

# AS Care Solutions Limited

# Burnaby Street

## Inspection report

4 Burnaby Street  
Rochdale  
OL11 4PH

Tel: 07771515239

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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

### About the service

Burnaby Street is a three-bedroom modern house in Rochdale. The service provides accommodation for persons who require nursing or personal care for up to three people with a mental health condition. There were two people accommodated at the home on the day of inspection.

### People's experience of using this service and what we found

People living at the home told us they were happy with the care provided and that staff were nice. Staff knew people well and were enthusiastic about providing person-centred care.

Staff were aware of their responsibilities in safeguarding people from abuse. Risks were well managed and health and safety checks in the home had been carried out. The home was clean and well maintained.

Care records were person centred, reviewed regularly and updated when people's needs changed. People took part in a range of activities both in the home and in the wider community. People were supported to keep in regular contact with their relatives.

There were enough staff to meet people's individual needs and staff received the induction, training and support they needed to carry out their roles.

There were good systems of quality assurance checks and audits. Everyone was positive about the registered manager and the way the service was run. The provider had notified the Care Quality Commission (CQC) of significant events such as safeguarding incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were given choice and supported to make decisions about their own care. People were supported to be as independent as possible. People were encouraged to pursue their individual hobbies and interests. People were treated with dignity and respect at all times.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10 October 2018 and this is the first inspection.

#### Why we inspected

We undertook this inspection in line with our new monitoring approach and the length of time the service has been registered and was unrated.

We looked at infection prevention and control measures under the safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our effective findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

# Burnaby Street

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Burnaby Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service on our records. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, house manager and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and the staff supervision and competency records. A variety of records relating to the management of the service, including policies and procedures were reviewed as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Effective systems, procedures and policies were in place to safeguard people appropriately.
- Staff were clear about what action to take to safeguard people from abuse and staff were confident concerns would be dealt with appropriately by the management team.
- Everyone we spoke with was confident that any concerns raised would be dealt with promptly and appropriately. One relative told us they were confident the service was managed safely. They told us "I can stop worrying about (my relative) now".

Assessing risk, safety monitoring and management

- Risks to people were effectively assessed and safely managed. A legionella risk assessment was not in place at the time of inspection and the provider took action to resolve this.
- Comprehensive risk assessments were in place for people living at the service. Risk assessments were tailored to each person and their individual needs. Care plans provided clear guidance to support staff to care for people safely, including positive risk taking.
- Care files were reviewed regularly and information relating to risks was updated. Staff were knowledgeable about the risks for each person living at the service.
- People had personalised plans detailing how to exit the building in an emergency such as a fire. The service completed regular fire drills, smoke alarm tests and had visual diagrams for people to follow to instruct them how to exit the building.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment procedure in place which included appropriate pre-employment checks. There were gaps in one staff member's file for their pre-employment history. We discussed this at the time of inspection, and we received assurances this person had been safely recruited.
- There were enough suitably trained staff to meet people's needs. Staffing levels were flexible and adapted to support people to participate in activities of their choice. People were supported by a regular and consistent staff team.
- People living at the home told us they got along well with the staff, one person told us "I like the people here, they're really kind."

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed and in line with guidance.

- There was regular auditing of medications to identify any errors and staff told us they felt confident with supporting people with their medicines.
- Staff had received medication training and had their competency assessed regularly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

One staff member was wearing a fabric mask at the time of inspection. This was discussed with the management team who addressed this with the staff member and explained why fabric masks are not appropriate in a care setting. The home was assessing people living at the service and staff to determine whether they were more at risk from Covid-19.

We recommended that the service continually risk assess the infection control measures within the home and local infection rates to safeguard the residents.

There was good hand hygiene across the home and people living at the service were involved with the infection control practices.

#### Learning lessons when things go wrong

- We saw records for recording incidents and any lessons learned had been shared with the staff team through meetings and supervisions.
- There was an open culture around reporting incidents and near misses, and actions were implemented in response to these.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and their individual preferences identified. Before people came to live at the home, staff visited people where they lived to introduce themselves and to get to know people.
- The service promoted choice and independence as much as possible in the day to day lives of the people living at the service.
- People were registered with their own GPs. Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.

Staff support: induction, training, skills and experience

- Staff received support from the management team and had one to one support in supervisions to ensure they were suitably trained for caring for vulnerable people and were developing the correct skills.
- Staff were supported to undertake additional training such as vocational health and social care courses and specific modules around people's mental or physical health needs. Staff we spoke with said, "I feel the training helps me in my job."
- Staff joining the service completed an induction and had regular reviews to assess their progress in the role. One staff member told us "I was able to shadow other staff until I felt confident on my own. I'm really happy here."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink well.
- People were fully involved in planning their meals and making choices about their health and wellbeing. People were encouraged to make healthy and nutritious choices and were actively involved in preparing food and cooking their meals.
- Staff supported people to access local facilities such as the gym in line with their healthy living goals. One person spoke with pride at the changes they had made to their lifestyle, they said "I feel good, I only get a takeaway on the weekend now, it's better for me."

Adapting service, design, decoration to meet people's needs

- People living at the service had personalised their rooms to their own preferences and were encouraged by the home to bring personal items when they moved in.

- The home was modern, in good decorative order and well maintained.
- The environment was suitable for the adults who lived there who were physically mobile and had access to all areas of the home including the garden and conservatory.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider and staff understood their responsibilities under the MCA.
- Staff sought people's consent and included them in decisions about their care.
- The service worked closely with people to support them to understand their options and make decisions independently.
- Where people lacked capacity around a particular decision, decisions were made in line with legal requirements and in people's best interests. Professionals and relatives were involved where appropriate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a clear person-centred culture within the service. Our observations during the inspection showed that staff treated people with respect and respected their individuality.
- People at the service were supported to attend their place of worship and the staff encouraged people in the service to take part in religious festivals.
- There were opportunities for people to experience other cultures and the home supported staff and residents to celebrate cultural events together.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care planning as much as they wished and each person had a key worker involved in their care.
- People living at the service had set goals and aspirations and staff worked on a one to one basis to achieve these.
- Staff spoke positively about people who used the service and expressed pride when a person achieved their ambition or goal.

Respecting and promoting people's privacy, dignity and independence

- People had the freedom to make day to day decisions about their lives and staff respected these choices. There was a weekly and monthly planner for each person living at the home, this provided some structure but was subject to the person's feelings and preferences on the day and would be adapted as requested by the person.
- Staff were pro-active in engaging and sharing information with people's families and friends, where people had consented. The service involved families regularly and kept them updated with their relative's care. One relative told us "they (the staff) don't get enough credit, they always keep in contact with us."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records and support were based on the needs and preferences of individuals. Care records included person-centred risk assessments and support plans. They gave information about the person, who and what was important to them and how the person could be supported with choice.
- People's individual routines were respected. People were involved in creating structured plans for the weeks and months ahead, with personalised events and interests scheduled to allow time for preparation and travel. One person told us "My plan for this month is on the wall, I like it being there to remind me."
- People and relatives spoke positively about the care and support received at the home. One relative told us, "I can really see the positive change in my relative since they've moved here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in alternative formats including pictorial and easy read formats where appropriate.
- The service used pictorial feedback forms and surveys to understand what people living at the home thought about the care.
- The service had sought support from a speech and language specialist to help staff better understand how one person communicated and for staff to interpret this person's communication style more effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were based around people's individual interests, hobbies and ambitions. People took part in a range of activities in the home and they were also encouraged to engage with the wider community.
- People were supported to maintain regular contact with friends and family via video calling and visiting, where possible.
- Activities were based around people's individual interests, hobbies and ambitions. People who lived at the home were encouraged to know their neighbours and build links in the community including the local food banks and charity events.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. Complaints were handled in the correct way and responded to in a timely manner. The registered manager ensured action was taken if lessons could be learned to improve the service.

#### End of life care and support

- At the time of our inspection, nobody was receiving support at the end of their life. Processes were in place to enable people's wishes to be identified and recorded if they wished.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Robust systems of daily, weekly and monthly quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.
- People were positive about the service and the way it was managed and organised. Staff said "I really like working here, you get a lot of support to help people."
- The service was tailored to the needs of the people living there and people and their families were fully involved in care decisions. One relative told us "We have lots of input in making decisions, they (the service) really listen to us".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider worked closely with the local authority who commissioned with the service. We received positive feedback about how the manager and staff worked with other agencies to ensure people's needs were met.
- The registered manager had a system in place that enabled them to review any accidents, incidents, safeguardings or complaints. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The registered manager had notified CQC of significant events such as safeguarding concerns and was aware of their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear process for staff to follow when starting work with the service and the manager held regular reviews to check on a staff members progress and suitability in the role.
- Staff spoke positively about working in the service and the support the management team provided. One person told us "We all work together as a team, we include everyone in the house in that".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt valued and recognised for the support they provided. One staff member told us "If I have an idea to improve the service, the manager will support me 100%".
- There were regular opportunities for people living at the service and their relatives to express their views and discuss ideas about the running of the service.
- There was a statement of purpose and service user guide. This gave people details of the facilities provided at the home. They explained the service's aims, values, objectives and services provided.