Community Integrated Care

# North West Regional Office

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection visit took place at Merseyside Regional Office on 17 November 2016 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Merseyside Regional Office is a Domiciliary Care Agency located in Wavertree a suburb of Liverpool. The agency employ staff to provide care and support to people in supported homes and in accessing the community. The amount of support people receive varies depending on the person's needs. At the time of the inspection the agency supported 112 people.

There was a registered manager in place. 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.

At the last inspection in February 2014 the service was meeting the requirements of the regulations that were inspected at that time.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Records showed staff had received safeguarding training and understood their responsibilities to provide safe care and protect people.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the supported houses were staffed. Staff members spoken with said they were happy with how their houses were managed. They felt one to one support for people who lived in the house was beneficial for the person and staff members.

We found checks had been undertaken including a Disclosure and Barring Service check (DBS), and references.

People were approached with a supportive and compassionate manner and staff had a good understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful, patient and caring towards individuals.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. Staff were trained to administer medication.

Staff knew people they supported and provided a personalised service. Care plans were in place detailing

how people wished to be supported and people were involved in making decisions about their care.

People who lived in the houses were encouraged to attend to their own dietary requirements as much as possible. Support and guidance was always available at mealtimes for people with complex needs.

Staff received training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. People who lived in the houses told us staff were respectful and supported them to make their day-to-day decisions and staff were available for guidance and support.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

When we visited one of the houses people who lived there were getting ready for the day ahead. People were supported to follow their chosen hobbies and lead an independent life as possible. For example one person was going out to the shops for Christmas shopping and another was relaxing in the main room watching films.

The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken and details had been recorded.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived in the houses.

## 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.

Staff had a good understanding of protecting people from abuse or potential harm. People said they felt safe when supported.

Recruitment procedures were followed to ensure suitable checks for potential staff had been carried out, prior to commencement of employment.

Staffing levels were sufficient to ensure people received a reliable and flexible service.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

People who received a service told us they felt safe whilst being prompted to take their medicines.

### Is the service effective?

Good

The service was effective.

The registered manager provided staff with training to underpin their role and responsibilities. They also guided staff to the principles related to the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

### Is the service caring?

Good

The service was caring.

People who lived in the houses told us they were treated with

kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

People confirmed they were involved in their care planning, which was evidenced in care records.

Staff were respectful of people's rights and privacy.

## Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

We observed staff engaged with people in a meaningful way and discussed various activities within the community.

Staff promoted independence and provided people with choices in their social life.

The registered manager had a variety of systems to check and manage people's complaints and concerns.

## Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders and people they supported for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

# North West Regional Office

**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 checked 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 visit took place on 17 November 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on the 17 November 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we visited two supported houses and met two people who lived there. We also spoke with four people by telephone who lived in other supported houses. In addition we spoke with registered manager and eight members of staff.

We looked at the care records of two people and three recruitment records of staff. In addition we looked at training records for staff and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced who were supported by the service.

Good

# Is the service safe?

## Our findings

We spoke with people who lived at supported houses about the service they received and whether they felt safe in the care of staff who supported them. Comments we received were all positive and included, "Yes I do." Also, "My home is safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. One staff member said, "Yes we have completed training and some is lined up this year." Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

Information about safeguarding and signs to watch out for if someone was being abused was given to all the people who lived in the houses. Information was also in picture format for those with complex needs. A staff member said, "It is useful people know what abuse is all about."

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. The registered manager had reported the concerns appropriately to the correct agencies. There was evidence the service had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who used their service.

Care records we looked at had risk assessments to guide staff to protect people from unsafe support in the houses. These related to potential risks of harm or injury, such as medication, personal care, movement and handling and whilst out in the community. The management team recorded the level of risk and actions taken to manage it to minimise its potential reoccurrence.

Records had been kept of incidents and accidents. Details recorded demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted notifications to the Care Quality Commission (CQC) about any serious injury suffered by a person who lived in the houses.

We looked at how the supported tenancy houses were staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. Each house had their own staff team and were mainly one to one support. This was confirmed by talking with staff members. There was an appropriate skill mix to meet the needs of people who lived in the houses. Comments from staff included, "The one to one support gives each person a chance to do the things they want to do." Another staff member said, "No issues with staffing levels we work well as a team and support each other."

We looked at the recruitment procedures followed by the service for three recently appointed staff members. We found checks had been undertaken including a Disclosure and Barring Service check (DBS)

and references.  A valid DBS check is a statutory requirement for people providing personal care to vulnerable people.  Written references were obtained prior to the commencement of their employment date.

When we visited the supported houses we looked at how medicines were prepared and administered. The medicines administration records (MAR) sheets were legible and did not contain any gaps. Staff employed by the service received medication training to ensure they were competent to administer medicines. Discussion with staff members confirmed they had been trained and assessed as competent to support people to take their medicines.

The registered manager had in place a competency check for medicines administration for all staff.  For example any issues that were identified would be looked into and addressed with the staff member. They would then be reassessed to ensure they were competent to administer medication..

Good

# Is the service effective?

## Our findings

People who lived in houses received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. One staff member said, "We are a big organisation but a lot of staff have been here years which can only help the people here." People told us staff knew them and understood the support and guidance each individual required. For example comments from people who lived in the houses included, "It is small so we know staff very well."

Individual training programmes had been developed for each staff member. We found training courses were relevant to the needs of people who were supported. For example training consisted of safeguarding vulnerable adults, moving and handling and medication. Access to training events was not an issue for staff. They all told us they were supported to attend courses and there was plenty on offer.

In addition staff were encouraged to develop their skills by undertaking professional care qualifications. One staff member we spoke with said, "I have been here a short while and the manager is already putting me forward to do care certificates. They are on the ball with training."

People were supported to communicate in their preferred way. Staff told us they were trained in different communication techniques such as 'Makaton'. This was a communication method so staff could communicate with people who had complex needs.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service.

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.

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA. We spoke with the senior support worker to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled staff to assess people's ability to make decisions for themselves. We did not observe people being restricted or deprived of their liberty during our inspection visit. Applications had been submitted to the local authority and they were waiting for responses.

Care records looked at held within the supported houses contained people's dietary needs. They showed they had been assessed and any support required was documented. Food shopping and preparation of meals was mainly done by people who lived in supported houses with support and guidance from staff.

We found the kitchen area in one house to be stocked up with food and drink. A weekly menu was on display in picture format that was devised by the people with support from staff. We saw recorded evidence of cleaning schedules and correct storage of food in line with food safety guidance.

Staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in shopping for some of the food. For example one person enjoyed shopping and they were going to the local shops on the day of our inspection visit. One staff member said, "[Person who lived in the house] enjoys shopping and choosing food for themselves."

People's care records included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People also received visits from other health professionals and social workers. These meetings were documented in individual care plans.

Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members and records we looked at.

Good

# Is the service caring?

## Our findings

People we spoke with told us they liked the staff and they were treated with kindness. One person who lived in one of the houses when asked what they thought of the staff said, "I like them very much. They are very kind."

We looked at the care records of two people and found a person centred culture which encouraged people to express their views. Care records contained picture format information for people with complex needs to understand and be involved in. We saw evidence people had contributed and were involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care, support and how they spent their lives. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

Daily events that were important to people were recorded and explained. This was so staff would understand people's preferences and support them to carry out their wishes. One staff member said, "It is important to know what people want and aim to help them achieve that as much as possible." Care plans contained information about people's current needs as well as their wishes and preferences

Staff had an appreciation of people's individual needs around privacy and dignity. They told us respecting people's privacy was a high priority for the service. People who lived in supported houses told us staff were respectful and treated them with kindness. For example we observed during a visit staff engaged in conversation with people who had complex needs and communication difficulties. When showing us around the building staff made sure people were asked to show us their room and around the home at every stage. A staff member said, "This is their home and we have to respect that."

The management team respected people's culture and diversity. This included reference to the protected characteristics, as stated under the Equality Act 2010. Furthermore, the registered manager provided staff with equality and diversity training to enhance their awareness. One staff member said, "Everyone is treated as an individual and respect for their human rights."

Staff had a good understanding of the individual's preferred routines, wishes and preferences. They asked people what they wanted to do for the day. We observed caring relationships in place between staff and the individual. For example one staff was supporting a person with their hair. It was obvious the person enjoyed the attention. A staff member said, "We are a small home with two people so we are close and know each person so well."

We observed examples of staff showing respect and kindness when we visited people's houses. For example we observed staff knocking on doors before entering and always letting the person know who they were.

The service had information details about advocacy services that could be provided to people who lived in

supported houses and their representatives if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the agency to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Comments were positive and the information provided helped us gain a balanced overview of what people experienced living in supported houses.

Good

# Is the service responsive?

## Our findings

We were told by people who lived in the houses the service was responsive to them. For example one person said, "I like to go out when I want to and that's ok." Staff told us they could respond to people's wishes for their daily routines because of the one to one support provided.

When people moved into one of the supported houses they had their social, health needs, and also communication preferences assessed with them and their representative. Staff told us people were assessed to ensure they were aware of individual aims and goals each person wanted to achieve. Care records contained a 'my life in focus' document. This form for example had activities the person liked or preferred interests. Also how often they enjoyed to participate in the activity and what time of the day they preferred. A staff member said, "They are useful documents individual to the person."

We looked at care records of two people who lived in supported houses. Care plans were reviewed and updated generally six monthly. However any changing needs could result in a full review of support they received. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives and achieve their aims as much as possible.

Care plans were person centred and clearly showed input from the individual. For example written in the person's voice they had recorded there, wishes and interests. The level of detail showed there was an appreciation of the person as an individual. They contained a 'one page profile' of what was important to the person. One page profiles ensured staff and in particular new staff had information available to them so people received consistent and appropriate support. Also staff had completed the same document so people had an insight of the personality of staff who supported them. One staff member said, "They are good to help develop friendship and get to know one another."

Care records contained a document called a 'hospital passport'. This booklet contained relevant information about a person's health, social, medication information and personal details. This meant any health professionals at hospital would have information at hand to assist them in their care and treatment for the person.

When we visited one of the houses people who lived there were getting ready for the day ahead. For example one person was going out to the shops for Christmas shopping and another was relaxing in the main room watching the TV. Staff told us they had transport available for the people and would go out to the local shops or knowlesley safari park, which they liked to do. People we spoke with told us the staff supported them to follow their interests and maintain as much independence as possible.

We found the complaints policy the service had in place was current and had been made available to all people who lived in supported houses. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. The process for making a complaint was detailed in the information pack. Information for people was also in pictorial form for people who had communication

difficulties.

Staff told us constant engagement with people developed relationships and encouraged people to discuss any complaints they had. One staff member said, "We view complaints as a positive experience and ensure they are looked into and dealt with according to the policy."

The registered manager would visit the houses on a regular basis. This was in order to obtain the views of people who were supported there. This gave people the opportunity to raise any concerns or issues they may have. The registered manager told us it helped to sort out any issues before they become major concerns.

Good

# Is the service well-led?

## Our findings

People who lived in the supported houses told us the management team were supportive and on hand to discuss any issues. They felt they were approachable and easily contacted should they wish to speak with the registered manager or management team. Comments included, "I speak with the manager any time."

We found that each supported house had a structured management team in place. There were clear lines of responsibility and accountability within the staff team. The management team were experienced and familiar with the needs of the people and how they were supported. One staff member said, "The structure of the house is organised so we know who is responsible for what."

Staff told us support they received from house managers and registered manager was good. We received good comments about the way the service was led. Comments included, "No problems with management I feel they are so supportive from [house manager to [registered manager]." Also, "The way in which this house is led and organised works so well for the tenants." In addition a person who lived in one of the tenanted houses said, "Yes the manager is very good I know who they are and they do everything to help me and organise the house."

People who lived in the supported houses told us the management team visited their homes regularly. For example when we visited one house with the registered manager people who lived there expressed to us they were pleased to see them. We observed a good relationship between staff and people at the house. We observed two people excited and greeted the registered manager in a friendly way.

Staff meetings were held on a regular basis. These took place in the individual houses. They also included people who were supported in the meetings and they contributed to the process. People we spoke with confirmed this. Staff we spoke with told us they were productive and useful. One staff member said, "We involve everyone from the house and they are constructive meetings."

The registered manager had installed a 'suggestion box' in the office building so that people visiting the office base could pass on their opinions anonymously. It would also give people a chance to raise any issues or concerns they may have. In addition surveys had been developed for people who live in the houses to give their views on the service.

We spoke with the registered manager and house managers about the people who lived and worked at the supported tenancy schemes. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who they supported.

Regular audits were completed by the registered manager and by the organisation. These included medication, the environment of the supported houses, care records of people who were supported and staff training. Any issues raised by the audits would be addressed by the registered manager and management team. They would be acted upon to ensure the service was monitored and continued to develop.

A 'service quality assessment tool' (SQUAT) document had been developed by the management team. This document would be used for each house to target specific areas for auditing. For example a recent audit identified a medication error where medication records had not been completed correctly. An action plan was put in place and timescales for completion to reduce the risk of further errors. A staff member said, "The system works well."

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager had taken the appropriate action.