

Birtenshaw

Birtenshaw Domiciliary Care Services

Inspection report

123 Darwen Road
Bromley Cross
Bolton
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This announced inspection took place on 24 July 2015. The last inspection was carried out on 16 April 2013 and the service was found to be meeting all regulatory requirements inspected.

For the purpose of this report people living at the home wish to be referred to as young adults.

The service provides personal care and support for four young adults with learning difficulties and/or physical disabilities, living in a supported tenancy. The young

Summary of findings

adults had previously been cared for at Birtenshaw School and on reaching adulthood had moved into their own home. Care and support are provided 24 hours a day, whilst promoting the maximum independence of each person.

The property is an adapted bungalow in the Bromley Cross area of Bolton and is close to local amenities and public transport.

There was no registered manager at the home at the time of our inspection. The acting manager explained they had applied to become the registered manager had been forwarded to the Care Quality Commission. 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.

The service had a senior member of staff in post who has the responsibility for the running of the home and was also available to assist with inspection. The senior member of staff was supported by the acting manager.

We met with all the young adults living at the home. It was evident from their conversations and actions that they were comfortable with the staff on duty and that good relationships had been made between them.

There was an up to date vulnerable adults safeguarding policy in place and information and safeguarding contact numbers were accessible to staff. Staff had undertaken training in both child protection and safeguarding vulnerable adults and demonstrated a good understanding of what constitutes abuse.

We saw that the service carried out robust recruitment procedures. We looked at three staff files and these contained an application form, references and further proof of identity, for example a copy of their birth certificate. Disclosure and Barring Service (DBS) checks were carried out. A DBS helps to ensure that staff were suitable to work with vulnerable adults.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with told they felt safe were looked after.

Medication systems were in place to ensure people received their medicines in a safe and timely manner.

Recruitment of staff was robust and staffing levels met people's individual needs.

Safeguarding policies and procedures in place. Staff had a good understanding of safeguarding issues and had undertaken both child protection and vulnerable adults training.

Good



Is the service effective?

The service was effective.

The service worked within the legal requirements of the Mental Capacity Act 2005 (MCA).

The care plans provided staff with clear information about the people they were caring for.

Consent was obtained from who used the service for care, treatment and support.

Staff training was up to date and was relevant to support their roles and responsibilities.

Good



Is the service caring?

The service was caring.

We observed the staff were kind and caring and respectful with the people they were supporting.

People's dignity and privacy was respectful. Staff were mindful that they were guests in someone's own home.

Staff had a good understanding of the people they were supporting.

Good



Is the service responsive?

The service was responsive.

We saw that people were provided with relevant information in their care records and we saw minutes of meetings where they were actively involved in decision making about their care.

People were supported by staff with a range of activities.

People were provided with the necessary equipment to help support their independence.

Good



Is the service well-led?

The service was well led.

Staff told us they supported by the acting manager and by the homes senior member of staff.

Systems were in place to monitor and checks the quality of the service provided.

Good



Summary of findings

Staff actively sought the views and opinions of the young adult and where possible took appropriate actions.

Birtenshaw Domiciliary Care Services

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 24 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector to keep any disruption to the younger adults living at the home to a minimum.

Prior to our inspection we looked at the information we held on the service including notifications.

We spoke with the four people who lived at the home and the staff on duty, including the acting manager and the senior in charge of the home.

We looked at records held by the service including two care plans, three staff files, staff training and supervisions, minutes of meeting, maintenance certificates and audits.

Is the service safe?

Our findings

We spent time speaking with the four young adults who lived at the home and with the staff on duty. The young adults told they liked living at the home and the staff that supported them were their friends. One of the young adults told us that the staff supported them on activities with the home and in the community.

On the day of our inspection there were sufficient numbers of staff on duty. The senior in charge of the home set the staffing levels to the needs of the young adults living at the home on a daily basis. This took into account what people had planned for the day, for example trips out, swimming, hospital or GP visits. For some activities out of the home two members of staff were required to safely support people. The senior in charge of the home told us that one member staff slept in during the night which they identified to be acceptable at this time. Staffing levels were kept under constant review and would be increased as and when required. There was also 'on call' support if needed.

We reviewed the information we held on the service prior to our visit. We saw that the home sent in statutory notifications when required. We saw that whistleblowing and safeguarding policies for children and vulnerable adults were in place for staff to refer to if required including contact numbers. Staff we spoke with had a good understanding of safeguarding and said they would be confident in reporting any concerns. We saw that staff had undertaken training both in child protection and safeguarding vulnerable adults.

We did not observe any medication being administered as the young people had already been supported by staff with their medicines before we arrived at the home. We saw that each person had a locked medicines cabinet in their own bedroom. Staff administered each person medicine to ensure that people received them in a safe and timely

manner. We saw that medicines were kept in blister packs and following administration this was recorded on the individuals Medication Administration Record sheet (MARs). Medication was only administered by staff who had received training in the safe administration of medicines. At the time of our visit there were no controlled drugs stored at the home.

We saw that fire safety equipment was available and fire exits signs were clearly displayed. We saw that the fire systems were regularly tested and fire drills had been carried out. We saw that any equipment used in the home was maintained as required in line with the manufacturer's instructions.

We looked at three staff personnel files. We saw that robust recruitment procedures were in place. The files contained an application form, references and other forms of identification such as a copy of their passport or driving licence. Files also contain a Disclosure and Barring Service (DBS) check. A DBS check helps to ensure that people are suitable to work with vulnerable people.

Staff received specialised training; for example caring for people with autism. Staff also completed training in how to de-escalate behaviours that could challenge the service to help ensure the safety of the young adults.

We were provided with the care plans of the young adults living at the home. We saw that the care plans were detailed and contained all the necessary information to inform staff about the level of care and support each person required. Risk assessments were clearly documented to help maintain the safety of all the young adults living at the home for example going out unaccompanied.

We saw that any accidents or incidents were documented and were followed up accordingly. The service notified the CQC as required.

Is the service effective?

Our findings

At the time of our inspection there were four young men living together in a supported tenancy. The young adults had been previously been under the care of Birtenshaw children's services until reaching adulthood.

We asked the acting manager if people would be able to remain at the home for as long as they needed /or wished to live there. We were told this was their home for as long as required. The acting manager and the senior in charge of the home discussed that for some people it was a goal to aim to move on to supported living in the community.

We looked around the premises. There were four single rooms and bathroom facilities on both floors. There was no passenger lift; however we saw that people who had rooms upstairs could go up and down the stairs safely. We saw that where needed appropriate equipment was available, for example wheelchairs, rise and fall beds and ceiling tracking. The downstairs of the home had been adapted to allow wheelchairs users to move freely around accessing the lounge, kitchen, the conservatory and the garden. The home had ramped access to the rear of the home.

We saw the home was clean and well maintained. One young adult also had a mobility car for trips and outings.

The young adults were supported with daily living tasks such as cleaning their own rooms, helping with meal preparation, shopping and planning activities. One young adult told us that they had been involved with some painting and decorating at the home and were going to help decorate the lounge. The colour scheme was to be planned by the tenants with a little help from staff.

We ask about nutrition and hydration. The home's manager discussed with us that they tried to provide a well-balanced and nutrition diet, however the young adults could decide what they wanted to eat and this was respected. We did see the kitchen was well stocked with fresh and dried food, including fruit and vegetables. The main meal was served late afternoon and was prepared by the staff. All the younger adults were encouraged to dine together for evening dinner.

We asked the acting manager and the senior in charge of the home about staff training. We were shown the staff training matrix and the new staff induction plan. We saw evidence in staff files of up to date training certificates. New

staff completed a comprehensive induction programme using e learning, and face to face training. New staff also shadowed more experienced staff until they were competent and confident with their roles and responsibilities. All staff had completed mandatory training including safeguarding children and adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Any specialist training was completed as required for example caring for people with autism and behaviours that challenge the service. One member of staff spoken with discussed the induction programme with us a said, "It was very detailed and thorough. We asked the acting manager and the senior in charge of the home about any physical interventions and how staff approached behaviour that challenged the service. We were told that 'Team Teach' training was provided to all staff. Team Teach is a programme where staff were training to use the least restrictive practices to de-escalate any potential challenging behaviour.

There was evidence to show that the service working with the legal requirements of the MCA. The MCA sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. DoLS is a part of the MCA; they aim to make sure that people in care homes, hospitals and supporting living are look after in a way that does not inappropriately restrict their freedom.

Staff spoken with could explain the principles of the MCA and DoLS. Any decisions made were done so in consultation with the younger adult, the staff and any other relevant agencies such as the younger adult's social worker. The regional manager told us that they were in the process of obtaining advocates (where needed) for the younger adults for further support for them. At the time of our visit none of the younger adults were subject to a DoLS authorisation.

We saw from the care records that the service worked well with other professional agencies. People had access to GP services, dentist, physiotherapist and mental health services.

We looked at the three staff personal files and found that regular staff supervisions and appraisals had been undertaken by the home's manager. Supervision meetings and appraisals enabled the manager to discuss any concerns or issues staff may have and to assess the development and support needs.

Is the service caring?

Our findings

On arrival at the home we saw that three of the young adults were up and dressed. One person was still in their room. We were told they would ring staff on their mobile when they needed assistance. All of the young adults were self-caring, however staff were on hand to assist if and when required. All of the young adults could communicate effectively and told us what they liked to do, what they liked to eat and how they spent their day. One young adult told us about how the staff help them with their particular interest and we saw evidence of this during our inspection.

We spoke with the staff on duty and observed interactions between them and the young adults. We observed there was a good respectful and friendly rapport between them. The staffing levels and skill mix were good. Both male and female staff were on duty and were of a mix age range. We noted that the staff were patient and kind when dealing with people's needs.

We looked at two care plans, which had been written with staff, other professionals and in consultation with the young adults. The care plans reflected people's choices and preferences and how they wished to be supported. We asked about family/relative involvement. The senior in

charge of the home told us that there was only one young adult living at the home who had any family contact. The acting manager told us they were working with the young adult's social workers looking into advocacy support for some of the young adults so they could help to act on their behalf.

We saw that staff respected people dignity and privacy. Staff were fully aware that they were guests in someone's home. Staff knocked on people's bedroom doors a waiting to be invited in.

We discussed with the acting manager and the senior in charge of the home if the young adults had been offered a key to their own rooms. The acting manager told us that people did not have a key but would look into this and if people wanted a key this would be actioned.

On speaking with the staff on duty it was clear that they were fully aware of the needs of the people they were supporting. They understood their roles and responsibilities and respected people's individualities. Staff respected confidentiality and were careful not to divulge any information in front of the young adults. People's care records were safely and securely stored in the home manager's office.

Is the service responsive?

Our findings

The young adults had been assessed due to their needs and compatibility with others prior to moving into their home. We asked the acting manager if the home would consider female tenants. We were told that if the situation arose that it may be possible. A full assessment with other professions and with consultation with the people living at the home would be completed prior to any decisions being made.

We looked at two care plans which contained clear information to guide staff about the care and support the younger adults required. Information included people's likes and dislikes and hobbies and interests. The regional manager and the home's manager explained about the care plans. We were told that the records were in the process of being updated. Although the information was still relevant some of the wording now needed changing for example the plans referred to children and this was now inappropriate as people had reached adulthood. The care records were clear and provided staff with information of how the young adults wished to be supported, their preferences, any medical needs and how they wished to spend their time and with whom. We saw that risk assessments had been completed and had been updated when any changes occurred. The care plans had been discussed agreed and signed all parties. Consent to care, support, medication had been sought, agreed and signed for by the young adults.

From the care records we looked at there was evidence documented that showed that regular reviews of the care plans took place and that there was involvement with multi-disciplinary agencies that help ensure that the young adults received the right care and support. We saw that involvement with the young adult's social workers and other relevant healthcare professionals had been recorded. Where necessary we saw that amendments had been and actioned.

Staff ensured, where possible that the young adults were supported with a range of activities; one young person goes out to the pub and liked trips out to the Trafford Centre. On the day of our inspection one person was going swimming with the support of two members of staff. Two others were going on a trip to Knowsley Safari Park. Another person told us they enjoyed sporting activities especially football. The acting manager was looking at ways to involve and support the young adults with local community activities to help promote their independence.

There was a complaints procedure for people to refer to. The home's manager had a complaints file. We had been made aware of one concern by a whistle-blower. The service responded promptly and the issue had been dealt with and resolved effectively.

The acting manager told us they were looking at different ways to display information about the service and relevant information to the young adults. They told us they wanted to display information but were mindful this was someone's home and were trying to keep away from large official notice boards.

Is the service well-led?

Our findings

We spoke with six staff on duty on the day of our visit. One member of staff told us, “The management are really supportive as are other members of the staff team”. Another member of staff told us, “We work well together as a team”.

Staff spoken with had a good understanding of their roles and responsibilities and told us they could contribute to the running of the service.

We found there was a handover meeting at the start of shift so staff could pass on information and clear directions of any changes to the young adult's needs and wishes.

There was no registered manager at the home at the time of our inspection. The acting manager explained they had applied to become the registered manager had been forwarded to the Care Quality Commission. 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.

The senior in charge of the home had recently been appointed. The senior in charge of the home was appointed from the staff team and they had a good understanding of the young adults living at the home and the running of the service.

The service sought feedback from the young adults in the form of day chats and meetings. Staff meetings were also held. We were shown evidence of these meetings and where actions or improvements were to be addressed. For example the upkeep of the environment.

The service had up to date policies and procedures in place. These were easily accessible for staff to refer to if needed. We saw that on the staff notice board there were emergency contact numbers listed, which were easily accessible for the staff team.

The home's manager had reorganised the office systems. We found records were easy to find through the inspection.

We saw that the home worked well with outside agencies to and this was documented in the care plans we looked at.

There were a number of audits and checks in place. These were completed by the home's manager and overseen by the regional manager. The audits included medication checks, care plans, environmental issues and maintenance checks, health and safety and the young adult finances were recorded and receipts were kept of all transactions.

We saw that any accidents and incidents were recorded appropriately. The service notified the CQC as required of any significant events or incidents.