North West Community Services (Greater Manchester) Limited

# North West Community Services (Manchester) Limited - 11 Bacup Street

## Inspection report

11 Bacup Street
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23 December 2015

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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

We inspected this service on 22 December 2015 and carried out additional checks on the service at a regional office on 23 December 2015.

This inspection was unannounced however prior arrangements were made with the regional office to look at staff recruitment and training files.

Bacup Street is registered to provide care and support for up to three adults with a learning disability and / or a mental health problem. The home is a purpose-built bungalow situated within a residential area of Manchester. The bungalow accommodation comprises of single occupancy bedrooms and spacious communal areas including a lounge, kitchen and bathrooms. At the time of our inspection the home was fully occupied.
A registered manager was in post at the time of this inspection and was present throughout the whole of the inspection. They told us they were also covering another local service in the absence of the registered manager who was off on planned leave.

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 ratios were sufficient to meet the needs of the people living in the home. People were able to access the community with support and pursue their own interests.

We found robust recruitment processes were in place to ensure the right people were recruited to the posts of support worker. Staff accessed mandatory training during their induction along with other relevant specialist training for their role.

Accident and incident reporting mechanisms were in place and the on call manager was always informed following an accident or incident as per company policy. The administration and management of medicines was safe. There were appropriate controls and procedures in place to manage and prevent the spread of infections and the registered manager was the nominated infection control champion.

Staff had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and there was evidence that best interest meetings were taking place.

Staff were able to tell us about the different preferences of individuals and recognised the importance of this in order to provide person-centred care. We heard people being asked for their consent before support workers carried out their duties.

Staff had good relationships with people living in the home and treated them with dignity and respect. Staff were always friendly, patient and polite in their interactions with people.
Support plans were person-centred and contained relevant assessments of risk tailored to individual's specific needs. Support plans were up to date and contained sufficient detail to enable staff to meet people's care and support needs.

Personal goals had been identified for individuals and these had been reviewed after a six month time frame. Staff encouraged people to be actively involved in their local community and those that wanted to go out were supported to do this.

People were given choices by staff and staff respected their decisions. There was a mechanism in place for people to raise a concern or complaint in the form of a complaints policy. The service also produced a "how to share your compliments, comments, concerns or complaints" leaflet and this contained easy-read symbols and simple language.

The service was well led and feedback from both staff and professionals was positive when asked about the registered manager.

Quality assurance systems were in place and audits were carried out by another registered manager who was independent of the home. We saw that where improvements could be made any actions identified were followed up by the management of the home.

## 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.

People were kept safe from harm and abuse. Staff were aware of safeguarding processes.

Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

Incidents and accidents were appropriately logged and recorded as per company policy.

Medication was ordered, stored, administered and disposed off safely.

### Is the service effective?

Good

The service was effective.

There was a robust induction programme for all staff.

Staff had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and the provider was working within the principles of the Mental Capacity Act.

Staff were suitably trained and received regular supervisions.

People had access to healthcare services and received ongoing healthcare support.

### Is the service caring?

Good

The service was caring.

People were well presented and had positive relationships with staff.

Staff treated people with dignity and respect.

Staff promoted people's independence.

Activities were undertaken with people in the home and in the community.

## Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences.

Staff treated people as individuals and offered choice.

Support plans contained information about the individual's personality, their likes and dislikes and preferences around methods of communication.

Personal goals had been identified for individuals and these had been reviewed for progress.

## Is the service well-led?

Good

The service was well-led.

Staff, relatives and other professionals spoke highly of the registered manager.

Staff meetings took place on a regular basis.

Audits and monitoring tools were in place and the service took action when improvements were necessary.

Risk assessments in relation to the environment had been completed.

# North West Community Services (Manchester) Limited - 11 Bacup Street

**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 took place on 22 December 2015 and a follow-up visit to a regional office took place on 23 December 2015. The inspection was carried out by two Adult Social Care inspectors.

Before our inspection we gathered and reviewed the information we held about the service, including the statutory notifications received since our last inspection. A notification is information about important events which the provider is required to send us by law. A Provider Information Return (PIR) is a form that requires the registered manager to give some key information about the service, what the service does well and improvements they plan to make. A PIR was not received for this service.

We spoke with commissioners of the service to gather their views of the care and service and contacted a health care professional who had had recent involvement with the service. Feedback we received from other professionals was positive.

During our inspection we were able to speak with one person using the service, three people's relatives and three staff, including the registered manager. We observed care and support provided in communal areas of the home. We looked in detail at care records and associated risk assessments for three people, medication administration records, accident and incident logs as well as a range of records relating to the running of the service. We looked round the environment including the kitchen, bedrooms, bathrooms and communal

areas. We looked at training and staffing records at a later date and at a separate location as they were not stored on site.

Good

# Is the service safe?

## Our findings

We asked one person if they felt safe and they told us they did and had no cause for complaint. We asked them what would they do if they didn't feel safe. They told us, "I'd tell [manager's name]. It would get sorted." This indicated to us that people felt safe and trusted staff and management.

We could see people were safe because the service had systems in place to reduce the risks of harm and potential abuse. Support plans were person-centred , detailed and contained relevant assessments of risk tailored to individual's specific needs. For each area of identified risk staff were provided with guidance on the actions they must take to protect the person they supported.

The safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up-to-date safeguarding training and demonstrated a good understanding of the process to follow if they witnessed or had an allegation of abuse reported to them.

Staff rotas showed us that there was consistently enough care staff on duty with the right competencies and experience to keep people safe. Staffing ratios ensured that individuals were able to pursue their own interests and support in the community was provided on a one to one basis.

A thorough recruitment and selection process was in place which meant staff recruited had the right skills and experience to support people living in the home. The personnel files we looked at were organised, in good order and contained relevant information relating to the recruitment and employment of staff. All files we saw contained a Data Barring Services (DBS) check and appropriate references. DBS checks consist of a check on people's criminal record and a further check to see if they have been placed on a list of people who are barred from working with vulnerable adults. People who used the service could be confident that they were safe, and protected from staff that were known to be unsuitable to work with vulnerable people.

There were robust systems in place to deal with the finances of people living in the home and each person had their own personal receipt and recording book. We saw staff checking cash amounts held on site for each person and was told this was counted twice a day, at the start and end of each shift. Details of each individual's income and expenditure were submitted on a weekly basis to the regional office for audit purposes and this further protected people living in the home from potential financial abuse.

Specific staff had received training and were competent with regards to the administration of medicines. Medication was ordered, stored and disposed off safely with no controlled drugs being administered to people on the day of the inspection. Access to keys for the medication cabinet was restricted to the manager and those staff trained to administer medication. We saw daily internal checks being carried out by a member of staff who physically counted medication stocks and checked medication administration record (MAR) charts at the start of the shift. This ensured that any medication errors were quickly identified and recified.

A medication file was in place for each individual with a photograph of the person on the front. All three files had photographs in place including one for a person who was relatively new to the service. Each file contained a MAR chart, a consent to medical treatment form, allergy information and a personal 'when required' (PRN) protocol. PRN medication is administered when an individual presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times. The service had mechanisms in place to make sure PRN medication was administered safely and with good reason. We saw that PRN medication was stored in individual boxes with the person's name on and the medication policy stated that staff had to alert the on-call manager prior to dispensing any PRN medication.

Patient information leaflets (PILs) were available in relation to every person using the service. These contained information about an individual's medication so staff were fully aware of what medication a person was taking and why. These PILs also recorded what foods / fluids individuals should avoid dependent on the medication being taken and we saw that one person was advised to avoid grapefruit and grapefruit juice.

The service undertook monthly fire drills and recorded the participants of these. Staff we spoke with confirmed that these took place. Checks were undertaken on emergency lighting, portable fire fighting equipment and smoke detectors. A Personal Emergency Evacuation Plan (PEEP) was available for people in the service and outlined how many staff were required to fully evacuate individuals safely should a fire occur. There were no PEEPS on file for the newest resident who had moved into the home a few weeks before our inspection, however we were assured that this would be addressed immediately

There was a log of all incidents and accidents and we saw examples of completed accident forms. Instructions on file alerted staff to contact and inform the person on call after each accident or incident so that this could be noted and followed up if necessary. A body map accompanied each accident so that staff could indicate where, if any, injuries had been sustained and the template also had the facility to record if these were bruises, grazes, scratches or burns so that staff could treat the injury appropriately. In the event of any staff accidents occurring on site there was a separate form for employees to complete.

We saw that all the necessary maintenance checks were in place and up to date. There were visual checks on small items of equipment, such as walking frames and shower chairs, used by people in the home and these were documented once done. Larger items such as profiling beds and baths had been serviced according to the manufacturers instructions. During our visit we looked round the home and saw two shower chairs used by individuals. These were noted to be be clean and free from grime both on top of the seats and underneath.

There were appropriate controls and procedures in place to manage and prevent the spread of infections and the registered manager was a nominated infection control champion. An infection control audit had been undertaken by the local council in August 2015 and the home was deemed compliant. We saw that staff had full access to personal protective equipment in the form of gloves and aprons when undertaking personal care and staff confirmed this.

Good

# Is the service effective?

## Our findings

Relatives we spoke with told us that staff were professional and treated people with respect. "They are very, very good here." When asked if there were enough staff on duty to meet people's needs they told us that in their opinion there was. If something wasn't right with the service they would say so and they felt confident that things would be addressed. They described the service as "brilliant."

During the checks undertaken at the regional hub office we saw that the service had effective systems in place to ensure staff completed a thorough induction when they were first employed.
Examples of mandatory training undertaken during the induction included moving and handling, medication awareness, health & safety, safeguarding adults, fire awareness and diet and nutrition.

Staff we spoke with outlined the induction process and confirmed this was held off site. Staff told us they did not start working in the home until induction training had been completed. An in-house induction took place the first day on site which involved an orientation to the place of work. Following the induction staff were given a handbook that included relevant information for employees, a holiday request form and a self-certificate form to be submitted by staff following a period of sickness.

We could see that employees were offered plenty of opportunities and support from the company with regards to additional training and personal development . Skills scans were undertaken on new employees followed by enrolment onto the care certificate if this was warranted. The care certificate is a nationally recognised qualification for people working in care. We were told that two members of Bacup Street staff had attended a two day eating, drinking and swallowing training course in October 2015 and the training matrix we saw supported this. This additional specialist training was commissioned by the company and accessed by staff supporting people with these complex needs. Staff told us that they were able to use the knowledge learned on the course to better support an individual using the service.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to
make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

Staff at the home had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards and the training matrix we were given indicated that staff receive refresher training on this every three years. We spoke with a new member of staff to the service who demonstrated to us that she understood the principles of the Mental Capacity Act and DoLS, having recently completed both elements as part of the induction process. Other staff we spoke with had also completed this training and were due refresher courses.

Whilst no one living in the home was on a DoLS the registered manager recognised that restraints were in place for people in the form of bed rails and lapbelts on wheelchairs. This had been discussed with a

representative from the local council during a recent quarterly contractual visit and the manager assured us that DoLS applications were to be submitted for all people using the service in the new year.

We saw on people's support plans a support tool referred to as a traffic light plan. The document focused on three areas for individuals – what you must know about me (red); what is important to me (amber); and what you need to know about me (green).

Traffic light plans contained photographs of individuals and if the person was admitted to hospital this document was sent with them. The plans ensured that medical staff were fully informed of people's wishes and choices which would result in them receiving person-centred care, appropriate to their needs, whilst in hospital.

We could see that everyone who lived at the home was supported to attend health appointments as well as access a busy social life and this was reflected in their support plans. We contacted a health professional who had had regular input with both clients and staff at Bacup Street. They told us that both the manager and staff knew when to raise concerns if there were changes in a person's presentation which warranted a review and involvement from the speech and language team.

Good

# Is the service caring?

## Our findings

We saw that staff were very caring and it was apparent that they had established good relationships with those living in the home. We witnessed support workers approaching people with care and respect throughout the day of inspection. People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and saw that staff interacted with people throughout the day.

Staff we spoke with summed up the role of support worker. A member of staff told us, 'It's about caring and love. If you don't care about people you can't work in this field," . One member of staff described a person who used the service as, "The mother of the house." We were told this person liked to clean the couch and hoover up. Staff encouraged these tasks as it promoted independence for the individual and meant that they retained domestic skills.

We spoke with relatives on the day of our inspection who were very complimentary of the service. "They [the staff] are very good here. He always seems happy here." They told us that if there is anything wrong then they are contacted straight away. "[Name] gets to see a doctor if staff are concerned."

The registered manager was a 'Dignity champion', which meant they had received additional training and promoted dignity in the workplace. Family members we spoke with confirmed that staff respected the privacy and dignity of people who used the service.

Staff were able to tell us what steps they would take to protect a person's dignity when assisting them with a shower or with personal care. Staff told us they would always ensure doors were closed; shower curtains or curtains pulled too; the individual was covered in some way with a blanket or towel; and they would always tell the person what they were going to do when providing personal care. "I would keep them informed all the time," one member of staff told us.

We observed staff maintaining people's privacy and dignity during lunch. Before a person was given medicine with a thickening agent in it the support worker asked, "Are you ready for your medication [name]?" Whilst being supported with lunch a support worker was patient and took their time, being led by the individual. The person's dignity was preserved by the support worker wiping the person's mouth and chin at regular intervals during lunch with a soft cloth. The person made it clear with their body language that they did not want any more lunch. The support worker recognised this, stopped providing assistance and asked if the person was okay.

We saw and heard some good examples of staff being kind and courteous to people. A member of staff asked a person what they wanted to watch on the television. A channel was selected and the individual and the member of staff continued to chat about programmes they enjoyed. We heard the person say, "I like Hollyoaks, Tipping Point and Deal or No Deal," and the member of staff responded in a positive way.

Information on advocacy was made available to people who used the service. This was displayed in the

foyer with information also contained in the service user guide. Advocacy means getting support from another person to help people express their views and wishes, and to help make sure their voice is heard.

We saw other useful information  on display in the entrance of the home for people who used the service and for relatives, including easy read versions of some documents. We noted that some of the literature on display was out of date as it referred to the General Social Care Council that closed in 2012. We brought this to the manager's attention who assured us that this would be addressed.

During the inspection we saw that staff encouraged people to be actively involved in their local community and those that wanted to go out were supported to do this. A relative told us, "[Name] likes going out on the bus. They take him out on the bus."

Good

# Is the service responsive?

## Our findings

Staff we spoke with understood the importance of person-centred care and one told us that person-centred care was "different for everybody."

Support plans contained information about the individual's personality, their likes and dislikes and preferences around methods of communication. One support worker was new to the service having recently completed their induction. They told us they had some knowledge of people using the service already as they had read support plans and observed practice. They were able to tell us two particular 'likes' of an individual in relation to toys the person preferred to play with and the support plan we saw later confirmed this.

There was an epilepsy care plan for one individual which staff were signposted to read and sign once this had been done. We saw that an epilepsy alarm was also in use on the bed of the individual. This alerted staff if the person suffered a seizure during the night and meant that staff were able to respond promptly and appropriately.

Health Action Plans outlined how to best promote the health and well-being of the person. We saw guidelines in all those we looked at following involvement from physiotherapists. These guidelines were personalised for each individual and related to moving and handling techniques to be used when bathing individuals and instructions on sling useage.

We saw that staff encouraged people to maintain their independence wherever possible. We saw good examples of this in the bathroom areas of the home. The toilets had been fitted with raised toilet seats and there were large, easy to use handles fitted to the toilet flush. People using the service were encouraged to use these when able to do so to maintain their independence.

Risk assessments were in place and were specific to individuals. An example of a risk assessment we saw related to eating and drinking, with a specific risk of choking identified for one individual. The assessment outlined that staff should ensure a blender was always available, food was the correct consistency once blended and served at a safe temperature. This would minimise the risk to the individual. The same person's Health Action Plan (HAP) had been updated following professional input in May 2015 with instructions around the preparation and presentation of food and fluids: "all drinks, food and medication to be of thickened consistency." Staff were instructed to follow the new guidelines in place and to note the foods to avoid.

We saw that personal goals had been identified for individuals and these had been reviewed after a six month time frame. One person had identified goals that included planning long days out with support staff and to continue to be visited by friends and family. Both had been reviewed in July 2015 and had been met. This person received visitors on the day of our inspection and the service encouraged contact from family and friends for all the people using the service.

We could see that people enjoyed busy social lives, supported by staff in their local community. One person enjoyed attending the Irish drop-in centre as they met up with other friends in the wider service there. Relatives we spoke with commented, "[Name] has a better social life than us!" We were told that one person enjoyed the cinema and went watching films in 3D and a support plan we looked at reflected this. Staff told us about the activities people liked to do outside the home. These included day trips out; shopping; the cinema; enjoying a sensory room experience and going to church or the day centre. Indoor activities people liked to get involved in included drawing and colouring in books and baking.

People living in the home were offered choice in their daily routines and staff respected these choices. We heard a support worker asking an individual what they would like for tea. The person was given a choice of meats to have with potatoes and vegetables. The support worker then supplied the person with the menu choices written down so that the person could choose at their leisure and not feel rushed.

There were mechanisms in place to gather feed back about the service. We saw that questionnaires had been distributed to people living in the service, their relatives and staff earlier in December 2015. These were handled and processed by the regional office. The service had not received any replies at the time of our inspection.

There was a mechanism in place for people to raise a concern or complaint in the form of a complaints policy. The service also made available in the foyer a leaflet so that people using the service, their relatives, visitors or professionals could share their compliments, comments, concerns or complaints. We saw that the leaflet contained easy-read symbols and simple language.

We were shown round the home and could see that personal spaces such as bedrooms had been decorated according to people's tastes and contained personal effects including family photographs, ornaments and cuddly toys. We noted that a name plaque stuck on one of the bedroom doors was not that of the person using the service. They were relatively new to the service and the name plaque was that of the previous tenant. We brought this to the manager's attention and were assured that the old name plaque would be removed from the door.

Good

# Is the service well-led?

## Our findings

The registered manager of the home was also covering another home for a period of planned leave but this had not affected the running of the service overall. We could see that the strong staff team supported each other well and ensured that the service ran well in the absence of the manager. Staff we spoke with would have no qualms in approaching the manager for support or if they had any concerns.

We saw, and staff told us, that staff meetings took place on a regular basis. Staff told us there were regular agenda items that were discussed by the team including activities individuals liked to do; any best interest needs identified for individuals in relation to room essentials, clothing, health needs and toiletries. Any staffing or recruitment issues were also raised and discussed. Staff signed the record of any meetings to prove that they had either attended or had read and agreed the content of the minutes.

Staff we spoke with held their manager in high regard and told us that she was supportive. "[Manager's name] chips in and helps," staff told us. "[Manager's name] listens to you and takes on board suggestions," one member of staff told us. "I'm really happy to be here to be honest and grateful to have a manager like [name]; She's very good." Another member of staff thought the manager was considerate, understood the staff and consulted with them. For example we were told the manager showed staff the draft rota and asked for their input before finalising it.

Feedback from professionals with regards to the registered manager was positive. A professional told us the manager was quick to respond if staff raised concerns about a person's wellbeing. We could see and staff told us that the company invested in their staff and as a result staff felt valued, morale was high and people living in the home benefitted from this.

We contacted a number of relatives for feedback about the service. All were very complimentary about both the service and the manager. One person said, "I have no complaints at all." They commented on the excellent communication between staff and themselves, "They would notify me about anything." They went on to tell us that their relative was happy and well- cared for.

The service conducted quality audits. We saw that a quality service audit review had been carried out by a out-of-area service manager, independent to the home in November 2015. Areas reviewed included attitude and approach of staff; recording systems; medication storage and records; finance and general household; maintenance, health & safety; staff files and training; and personal support of staff. People who used the service and staff were asked if they had any questions or concerns. There were none recorded at that time. The audit identified remedial actions required to the service and a feedback section.

We saw evidence that the manager had taken action following the previous audit undertaken in September 2015. This audit had identified that personal emergency evacuation plans (PEEPs) needed to be reviewed and these had been addressed by November 2015 audit.

An infection control audit had been carried out in September 2015. The home was compliant at that time

and we could see on the audit that where required actions had been identified the service had addressed these where possible.

Generic risk assessments in relation to the environment were on file. Some examples included risks associated with the bathroom, slips and trips, finger nail trimming, hot weather and the security of the home.

Checks undertaken around the home in June 2015 identified that a new lock was needed for the cupboard that stored cleaning materials. We saw that the manager had actioned this and it was recorded on 1st July 2015 that a lock had been bought and fitted to the cupboard. This showed us that the manager was quick to respond to faults that could be resolved internally.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

We saw that the registered manager had a system in place to monitor repairs reported to the landlord. Staff recorded any reported faults and completed a log showing the date reported and date repaired. We saw that the landlord was quick to respond to faults especially if staff indicated the repair was urgent.