of communication with people who had complex communication needs. We noticed that pictorial communication methods were used widely throughout the service, through records and in ways to communicate various pieces of information, including how to complain or forms that people would take with them to their next GP or hospital appointment.

The registered manager said communication between health care professionals and staff was usually very good. Staff had made appropriate contact with healthcare professionals when the need arose to seek further advice or guidance. For example, when one person had swallowing difficulties, the speech and language team had been involved. The speech and language team support people who may be at risk of choking. We also saw referrals to district nurses, GP dentists and specialist consultants.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had consented to receive care and support and we heard staff asking people before they began with a particular task, for example providing personal care or administering medicines. Staff had an awareness of the procedures involving people who may lack capacity. The registered manager was able to explain what involvement the court of protection may have with people. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves. At the time of the inspection, three people were under the court of protection and the service was complying with the MCA framework.

Staff supported people in their own homes with the preparation of meals. Comments people made included, "I make my own tea...they [staff] get it ready for me. I put it in the microwave and set time"; "The meals are good"; "Some of them [staff] know; those who do not I tell them…I suffer from anxiety sometimes and need things right", which they confirmed they were. Other comments included "They [staff] do me a dinner and sort my meals out so I only have to microwave them later or they put me sandwiches up if I fancy them, they see to everything."; "They [staff] make me up a meal and make sure I like it"; "I feel I have enough food and staff help me with it." When we visited a shared home with a number of people living there, we noted staff had prepared breakfast for them. We asked one person if they were happy with the food that was prepared for them. They said, "Yes".

Another person we visited could not speak with us, due to their health condition, but we confirmed from their records and by talking with staff that their likes and dislikes were known. Staff provided a wide range of foods appropriate to the person's needs and had involved health care professionals to support them with their dietary requirements. Relatives we spoke with were happy with the food prepared and one said, "It puts your mind at rest knowing they are getting fed properly." From the visits we made to people's homes, we noted staff checked people had enough to drink too. We also saw staff had received food hygiene training which meant they were able to prepare food safely.

The provider had considered the individual needs of people receiving care and support from their service and made necessary adaptions. We saw that the allotment and areas where activities were organised had adaptions made to them to allow people who were less mobile to gain access, for example, those in wheelchairs. We visited both areas and found they were accessible, with the allotment area also having raised vegetable and flower beds which further supported people's accessibility. This meant that the provider had made adaptions to ensure that people with limited mobility would still be able to use and enjoy the facilities.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and respected their dignity and relatives confirmed this was the case. Comments included, "Yes very nice. They listen to me"; "They go out with me, they take me to places I like"; "They are alright…yes"; "[Staff member name] is fantastic…she is my (like my)mother…. special person"; "I can do what I want...stay in my room…they let me do this…they care for me"; "I get on really well with the staff, they are all nice"; "I have a couple of different staff come to help me, they are all good" and "They [staff] are all very kind". Relatives told us, "Carers are fantastic to my relative…my relative like's painting…they [staff] always take them to places relating to painting"; "My relative has never told us they have issues with carers, we have seen them for over a year and are always helpful" and "Good carers, no problem at all".

We were told by staff and people confirmed that staff had raised money for various activities and parties to be held at Christmas and at other times. The registered manager and staff told us, they provided Christmas presents for all the people using the service and gifts were tailored to individuals as some people had special dietary needs.

We attended an activity day at the providers head office, which people paid a nominal amount to attend. We were told by staff that all the money collected went towards further activities and other events that people could participate in. The registered manager told us that staff had worked to help organise these activities, on occasions in their own time, including work in the allotment which was situated within the grounds of the main building. The registered manager told us and staff confirmed that a committee had been set up with people who used the service to support the use of the allotment and other activities.

People told us they felt involved in the care and support provided to them. Their comments included, "They always talk to me about my care"; "Yes they keep me happy...I know what they are doing" and "They [staff] talk to me about what I want and what I want to do. I make decisions, yes".

One healthcare professional said, "Staff promote people's dignity, they don't talk about the person in front of them and don't talk over them." Staff were considerate of people's dignity and privacy. We heard one staff member shout through to the person, before they entered their bedroom. Staff told us how they supported people with personal issues to balance meeting their needs and maintaining their dignity. This included providing support from a member of staff of the person's preferred gender.

When we visited one supported living home, we found the staff member was not dressed in an appropriate manner which may have not promoted people's respect and dignity. We brought this to the attention of the registered manager who said they would look into the matter. Although we found this one instance, we did not consider that this was wide spread as all the other staff that we met and spoke with were dressed appropriately.

The majority of relatives felt included and involved in explanations about the care and support which was provided to their family member. One relative told us, "They take time to talk to us about [relative]…they

listen." Another relative told us, "I feel fully included in what goes on, they are very good." One relative, however, did not feel so included and told us, "No they don't get me involved with [relative's] care... they have good manners but don't get me involved…this makes me sad." The person did not want us to speak directly to the provider, but said that they would follow this up.

Staff spoke about people in a positive and respectful way and it was clear from what we observed and overheard, that staff cared about the people they were supporting and had established good rapports with them. We heard staff giving words of encouragement to people in order to support them to maintain their own dependence and help them in activities they were participating in. When we visited people in their own homes and staff were present, we heard warm and naturally caring conversation taking place which showed staff knew people well. One person who attended activities at the main office said, "I like to have a bit carry on [meaning a joke] and they [staff] are good at cheering me up." Staff said they really cared about the people they supported. One staff member said, "This is not an easy job, but I would not change it for the world. The people we look after are lovely". Another staff member was visibly moved when explaining how much the wellbeing of people meant to them. They said, "It means everything to me that the people I support are happy, we do our very best."

Discussion with the staff revealed there were no people using the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We reviewed a 'Service User Guide' and an up to date 'Statement of Purpose' which the provider had produced and shared with people who used the service. They were produced in varied formats such as pictorial and written to ensure everyone had an opportunity to understand the information. These documents contained information about the company's values and the limitations of service. They explained what the 'service user' can expect from the company and how the service would be delivered. They provided information on quality assurance, complaints and useful contacts and included the organisations aims and values, for example promoting dignity, independence and people's civil rights.

From records, we noted some people had accessed advocates when the need had arisen. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We spoke with one advocate who was positive about the staff team and said they worked in the best interests of the person. They said the provider had involved them to help support the person with a review of their care. They said they had no reason for concern because the person they were supporting "appeared happy and comfortable".

Good

Is the service responsive?

Our findings

People we spoke with thought the service was responsive. People's comments included; "Everything ok"; "I do the things I like...like coming here [to the activity based in the provider's main office]"; I am always out doing things I like"; They [staff] treat me well and we do the things I want to do"; They [staff] will help me when I need help". Relatives thought the service was responsive to their family members needs and were approachable in their manner. One relative told us, "If I have ever had the need to call, they have listened and acted upon whatever needed to be done."

One member of support staff told us, "We meet the family and we work out a structure with the client and relatives so the client can get meaningful activities…one client's relatives stated that they had not seen their relative this happy for a long time." Another member of support staff stated, " I have been here for over 5 years…at all times we want to make client's independent…we have one to one for each client…we arrange tasks, and all activities are planned so the client's get the most out of each day."

People's needs had been assessed, including their daily living skills, financial needs and other considerations such as culture, dietary and religion. Care and support plans had been drawn up from this information and reviewed regularly with associated risk assessments put in place. We noted, where professionals had been involved, this was recorded and included in documentation. People said they were involved in their care and support and where people were unable to, as they did not have capacity due to their learning difficulty for example; relatives, staff and healthcare professionals had made best interest decisions on their behalf. Evidence on people's care records showed the provider aimed to tailor support in a person centred way. For example, pictures of what people enjoyed doing were included, people's desired outcomes were described and information such as 'This is me' was in place. 'This is me' included details of the person's current lifestyle, how they communicated, what their interests were and what they liked and disliked. This meant the provider gathered personalised information about people in order to be as responsive as possible to their individual needs.

There was an example in the daily records of one person we visited, where staff had responded positively to an identified change in need. Records had been updated and systems put in place to ensure the person was safe and the need met.

Staff told us they involved people in decisions about their care and support by promoting autonomy. People were encouraged to select their own clothes, choose their meals and make decisions about daily activities. This meant people were receiving care and support which reflected their individuality and identity.

Due to the nature of the service people's needs were all very different. Some people had limited recreation as part of their 'care package', while others had full 24 hours support, including staff support with a full range of recreational activities. Staff supported people to participate in pursuits that they were interested in and enjoyed. People confirmed they attended gardening clubs, day centres, activity clubs, trampoline clubs, swimming and enjoyed going to the pub for example. One person said, "They [staff] support me in the garden when the weather is nice." Another person said, "We go out together shopping….cinema." People

said they had choice. One person said, "I always get asked what I would like." Another person said, "I choose what I want to do."

Staff at the service had set up activity days at the provider's main office to occur every week, which included painting, knitting, other crafts and music. We attended one of the sessions and found people enjoying a range of activities with the support of staff and in the company of friends who also used the service. The atmosphere was very friendly and welcoming and we saw people clearly enjoying participating in some of the activities. One person particularly enjoyed painting and explained to us in sign language how happy they were. The provider also had an allotment which was actively used by people. We visited this area and found a large space which had been planted with vegetables and flowers; had seating areas and was decorated with flags. Although the weather was not particularly good on the days of the inspection, people told us they still enjoyed going out into the allotment area to do a little work. The registered manager told us that they had recently sourced a new allotment and had the intention of turning this space into a sensory garden. One member of staff confirmed this and said, "It will be lovely when it's done."

People said they knew how to complain and would if they felt they needed to. Comments included, "They [staff] do listen…don't need to make a complaint…happy" and "Nothing to complain about". There had been one complaint in 2015 and three in 2016 and these had all been dealt with in a timely manner and with suitable conclusions. We noted that where staff were involved, appropriate disciplinary action was taken if that was deemed a correct course of action to follow.

Copies of the providers complaints procedures where on records kept in people's homes, including information held in an easy read format. One person said they had complained about having different care staff and said the 'manager' had resolved the issue immediately and they had the same staff now. Another person said, "I complained once about one staff and it was dealt with straight away." One relative said they had once requested a change of staff which was done immediately. The registered manager was keen for us to know that not only does the provider take complaints or concerns seriously but they used any issues as learning points to help provide a better service for others. Minutes were available which documented where issues had been discussed with staff in a way to improve the overall service for others.

During our inspection we viewed the responses from surveys that had only recently returned to the office and had been completed by people using the service. We noticed that one of them had made a comment about a staff member. We brought this to the attention of the registered manager. On the second day of the inspection, the registered manager had a discussion with the person and a staff member they were supported by and raised the issue of the comment on the form. The registered manager clearly had a good rapport and dealt with the concern very well; at all times ensuring the agreement of the person involved, with next steps to be taken to rectify the matter. This meant that the provider acted swiftly to address any concerns raised by people and in a way which fully involved the person.

Many compliments had been received at the provider's office, including cards expressing the gratitude of people and their relatives after they had received good quality care and support.

When people had to attend hospital appointment, staff supported them and made certain health and personal details were shared to ensure that the person received the best possible support. We saw that health action plans and medical treatment records were kept to facilitate this. This meant that people experienced a better transition within services because the provider ensured appropriate information was exchanged.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was also the director of services for the provider organisation. She had worked for the provider since 2003 and was very committed to providing an excellent quality service to the people who she worked for. The management team was made up of the registered manager, and a number of service managers, service coordinators and senior support staff.

The registered manager normally ensured all notifications to the Care Quality Commission (CQC) were made, however, we found that a small number had not been sent to us in line with their legal responsibilities. We have not taken enforcement action on this occasion and wrote to the provider to remind them of their legal obligations.

We noted that the provider's website advertised all newly inspected services which had been visited under our new inspection model. This meant that the provider understood their legal responsibility to ensure that performance assessments (inspection ratings) were displayed according to the new regulations.

The organisation was established in 1986 and was celebrating its 30 years in the health and social care sector. A website was in operation to promote the organisation and this particular service. It also provided information for people who used the service, their families and staff. The provider had been awarded the "two ticks" symbol for their commitment to employing people with disabilities. The "two ticks" symbol was awarded by job centre plus but has now been replaced by the 'disability confident' symbol. The provider had also been given investors in people award. Investors in people award is an accreditation that is recognised as a mark of excellence of good practice in training and development for business. Information on the website also confirmed that the provider had signed up to the social care commitment; by making a promise to continually improve the quality of their care and support services. This meant the provider showed an openness and transparency and worked to improve the quality of the service provided to people in a range of inclusive ways.

People and their relatives we spoke with thought the service was well led. We received positive comments including; "The manager [service coordinator] is very good"; "The manager [service coordinator] knows him really really well and provides not just support but the right staff"; "She [registered manager] is a nice person" and "Fantastic…great help when we need things changing". However, one relative did not know who the management team were and said, "We don't have any idea who the management are….no reason to speak to them." We noted that information about the management team was advertised in the service reception area and in 'service user' guides which meant that information about the team was widely available.

Staff we spoke with thought the running of the service, as a whole, was managed well. We asked staff if they felt supported and they thought they were. They told us that they could go to their line manager with any issues they had and felt they would be listened to. One member of support staff told us, "Management do listen. We have changed things around… they are fully supportive. The clients have changed both in age, needs and the activities have been changed to reflect this. I have a good relationship with the managers…

they listen."

People had received surveys to complete, including in easy read format, and 2016 surveys had recently been sent out and the provider was in the process of gathering them in. We saw the feedback from the customer satisfaction survey from 2015 which had been analysed by the quality assurance team and published for everyone to see, including people, their relatives and staff. These were available in the reception area of the main office and within the supported living properties that we visited. We noted that surveys had been issued to people, relatives and friends and also staff.

Responses were generally positive with comments including "I like coming to [the service]…..and enjoy doing my beads and going out to the shops to buy things I like." We noted that 97% of people said that support arrived on time; relatives reported that 92% of people were kept safe. We also noted that 54% of relatives felt that staff listened to what they had to say and that 62% felt they were involved in making choices over their family members support. Staff had made a number of both positive and negative comments, including, "NWCS is a great place to work"; I am happy with NWCS for their good service to the people we support and the good quality of the equipment and good environment provided by the company"; "Staff need motivation"; "Staff should be made to feel more valuable" and "Staff shown appreciation for the work that they do for the company".

The provider had addressed the issues raised by people, relatives and staff in a number of ways, including discussions through staff meetings and we saw minutes which confirmed this had taken place. Quality assurance audits included more feedback from people they supported and relatives/friends were to be invited to discuss care delivery at least once a year during a care plan review. One relative we spoke with said that they did not feel involved, but we found out the person's yearly review had not taken place yet and confirmed they would be automatically invited to that.

A development day had taken place for staff recently and we were told by the registered manager that this had focused on staff values amongst other agenda items, including people's choice. We spoke with a member of staff who was involved with the organisation of the day. They told us that the registered manager and another staff member, unknown to the staff present, had set up a role play situation with them entering the meeting and talking loudly/arguing with each other. The staff member said it was to make staff think about what it was like for people placed in similar situations that are out of their control, and to think of their own values when dealing with issues. The staff member we spoke with said, "I think everyone enjoyed the day." Another staff member we spoke with about the day told us, "Yes, it was good. It made us all look at the choices we give people and to make sure that we do. It was all for the better really."

Meetings for people had taken place within the supported living accommodation in which they lived. Other meetings had taken place to collect the views of people who used the service and the registered manager told us that they were looking at ways to further involve people and their family members. Meetings included a range of topics from changes within the service, to activities information.

Meetings for staff had also taken place, including separate meetings for the leadership within the service which included senior support workers, service managers and coordinators. Meetings included discussions in connection with training, the care certificate, health and safety information and any other business pertinent to the running of the service. We noted that minutes had been signed as read and dated to ensure that all staff not able to attend the meetings at least saw the minutes and knew what had been discussed. This meant that the provider demonstrated good management and leadership by ensuring that information was disseminated to all of its staff.

The provider completed a range of quality assurance checks and audits to support them in monitoring the service and to ensure people were provided with care that met their needs. We saw that weekly spot checks were completed by coordinators and these included, for example, monitoring of finances and counts of medication, including checks on people and staff. Every second month, service managers completed a service audit and this was monitored by office staff to ensure that it had taken place and the scoring from the audit collated. These audits included, for example, feedback from people who used the service, checks on care records, monitoring of medicines, checking of people's finances and other service records. We saw that when issues had been identified actions had been put in place and followed through to completion. For example, we saw one spot check had found a tap not working. This had been reported to the separate company who was responsible for repairs and we saw evidence of this. The provider's quality assurance team visited services on a regular basis to also ensure that the service provided met standards. This meant that the provider actively sought assurances that the people who used the service were provided with good care and support.

Staff knew what their responsibilities were. One member of support staff said their role was to, "Support people to the best of my ability; make sure they are cared for properly; and to let management know about problems." Another staff member said, "I look after service users in a safe way so that they can enjoy life, the same as everyone else." Office staff were able to tell us how they managed their day, and the responsibilities they had in relation to the running of the service, including for example, in connection with HR responsibilities. All of the staff we spoke with indicated they enjoyed working for the organisation. One said, "I like working here, it's a good company." Another staff member said, "Yes, they have been very good to me. Some people think the grass is always greener, but believe you me it's not."

An employee of the month scheme had been in place with staff being recommended and names being placed in the three monthly provider newsletters. To recognise the work staff completed for them, the provider had set up a package of staff benefits, which included childcare voucher and cycling to work schemes, paid travel and mileage expenses and long service awards. This meant that people were supported by staff who were recognised for their dedication by the provider.