Care Quality Commission

Community Care Options

Dunscar House

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

Overall summary

The announced inspection took place on 13 March 2015. At the last inspection in December 2013 the service was found to be meeting all regulatory requirements inspected.

Community Care Options is based at Dunscar House in the Egerton area of Bolton. The service provides personal and nursing care to people who have complex care needs. The service supports people living in a supported tenancy house and in addition provides care to people living in their own homes via an outreach placement. On the day of the inspection there were the maximum, six people, living in the supported tenancy and thirty people being supported via the outreach service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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, who used the service, told us they felt safe. There was an up to date safeguarding vulnerable adults policy and procedure in place and we saw that the service followed up any safeguarding issues appropriately. Staff had undertaken training in safeguarding and demonstrated a good understanding of the issues involved.

Recruitment of staff was robust, including the obtaining of references and proof of identity. Disclosure and Barring Service (DBS) checks were carried out to ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service.

Medication policies were up to date and staff had received training in administering medicines. Systems were in place to ensure the safe ordering, administration and disposing of medication.

Staff had a thorough and robust induction procedure and had undertaken a range of training courses. Training was on-going throughout their employment.

Care plans included information about people's health and support needs as well as personal information around people's choices, preferences and interests. Consent was gained from people who used the service for care and treatment administered. Care plans were person centred and there was evidence of the involvement and participation of the people who used the service in discussions and decisions about their own care provision.

User friendly, easy read, versions of people's health action plans were produced to make it easier for them to be involved in their care and support. Staff had undertaken training in a range of communication methods to help them communicate more effectively with people who used the service.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA), which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. Staff had completed training in MCA and demonstrated an understanding of the principles of the act.

The service ensured that they documented any restrictive practices, such as locking doors on a temporary basis to minimise risk. The service ensured that any restrictive practices were in the best interests of the person who used the service and these practices were reviewed regularly.

People who used the service that we spoke with told us the staff were kind and caring. We observed staff offering care in a kind and friendly manner and it was clear that staff knew the personalities and the needs of the people they supported. People's dignity and privacy was respected by staff.

People were given a range of information about the service, including the service user guide and regular newsletters. People who used the service were encouraged to speak to staff with any concerns or issues and were involved in the on-going service provision via regular tenants meetings. These provided a forum for people to raise concerns or put forward suggestions.

There was an up to date complaints policy and we saw that complaints were followed up appropriately.

Staff told us they felt well supported by the management. Staff supervisions were undertaken regularly and there were regular staff meetings.

Professionals who worked with the service said their partnership working was of a high standard.

Governance meetings were held every three months where discussions took place around a range of relevant topics, such as monitoring of safeguarding, training, complaints and audits. Objectives for the next three month period would be agreed at these meetings. The service endeavoured to keep up to date with current good practice guidance and legislation.

We saw that a number of audits were carried out regularly to help ensure continual improvement to the service provision. Incidents and accidents were recorded appropriately and monitored for patterns or trends.

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?

Good

The service was safe. People we spoke with, who used the service, told us they felt safe.

There was an up to date safeguarding vulnerable adults policy and procedure in place. Staff demonstrated a good understanding of safeguarding issues and had received safeguarding training. Issues were followed up appropriately.

Recruitment of staff was robust and staffing levels were sufficient to meet the needs of the people who used the service.

Staff had received training in administering medication and systems were in place to ensure the safe ordering, administration and disposing of medication.

Is the service effective?

Good

The service was effective. Staff had a thorough and robust induction procedure and training was on-going throughout their employment.

Care plans included a range of health and personal information. Consent was gained from people who used the service for care and treatment administered.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Staff had completed training in MCA.

The service ensured that they documented any restrictive practices and that these were reviewed regularly.

Is the service caring?

Good

The service was caring. People who used the service that we spoke with told us the staff were kind and caring. We observed staff offering care in a kind and friendly manner.

People were informed about the service provision via a range of information which was given to them, including the service user guide and newsletter. There were meetings for people who used the service to raise concerns or put forward suggestions.

People's dignity and privacy was respected by staff.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and there was evidence of the involvement and participation of the people who used the service in their own care provision.

User friendly, easy read, versions of people's health action plans were produced to make it easier for them to be involved in their care and support.

Staff had undertaken training in a range of communication methods to help them communicate more effectively with people who used the service.

There was an up to date complaints policy and we saw that complaints were followed up appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff told us they felt well supported by the management. Professionals who worked with the service said partnership working was of a high standard.

There were regular staff meetings and governance meetings where the service endeavoured to keep up to date with current good practice guidance and legislation..

A number of audits were carried out regularly to help ensure continual improvement to the service. Incidents and accidents were recorded appropriately and monitored for patterns or trends.

Dunscar House

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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available on the day for us to speak with.

The inspection was carried out by one Care Quality Commission adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the home in the form of notifications received from the service.

Before our inspection we contacted five health and social care professionals who regularly work with the service to provide care and support. This was to ascertain their experience of the care offered by the service.

We spoke with six people who used the service, four from the supported living tenancy and two from the outreach service. We spoke with three care staff and the registered manager. We looked at records held by the service, including five care plans, three staff files, meeting minutes, audits, training records and general information supplied by the provider.

Good

Is the service safe?

Our findings

We spoke with six people who used the service. All said they felt safe and secure with the support given to them. One person told us, "They [the staff] make sure I am alright". Another said, I feel safe with staff. Staff help when I need it". Another person, supported by the outreach service, told us they were having some issues within the community and explained that the staff had assisted them with this to help ensure they remained safe.

We looked at the service's safeguarding vulnerable adults policy which had been reviewed recently and was up to date with current guidance. We spoke with three care staff who all demonstrated knowledge of safeguarding issues and reporting methods and knew how to access the policy for further guidance should they require it. We saw from the training records that all staff had undertaken safeguarding vulnerable adults training and this was renewed on a two yearly basis. The registered manager told us that they were intending to use a new training package for the next safeguarding training to help ensure staff's knowledge remained fresh and current.

We saw that the service had been proactive in supporting people who used the service who may be vulnerable to abuse or exploitation. One person who used the service told us they were supported to manage their money, as they had been exploited in the past and required assistance with this.

We saw that the service accessed assistance from other agencies in the wider community, such as the community police who were helping a person with a safety issue, in order to help ensure people who used the service were kept as safe as possible.

We spoke with five health and social care professionals and asked about the way the service dealt with safeguarding issues. None had any concerns and one social care professional said, "In respect of any safeguarding concerns I have always found the management to be proactive and fully cooperative in responding to any issues or concerns raised".

The safeguarding records demonstrated that the service followed their own and the local authority policies and procedures. We saw that they had cooperated fully with the local authority safeguarding team when required.

The service had an up to date whistle blowing policy and we asked staff about this. The staff we spoke with were aware of the policy and said they would be confident to report any poor or abusive practice they may witness.

The service had a recruitment policy which had been reviewed and updated in January 2015. We looked at three staff personnel records and saw that the recruitment process was robust and included the obtaining of appropriate references, proof of identity and Disclosure and Barring Service (DBS) checks to help ensure people were suitable to work with vulnerable people. Each employee had an employment contract.

There were policies and systems in place within the service to help ensure safe ordering, disposing and administration of medication. There was a policy on homely remedies and one relating to controlled drugs, which are some prescription medicines subject to control under Misuse of Drugs legislation.

People who lived in the supported tenancy had their medicines stored in a locked cupboard within their own flat. Anyone who wished to self-medicate had a risk assessment, which we saw one example of, to ensure this could be done safely. We saw the medication records and saw that refusals of medicines were recorded as were medicines given as and when required (PRN). These were recorded with times of administration to help ensure they were not given too often.

We saw that staffing levels were sufficient to meet the needs of the people who used the service on the day of our inspection. We spoke with six people who used the service about staffing levels and they all felt there were enough staff around to meet their needs. We spoke with three members of staff who told us there were usually enough staff in place and that experienced and regular bank staff were used to cover any shortages that could not be covered by existing staff members.

Good

Is the service effective?

Our findings

We contacted five health and social care professionals prior to our inspection. One social care professional who has regular contact with the service told us, "I have had several positive experiences of working with Community Care Options to support service users with a range of cognitive impairments/ challenging behaviours including those associated with mental health, learning disability, autism, acquired brain injury and stroke". Another professional said, "The staff on site are always accommodating and professional".

We saw the service's induction policy, which had been reviewed and updated in January 2015. The registered manager told us that they had recently employed new starters for the first time in four years. A comprehensive induction, including training, familiarising themselves with policies and procedures and shadowing experienced staff until deemed competent was being undertaken. We saw evidence of the induction programme within the three staff personnel files we looked at.

The induction programme was currently under review to ensure it was appropriate for the changing nature of the service, from all supported tenants to a mix of supported living and outreach support.

We saw the training matrix which evidenced that all staff had undertaken a range of training relevant to their roles, such as manual handling, food hygiene, fire awareness, first aid, managing challenging behaviour, epilepsy, diabetes and Mental Capacity Act (2005) (MCA).

There was evidence within care files that the service worked within the legal requirements of the MCA, which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. We saw that the service worked closely with other agencies around best interests decision making and discussions around capacity, for example regarding how to ensure the person received the best health care and treatment.

We spoke with three members of care staff who confirmed that they had undertaken the service's training courses. They were able to demonstrate a good understanding of their roles and responsibilities and could give examples of best interests decision making, working within the principles of the MCA.

People who used the service were given a thorough initial assessment to ensure their needs could be met by the service. We saw within the five care plans we looked at that this assessment, which outlined people's needs, wishes and preferences, was used to inform the initial care plan. We saw that there was a range of health and personal information included in the care plans. Each one included on call information which was a sheet that could be handed to another professional if, for example, someone was admitted to hospital. This would inform the hospital staff of the person's needs and help them receive good care, making the experience as positive for them as possible. Health appointments and visits were documented within the care files and there was reference to client consultation within all sections. We saw that the service had a recently reviewed and updated policy on consent.

Tenants at the supported living service were assisted with the preparation of the main meal of the day, which they ate together. Staff assisted with other meals as required, those who were able to prepare their own food were free to make this choice. We saw that monitoring charts with regard to nutritional issues were completed by staff when required, to help ensure good nutrition and hydration for the people who used the service. There were drinks and snacks on offer throughout the day and tenants could access these, with assistance from staff if required, at any time.

The registered manager told us that staff undertook CITRUS training, which is training in the management of behaviour that challenges the service. This was confirmed via the training matrix. The registered manager told us this training ensured the maintenance of up to date knowledge on the legal aspects of restrictive practices, including physical interventions.

Any physical interventions required, which could involve direct physical contact, such as hand holding, or the use of barriers, such as closing doors, were discussed at multi-disciplinary team meetings with relevant professionals. The service ensured discussions and decisions were documented. These practices were regularly reviewed to ensure that the least possible restrictions were placed on anyone. There was currently no one within the service who required physical interventions.

The service also had a record of restrictive practices, for example, some doors needed to be locked for a temporary period of time, within the supported tenancy, when certain

Good

Is the service effective?

individuals displayed behaviour which may challenge the service. At these times staff remained in the house to supervise people who used the service. The service had clear guidance in place to help ensure they used the least restrictive methods when responding to these behaviours, whilst keeping all the people who used the service safe from harm.

Good

Is the service caring?

Our findings

We spoke with six people who used the service. One person said, “Staff are nice, I like them all, I would be lost without them”. Another person told us, “I enjoy living here”. A third person commented, “Staff are fantastic, they make my tea at night and I do cooking with them”. One person who used the service told us, “Staff are always polite and friendly”.

We contacted five health and social care professionals. One person told us, “I find Community Care Options committed to their work, passionate about ensuring tenants are provided with the support they require”.

We observed staff interacting with people who used the service throughout the day. We saw that they were courteous and friendly and respected people’s dignity and privacy. We saw staff knock on people’s flat doors and wait to be asked to come in. People who used the service told us they could lock their flat doors if they wanted to. Some people said they liked their privacy and to sometimes be left alone, whilst others preferred to be with staff in the communal areas of the tenancy. Those who lived in their own homes and were supported via the outreach service also reported that staff respected their dignity and privacy when offering support.

We saw that people chose the activities they wanted to participate in and were supported to make their own choices. Staff demonstrated a thorough knowledge of people who used both the supported tenancy and the outreach service and it was clear that they shared good relationships with people who used the service.

We looked at five care plans and saw evidence that people were encouraged to be as independent as possible, whilst being supported to be safe and healthy. We saw staff encouraging people throughout the day to be independent whilst offering support and assistance when required.

The service had up to date policies on issues such as confidentiality as well as a recently updated policy around tenants’ involvement. We saw that supported living tenants were involved in regular monthly meetings, whilst there were three monthly meetings which people in both areas of the service could attend. This offered a forum where people who used the service could put forward suggestions and raise concerns if they wanted to.

A service user guide was given to all the people who used the service and was available in an easy read format to ensure as many people as possible could read it for themselves. The guide included information about both aspects of the service, support provided and person centred care, health and safety, tenant meetings, finances, policies and procedures, communication and complaints.

There was a twice yearly newsletter produced for people who used the service and other interested parties. There was also a two monthly on line newsletter, which included information about social events and activities and news from people who used the service and staff.

Regular service user satisfaction surveys were sent out as another way to ascertain people’s views and suggestions about the service provision. The registered manager told us these had not been sent out recently but the service were currently in the process of designing and sending out a new survey.

Good

Is the service responsive?

Our findings

We contacted professionals who engaged with the service regularly. We asked if the service was responsive to individual needs. One person told us, "In a number of cases there have been major breakdowns in care support for individuals due to aggressive and challenging behaviour. As other agencies have pulled out, Community Care Options have stepped forward to provide a service". This demonstrated a responsive reaction from the service. The person went on to say, "I have also had positive experiences of Community Care Options where they have been able set up complex and flexible care packages at fairly short notice (e.g. responding to sudden changes in health, regular appointments, visiting late, staying longer if/ when needed)".

We looked at five care plans and saw that the support was person centred and designed to fit around the person's particular needs, wishes and preferences. We saw that information about people's likes and dislikes, hopes for the future, routines, family and friends was documented within their care plans. We saw that individual choice, goals and aspirations were outlined. There was evidence that people had been supported to achieve their goals, for example, one person had been supported with smoking cessation. The care plans were reviewed on a six monthly or yearly basis depending on the area of the service the person used.

User friendly, easy read, versions of people's health action plans were produced. These made it easier for people who used the service to be involved in their care and support. We saw that staff had received training in various communication techniques, for example Makaton, to enable them to communicate better with certain people who used the service.

We spoke with three members of care staff who could give information about each person who used the service. They were aware of people's individual personalities, needs and wishes. We saw care being delivered throughout the day according to people's individual needs and wishes, for example, one person was being supported to do some baking, which they had expressed a wish to do.

The service offered a variety of activities, including arts and crafts, woodwork, rambles and monthly social nights. The social nights, which were attended by people who used the service and the wider community, were well attended and very popular.

There had been a recent activities survey sent out to people who used the service to gather their views on activities on offer and suggestions for future activities. The service had analysed the results of the survey and were in the process of trying to secure further funding for the popular activities as well as continuing with some of the free events. People had requested new activities such as cooking classes and music workshops and the service was endeavouring to reinstate previous activities that people had requested, such as the DJ course, which people had found very enjoyable. The monthly social nights continued to be well attended and would be continuing into the future.

We saw evidence that, after completing the feedback survey last year, two tenants had presented their findings to staff at a support worker update training day. This demonstrated a commitment from the service to listen to the views of people who used the service and encourage their involvement.

There was an up to date complaints policy which was also outlined in the service user guide. We saw records of a recent concern that had been raised by a person who used the service. We saw that this had been followed up appropriately, with the service including the person throughout the process.

Good

Is the service well-led?

Our findings

We spoke with three care staff who felt the management were approachable and supportive. One person told us, "Support from staff and management is absolutely fantastic". Another told us, "I can speak to the management any time. I feel valued as a member of staff". Professional visitors we contacted said they had no concerns with the service.

There was an up to date supervision policy and we saw, from the staff files we looked at, that supervision sessions were undertaken on a two monthly basis, providing regular support for staff. There were also regular three monthly staff meetings, which provided another forum for staff to air their views and raise any concerns. Managers were on call for staff to contact whenever they needed to.

We saw health and safety audits where issues were identified and documented and actions followed up and signed off. There were six monthly medication audits carried out and the training plan and policies and procedures were reviewed and updated on an annual basis. We saw detailed incident and accident reports with actions and outcomes recorded. Incidents were monitored for patterns or trends which, if identified, were addressed by the service to minimise the risk to people who used the service.

We saw evidence of two monthly senior management meetings with tenants, and noted that the minutes were produced in easy read format for the tenants that required this.

We looked at the minutes of recent three monthly governance meetings. We saw that discussions included monitoring of safeguarding, documentation, training, the development of the new satisfaction survey, policy updates, activities survey results, complaints and compliments and finances. New legislation and innovation were a regular agenda item at these meetings, demonstrating a commitment to keeping up to date with the latest guidance and working within current legislation.

We saw that objectives for the next three months were documented. These included continuing to monitor safeguarding activity, planning of training, recruitment, completion of the health and safety audit.

There was evidence of good partnership working with other agencies, such as GPs, housing professionals and community police within the documents we looked at. This helped ensure the well-being of people who used the service.

Comco had the Investors in People award which provides a best practice people management standard. They were also members of In Control, which describes itself as "a national charity working for an inclusive society where everyone has the support they need to live a good life and make a valued contribution". This demonstrated a commitment to good practice and high level service provision.