

Ansar Projects Limited

Ansar 4

Inspection report

37 Higher Ainsworth Road
Radcliffe
Manchester
Lancashire
M26 4JH

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection, which took place on 17 and 21 December 2015. One day prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for one younger adult who may have been out during the day; we needed to be sure that someone would be in.

Ansar 4 is a terraced house on a main road on the outskirts of Radcliffe. It is registered to provide accommodation and personal care for one person with learning disabilities.

The service has a registered manager who was not present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

A safe system of recruitment was in place which helped protect the person from the risk of unsuitable staff. We found that the person was supported by a small team of staff who they liked and who knew the person well. There were sufficient staff at all times to ensure the person had the support they required.

The service had a positive approach to risk management. Person centred risk assessments were in place that supported staff to manage risk in a positive way. They also gave staff guidance on how to promote the person's independence whilst managing risks.

There was a safe system in place for managing the person's medicines.

The home was clean, bright, and well decorated it was homely and contained lots of the personal belongings and photographs. Systems were in place for dealing with emergencies that could affect the provision of care such as failure of gas and electric supply. The person's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. Staff supported the person in a way that encouraged them to make choices.

Staff had received the induction, training and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively.

Staff and managers we spoke with demonstrated a commitment to person centred care and to continually

reviewing the service to ensure it was meeting the person's needs. They used a variety of ways of involving the person and of finding out what they wanted from the service.

The service had detailed guidance for staff on how to support the person when they showed behaviour that challenged the service. This included understanding how the person communicated and guided staff on how to respond. A communication passport was used to identify what the person meant when using signs, gestures and sounds.

The relative we spoke with felt the staff and managers were caring. During our inspection, we saw that the person liked the staff that were supporting them and enjoyed the gentle humour they used. We saw staff were kind, relaxed and sensitive to the person's needs.

Care records were detailed and person centred. They contained detailed information about the person and what staff needed to do to support them. These included a person centred plan that had information about people, places and things that the person liked and things the person didn't like also their "gifts and talents" and their dreams and wishes for the future. This contained pictures and graphics to help the person understand what it was about

There was a varied programme of activities both inside the home and in community settings that was based on the person's interests and hobbies. Staff regularly supported people to visit relatives and friends outside of the home.

We found there was a system in place for quality assurance. Weekly and monthly checks and audits were used to assess, monitor and review the service. We saw there was a system for gathering people's views about the service and acting upon suggestions and ideas. Relatives felt listened to and were involved in improving the service.

People spoke positively about the registered manager and managers within the service and of their caring and person centred approach. Staff told us they enjoyed working for the service and felt supported in their roles.

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 were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practise) policy, and how to raise any concerns.

A safe system of recruitment was in place, which helped protect the person from the risk of unsuitable staff. The person was supported by a small team of staff who they liked and who knew the person well.

Risks had been assessed appropriately. Staff were given guidance on how to manage risk in a positive way that respected the person rights and promoted their independence.

Is the service effective?

Good ●

The service was effective.

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

Staff received the induction, training and support they needed to carry out their roles effectively.

Staff and managers knew the person well, their likes and dislikes and how they wanted to be supported.

Is the service caring?

Good ●

The service was caring.

A relative told us the staff and managers were caring.

We saw the person and staff related well and the relationship was relaxed, respectful and good humoured.

Is the service responsive?

Outstanding ☆

The service is responsive.

The person and their relatives were involved in planning and reviewing the service. This was continual and responded to the persons changing needs and wishes.

A wide range of activities that the person had chosen were offered both at home and community based.

The service placed importance on supporting the person to maintain relationships with family and friends.

Is the service well-led?

The service was well-led.

People told us the registered manager and other managers within the service were approachable and supportive.

There were robust systems in place to assess, monitor and review the quality of the service. People felt listened to and were involved in developing the service.

Good ●

Ansar 4

Detailed findings

Background to this inspection

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

This was an announced inspection. One day prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for one younger adult who may have been out during the day; we needed to be sure that they would be in.

The inspection took place on 17 and 21 December 2015. The inspection was undertaken by one adult social care inspector.

Before our inspection, we looked at the information we held about the service such as notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted local authority commissioning, quality assurance and safeguarding teams. They had no concerns about the service.

During our inspection we spent some time with the person who used the service and staff. This enabled us to observe how people's care and support was provided. We also spoke with one relative, the team manager, activity manager/coach and three staff.

We looked at one care record, three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

Is the service safe?

Our findings

The relative we spoke with told us they thought the person was safe at the service and said, "Staff listen, if something was wrong they would deal with it."

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

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

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

Our discussions with the team manager, staff and relatives showed there were sufficient staff to ensure the person had the support they required. We found that a small team of staff who the person liked and who knew the person well worked at the home. Staff we spoke with told us that cover was always provided if staff were sick or on leave and this usually came from this small team. Staffing rotas showed us that one to one individual support was provided during the day. We saw that during the night there was a member of staff on site who could provide support or be called on in case of emergency.

We found the person received their medicines safely. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage and administration of medicines. Care plans were also in place to guide staff on administering "as required" medicines that were to help calm the person if their behaviour became challenging. These informed staff on what the medicine was for, why it was being prescribed, how and when it should be given. The information was person centred and gave staff advice on possible alternatives to administering, such as providing the person with an activity they liked. We saw that this medicine had not been administered recently. We saw that medicines were stored securely. The team manager told us that staff received training and competency assessments before they could administer medicines. Staff we spoke with told us they had received medicines management training and competency assessments.

We looked at two months medicines administration records (MAR). We found that all records were fully completed to confirm the person had received their medicines as needed. We saw that medicines files were audited monthly by the registered manager to ensure accurate records were being kept. We found that all records were fully completed to confirm people had received their medicines as required.

We looked around the home and found it to be homely, spacious, bright, clean and well decorated. The furnishings were modern and in very good condition. Rooms reflected the person's interests and contained lots of personal belongings and photographs.

We were shown general risk assessments for each area of the home. We saw that eight staff had received training in completing risk assessments. We saw there was information to guide staff on what action they might need to take to identify, manage and minimise risk. Inspection of care records showed that detailed person centred risk assessments were in place that supported staff to manage risk in a positive way and included; the person's behaviour, community based activities, travelling in a car and helping in the kitchen. The risk assessments also gave staff guidance on how to promote the persons independence whilst managing risks. All risk assessments had been reviewed regularly.

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

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

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

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt or endanger people who used the service. This included loss of gas, electricity, telephones, heating, breakdown of essential equipment, damage to the building and severe weather.

We saw the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how incidents should be recorded. We saw that accidents, incidents and near misses were recorded and these were audited by the persons key worker and managers to look for lessons that could be learned and recommend action to prevent reoccurrence.

We saw the service used a hospital traffic light form. This included important information about the person; medical conditions, communication needs, like and dislikes, and was given to health care professionals if the person needs to go to hospital. We found this was very detailed and contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care and support the person in the way they preferred.

Is the service effective?

Our findings

The team manager told us that before the person started to live at the home, the registered manager and staff spent time getting to know the person and visited them where they were living at the time. The relative we spoke with told us this had helped them to feel less worried about the move and that "It was a good transition."

The service had developed a communication passport that guides staff on how the person communicates. The person did not use words to communicate; they use their own system of gestures, signs and sounds to communicate. The person had developed these and all staff we spoke with knew what they were and what they meant to the person. During our inspection the person showed us some of the gestures and signs they use to describe individual staff; we saw that staff showed they understood and that the person laughed and enjoyed staff responding to these. Staff also showed us picture cards that were used to help the person show staff what they wanted to do and to help them make choices.

We saw that the service had looked at a variety of ways of supporting the person when they showed behaviour that challenged the service. Records we saw included very detailed guidance for staff on what certain behaviours the person showed may mean and what the staff needed to do to help the person. The guidance told staff on how to prevent incidents and included suggestions about; "What you may have done, what you may need to do, what you may need to say." The plans were written using respectful and positive terms. We saw that any incidents were recorded, including what happened before, during and after; and that staff and managers looked at how they could learn from each incident to improve the support they gave the person. The team manager said it was about trying to understand what the person was saying with their behaviour and told us, "It's about changing the way we communicate." Training records we saw showed that staff had received training in challenging behaviours including which, included communication, breakaway techniques and physical intervention. The team manager and staff told us that physical intervention was not currently used.

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. MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met.

Care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. At the time of our inspection, an authorisation for DoLS was in place for the person who used the service. The authorisation

ensured the person was looked after in a way that protected their rights and did not inappropriately restrict their freedom. Records we looked at showed us all staff had received training in MCA and DoLS. The team manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

Staff we spoke with and records we saw showed that staff had a good knowledge of what the person liked to eat and drink. Staff told us they always offer choice of meals, including healthy eating options; we saw that staff used a variety of methods of helping the person communicate their choices of food and drink including pictures. We found that the person was provided with a choice of suitable and nutritious food. Staff told us the person had local cafes they like to go to and regularly chose to go to these for lunch. We saw that the kitchen was well stocked with sufficient supplies of fresh, frozen, dried foods and drinks. The kitchen was clean and tidy and we saw completed cleaning schedules. Records we saw showed that the person's weight was monitored for changes and any actions needed were recorded.

The team manager told us all new staff completed an induction programme. This included policies, procedures and information they would need to carry out their role. It also included a getting to know you process with the person who used the service. Managers arrange for staff to work at other properties but to meet up with the person at social events. This allows managers to see if the person liked the new staff before they began work in the home. We saw that new staff completed an induction checklist with one of the managers. This recorded what information they had received and any further training or information they needed. Staff were given a staff handbook. This explained to staff about policies and procedures relating to their employment and detailed their rights and responsibilities. We were told that during their induction new staff work alongside experienced staff "shadowing" until a manager assessed they are competent to support people on their own.

During the inspection records we looked at showed us staff received the training they needed to enable them to provide care and support to the person who lived at the home. We were shown the training matrix; this was used by the registered manager to record all staff training. This showed that staff had received the essential training needed to provide care and support to the person they were working with. We saw training staff had received included; health & safety, first aid, food hygiene, fire training, safeguarding, medication, the use of rescue medicines, physical intervention, record keeping, person centred planning, diet and nutrition, challenging behaviour, communication, confidentiality, risk assessment, moving and handling, consent, infection control and Control of Substances Hazardous to Health (COSHH) Regulations 2002. This gives guidance on how to protect employees and people who use the service from hazardous substances at work. Staff records we saw contained certificates for the training staff had completed.

Systems were in place to ensure staff received the support they needed to carry out their roles. Staff received regular supervision and had an annual appraisal. We saw that supervision records were kept in staff files. Staff we spoke with told us they felt supported. One staff member told us "We always have someone to go to." We saw that the service also had regular group supervisions for staff. These gave staff the opportunity to discuss important things for people they supported including ideas for new activities or changes to people's support needs. Manager and keyworker team meetings were also held regularly. We were told the service also had "away days" where all staff could meet to discuss the service and included team building and life coaching sessions.

We were shown a Health Action Plan, which contained detailed information about the person's health needs. Records we saw also showed us that the person had access to a range of health care professionals including G.P's, occupational therapist, community nurse, optician and speech and language therapists.

Is the service caring?

Our findings

The relative we spoke with told us staff knew the person who used the service very well and said the person "Is very happy." Staff we spoke with told us the service "Is homely, it's more like a family".

We spent time observing how staff interacted with the person who used the service. We saw staff reacted in a relaxed, kind and sensitive manner. The person was comfortable with staff and used humour as part of their communication.

Staff we spoke with described the person who used the services as lively, happy, very active and full of life and good company. Staff were compassionate and showed a strong commitment to providing the person with a person centred service. One told us "You have to approach [person] in the way [person] likes," another said "It's about what's important to [person]."

Care records we saw also described the person in positive ways which included sociable, playful, thoughtful and helpful. The team manager and all staff spoke about the person in caring and respectful ways. Everyone we spoke with knew the person well and they were able to tell us in detail what was important to the person, how the person communicated and what they liked and did not like.

The person had regular visits from their relatives, who told us they were very involved in planning activities and the care provided at the service. Staff showed commitment to maintaining the persons contact with family and friends.

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

Is the service responsive?

Our findings

We spent time observing how the person interacted with staff, we could see they were relaxed and comfortable in expressing their wishes and choices to staff. We saw that staff responded immediately in an appropriate, responsive and respectful way.

The person who used the service had a wide range of community based activities that they went to throughout the week. We saw these included, going to the cinema, playing football, walking in local parks, Bury town centre, cafes, pubs and train station. Some activities were pre planned and the person went every week, others were decided on the day based on what the person wanted to do. We saw that the person was supported by staff to help at a local animal sanctuary. When we spoke with the person about their activities they showed us they were very happy with what they did and showed us photographs and places they had been.

Staff told us they supported the person to visit a relative in their home each week. The relative sometimes did not remember which staff would be going with them, so staff had made a picture board that the person and their relative could use to show who would be there the following week. Staff also supported the person to meet another relative at a café each week. The team manager told us the registered manager also arranged social gatherings for people from all their services so that other relatives could meet up.

The team manager told us they create a calendar each year for the person. This contained photographs of the person taken during activities and events. The person showed us they liked this and that they enjoyed pointing out each picture.

We found care records to be detailed and person centred. They contained information about the person; their social and personal care needs, likes and dislikes, preferences and routines. The records included care plans and risk assessments that were sufficiently detailed to guide staff in how to provide the support people needed. We were told that when people needs change or important events happen staff were emailed with the information so they could read the changes in people's records. Staff we spoke with told us they have a company email and the emails help them to keep up to date with people's needs. We saw that detailed daily records were kept by staff; these recorded activities and important events and incidents.

We found that care records, including risk assessments and care plans, which were reviewed regularly to ensure they reflected people's needs. Records had been reviewed and the person and other people that were important to them had been involved. We saw that the service planned meetings in a way that enabled the person to be involved. This included making sure the meetings were short, held somewhere the person liked to go and that they person's relatives were always invited. The relative we spoke with also told us that they are invited to reviews of the service and also involved when looking for new activities to try. They told us, "They are good and listen to me. We try things, set goals and targets."

The information had been used to create a person centred plan. This contained pictures and graphics to help the person understand what it was about. We saw the plan stated it was for the person who used the

service to, "Tell others the things that I like, make sure I am supported in a way that I would like, say what I want to do in the future, make sure I make my own decisions about what I do'. It contained information about people, places and what the person liked and did not like. It also gave details of the person's "gifts and talents" and their dreams and wishes for the future. It told people how the person communicated and routines that are important to them and what staff needed to do to keep the person safe and healthy.

The team manager told us that they matched staff with people who used the service based on how well they get on and their shared interests. We were told the service operated a key worker system. A staff member takes a lead role in making sure the service was providing what the person wanted and looking for new opportunities and activities. The keyworker was also a link for people's families. We saw that staff offered choices to the person in a variety of ways and looked for opportunities to encourage the person to do things for themselves.

Information about how to make a complaint was contained in the service user guide, which was given to people and their relatives when they started to use the service. We were told that an "easy read" accessible version was available for those who preferred the information with images and fewer words.

We found the service had a detailed policy and procedure, which told people how they could complain, what the service would do about it and how long this would take. It also informed people who they could contact if they were not happy with the way the service had dealt with their complaint. We saw that a system was in place for recording and dealing with any future complaints. The team manager told us the service had not received any complaints. They told us that if something is wrong or was not working for the person, they change it or try something else before someone needed to complain. A relative told us, "If I wasn't happy I would go to [registered manager] or [team manager] and they would sort it out straight away."

The provider had a number of services and we found they used a number of different ways of getting people's views on all the services and ideas for future developments, including social gatherings, coffee mornings and meetings

Is the service well-led?

Our findings

The service had a registered manager who was not present on the day of inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People we spoke with were very positive about the registered manager and other managers in the service. A relative told us "They are all for the customer, they will fight for people," and said "The managers know [person] well". The registered manager was described by staff as, "Brilliant," and "Easy to go to." Another said "[Registered manager] is a lovely person and would do anything for anyone, really caring." We were told the registered manager was supportive and that their management style was, "Ask not tell" and that they, "Care so much about service users and what they want."

Staff we spoke with were very positive about working in the service and felt supported in their work. One told us, "I have never worked in an organisation like it. It's great and really supportive." Another said, "I have worked for a number of organisations and this is second to none," and "They back you in and out of work." Staff told us they felt valued and that they, "Get lots of positive feedback from managers." Another said of the managers, "They listen and care about staff. They will work around you if you have issues at home."

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

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure the person was kept safe. The team manager told us there had been no notifiable accidents, incidents or safeguarding allegations but was able to tell us what should be notified and how they would do this.

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

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

