

Expect Ltd

Bowersdale Resource Centre

Inspection report

Crescent Road
Seaforth
Liverpool
Merseyside
L21 4LJ

Tel: 01512576370

Date of inspection visit:
24 October 2017
25 October 2017

Date of publication:
22 November 2017

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

The inspection took place on 24 & 25 October 2017 and was announced.

Our last inspection of Bowersdale Resource Centre took place in October 2016. During this inspection we found the service was in breach of regulations relating to person centred care, safe care and treatment and the governance of service. The service was rated as Requires Improvement. Following our inspection in October 2016, the provider sent us an action plan detailing what steps they were going to take to ensure the breach was met. We checked this during this inspection and found that the service had made the required changes.

Bowersdale Resource Centre provides personal care and support to people in their own homes and in supported living in the Sefton and Liverpool areas of Merseyside. At the time of our inspection 96 people received Outreach support and 56 people were living in 24 hour support living settings.

During our last inspection in October 2016 we found the service in breach of regulations relating to person centred care. This was because people's care was not planned so it was personalised to reflect their current and on-going needs and was not regularly reviewed. We checked this during this inspection and saw that the registered manager and acting manager had implemented new care planning documentation which contained personalised care plans.

Also at the last inspection in October 2016 we found the service in breach of regulations relating to safe care and treatment. This was because Medication Administration records (MAR) were not always completed in line with the service's policies and good practice guidance and staff were not checked to ensure they were competent to administer medicines. We checked this during this inspection and saw that the provider had introduced an improved MAR and appraised staff of the new requirements. We looked at the new process and found it promoted safe administration of medication. The service was also found to be in breach because risk assessments were not always in place to minimise risk. We checked this during this inspection and saw that the provider had introduced new care planning documentation which included risk assessments, which meant individual risk assessments were completed.

At the last inspection in October 2016 we found the service in breach of regulations relating to governance. This was because we found key areas of quality and safety required further development so that people being supported were not exposed to potential risk. We checked this during this inspection and saw that the provider had formulated a new checking and auditing system which helped ensure people received support which met their needs and kept them safe. A new checking and auditing system helped assure managers that staff had administered medication; regular reviewing of people's support now took place and care records were regularly checked to ensure support plans and risk assessments were completed. The service was no longer in breach of these regulations.

The service has two registered managers in post. A registered manager oversees the Outreach service and

another oversees the supported living service. The role of the registered manager for the Outreach service was being covered for the period of maternity leave by another manager in the service. 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.'

Some people received staff support with their medicines. They told us they received it at the right time. Staff administered medicines safely.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

Staff spoken with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. Staff received an induction when starting their employment.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

People told us the staff had a good understanding of their care needs and people's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views were taken into account when deciding how to spend their day.

Care plans provided information to inform staff about people's support needs, routines and preferences.

An electronic system was used to allocate staff to calls and informed of staff unavailability because of holiday leave, days off or sickness. The system showed when staff had arrived at a call. People in the main received the same staff to support them.

People told us staff were kind and polite. We observed positive interaction between the staff and people they supported.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. However the service had not received any complaints since the last inspection.

People receiving the service and relatives told us they were able to share their views and were able to provide feedback about the service. Feedback we received was mainly complimentary regarding the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

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.

Medication was managed and administered safely.

Staff were recruited safely following robust recruitment checks.

Risks to people's health, safety, and emotional well-being were assessed and regularly updated and reviewed.

Is the service effective?

Good ●

The service was effective.

Staff received regular training which was relevant to their work. They received an appraisal and regular supervision.

The service was following the Mental Capacity Act and associated principles with regards to best interests' decision processes and obtaining consent.

People were supported to prepare meals in accordance with their own preferences.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff. We observed staff supporting people in a kind and caring manner.

Staff were able to describe how they protected people's dignity and respected their choices.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personalised and met their needs. Information relating to people's preferred routines, likes and dislikes was recorded in their care plans.

There was a complaints process in place.

Is the service well-led?

Good ●

The service was well led.

There were registered managers in post who were active in supporting the staff and people who used the service.

The service regularly sought feedback from people regarding the delivery of support.

There were audits in place which identified any shortfalls in service provision. Action plans we saw ensured issues were addressed.

Bowersdale Resource Centre

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 & 25 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to support our inspection.

The membership of the inspection team consisted of an adult social care inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the information we held about Bowersdale Resource Centre. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. 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 received feedback from two healthcare professionals who had experience of working with the service and from the local authority commissioning team.

We spoke with nine people who used the service and three relatives by telephone; we visited three people who lived in supported living. We spoke with seven staff including the registered manager, acting manager and support staff. Senior managers provided information relating to the governance of the service.

We looked at the care plans for four people receiving a service from the Outreach service as well as the care records of the three people we met who lived in supported living. We checked the recruitment files for ten staff. We also looked at other documentation associated to the running of the service.

Is the service safe?

Our findings

Most people we spoke with told us they felt safe receiving support and care from Bowersdale Resource Centre. Comments included, "Yes I do", "Yes, depending who you get". "If they're new, it's not so good, not familiar with them", "Totally" and "It depends on the carers".

Relatives told us, "Yes, [name] does feel safe. They get the same people" and "Yes. Only problem is the time, comes too early or too late. Needs to be more regular". We spoke with people in supported living; they told us that if they had concerns, they knew who to speak to.

We looked at how medication was administered. At the last inspection we found that improvements were required to ensure safe standards were maintained. At this inspection we found that changes had been made to the practices and training of staff to ensure staff were competent to administer medicines safely. Some people received staff support with their medicines. They told us they received them at the right time.

Staff spoken with confirmed they had received training. We checked the provider's electronic record which confirmed that staff received training regularly. The senior manager we spoke with explained that efforts were now made to reassess medication competency for long-standing staff members on an annual basis. We saw evidence of this recorded in staff files.

We checked the process of administration of medicines in the two supported living homes we visited. We found that medicines were stored safely, with the temperature check of the cupboard completed daily. Medicine Administration Records (MAR) we completed to demonstrate people had received their medicines. A list of staff signatures was kept to identify the staff member who had signed the MAR.

The care records of people who received support with medication contained a medication support plan which described how people preferred to take their medication.

People had protocols in place for medication that has been prescribed to be given 'as required', for example when presenting behaviours that challenge. These 'PRN protocols' appeared to be agreed with the person's mental health practitioners. PRN, pro re nata, refers to medication that is given when needed, as opposed to being administered on a regular basis.

Since the last inspection the provider had introduced a series of audits completed by staff and managers to help ensure safe administration of medicines. We found these to provide a thorough check of the process.

We looked at the provider's 'Control and administration of medication policy'. This was first issued on 7 April 2014 and last reviewed on 13 May 2016. The policy described processes including competency assessment, detailed steps of administration, reporting of medication errors and the need for review. When we spoke with senior managers we suggested this policy would benefit from review because within the document there was reference to 'domiciliary care' and 'outreach' services separately. It was not clear whether supported living services were included under domiciliary care. Within the 'domiciliary care only' section was a statement that staff are not allowed to "administer controlled drugs".

We asked staff about their understanding of safeguarding. One support worker described safeguarding as, "working with people, keeping them safe and leading happy, healthy lives, doing your job, follow the rules". Another member of staff told us it was about awareness of "what can be risks or lead to accidents, protection from abuse". Both staff seemed confident in the reporting of any incidents, accidents or concerns and told us they would feel able to whistle-blow if they felt alerts had not been dealt with. Staff members spoken with stated they had no particular concerns about their services at the moment.

We checked training records; all three staff members spoken with had recently completed 'Safeguarding adults at risk' training as an e-learning refresher. We viewed the service provider's safeguarding policies. There were two policies, with one document being especially written for service leaders and managers.

We viewed risk assessments for different kinds of service provision, outreach and supported living. Each care record we looked at contained completed risk assessments. However for one person who used the Outreach services there were mentions of behaviours that challenge. The risk assessments we saw in this person's care plan did not appear to give detailed information to staff members. For example how to respond to incidents of behaviours, beyond 'contacting the office'. We checked with the acting manager who informed us that no incidents had taken place in 2017.

In supported living services care plans were much more detailed. Staff members we spoke to told us that the people they supported may present behaviours that challenge several times a month. Staff members told us these the people had strategy plans that follow a least restrictive and last resort approach. This means for example that in the first instance the person should be given space. We looked at these risk assessments and found they gave staff guidance and information regarding any triggers to people's behaviour. We discussed this with the acting manager and Head of Operations. They told us they would ensure the whole service used these documents consistently to support their staff.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. The provider managed staffing differently in outreach and supported living services. The outreach team have rota coordinators who use a cover system called 'People planner'. In supported living services, team leaders continue to do in-house rotas.

We spoke with the 'Rota Coordinators' who were responsible for ensuring staff visited people who received Outreach support. The 'People Planner' system was used to allocate staff to calls and informed of staff unavailability because of holiday leave, days off or sickness. The system showed when staff had arrived at a call so the coordinators were aware of their whereabouts. The system was on display on the coordinators computer screen and we saw they checked it regularly. People who received a service who we spoke with confirmed this was the case with the occasional change or late arrival and there was always a reason why. Comments included, "They always turn up on time", "Only very seldom. Once or twice. I rang the office and was told they went off sick", "Only occasionally, like on Bank Holidays" and "No and we have been with them for years."

We spoke with a team leader and support staff at two supported living sites. They told us how neighbouring services work together to provide reliable and consistent staffing and care. Staff supported each other and covered additional shifts when there was absence through holidays or sickness.

Staff were recruited safely as the provider had a robust recruitment process. Recruitment files were well organised and easy to access. All staff had one character reference and one professional reference provided by their most recent employer, either in writing or collected via telephone and recorded. All references had been received before the member of staff's start date.

All staff either had a timely Disclosure and Barring Service (DBS) check in place prior to their start date or an Adults First check had been carried out in the interim. We saw evidence of DBS checks completed in all recruitment files we viewed. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People told us that staff seem to know what they are doing and knew their needs. Comments included, "I have two really good carers", "Yes I do definitely" and "Yes I do (have good carers) and yes, they do (know what they're doing)". Relatives told us, "They are good" and "Yes, they are very good, people that he can get on with".

We found that staff were well trained and had a good understanding of people's needs. A system was in place to record training courses staff had completed and any date of expiry, meaning staff members needed a refresher. Training was provided in both face to face and on line formats. We found that all staff members had completed training in subjects relevant to the needs of people they supported. Subjects included, medication, data protection, person-centred planning, effective recording, dignity, manual handling, infection control, health and safety awareness, fire safety, food safety, First Aid, equality and diversity, Mental Capacity Act and Deprivation of Liberty Safeguards, moving and positioning, nutrition, safeguarding adults at risk, dementia awareness and COSHH (Control of Substances Hazardous to Health). Where it was necessary to support people safely, staff had completed MAPA (Management of Actual or Potential Aggression) training.

Staff new to working for Expect Limited completed a period of induction when they started their employment. We saw evidence of staff members' skills being assessed and developed, at induction stage, at regular supervisions and throughout their employment. We saw 'induction checklists' for two members of staff. The checklist was split into three parts, with the first section noting what the new starter needed to know during their first week, for example service users and files, policies, safeguarding and whistle-blowing, medication and medication routines, personal care and Personal Protective Equipment (PPE), service specific health and safety issues, fire evacuation and drill procedures, First Aid (First Aiders and boxes), on-call, support and security and the absence procedure. The second part of the induction checklist included setup and equipment. This included receipt of ID Badge, email and e-learning setup and staff handbook. A third part of the checklist, signed off by the person's supervisor, noted learning of operational and recording processes. This included accident and incidents, weekly health and safety checks, 'Have Your Say', Personal Protective Equipment orders, stationery and post, rotas and timesheets, travel and expenses.

Staff were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

A senior manager explained to us that new staff members should have two monthly supervisions at the beginning of their employment. Supervision thereafter was every three months. Staff members we spoke with told us they received a copy of their written supervision notes following this. We asked whether staff felt that these meetings were suitable to their needs. The staff stated supervisions were indeed suitable and that they felt they could speak about anything important to them or any concerns. Staff also confirmed to us that they have annual appraisals.

People had a plan of care to identify their care needs. A care plan provides direction on the type of care or support an individual may need following their needs assessment. Care planning is important to ensure people get the care they need. Care plans covered areas such as, mobility, personal care, skin care, continence, health and wellbeing, and communication. Copies of people's care plans were kept in the office and also in their homes.

We saw people had access to health care professionals, including GP, dentist, chiropody service and community psychiatric nurse. The two people we spoke with told us about the regular health check-ups they had. One person explained the visits they made to health services on a monthly basis and staff supported them to attend. Some people's care records contained a health passport which contained relevant medical information important for any hospital admission. Information included their support and communication needs.

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.

We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. We saw that most people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care.

Is the service caring?

Our findings

We visited three people and spoke with nine others and three relatives during the inspection. They told us staff were kind and caring towards them. Some of their comments included, "Yes very kind and caring", "Most of them are", "Yeah, they do", "Some of them are, some of them aren't, depends on who you get" and "Oh they all are. That's why they are doing the job".

Relatives told us, "Yes they are. The carers [name] has are very caring" and "They are very good".

Everyone we spoke with said that the staff who supported them or their relative treated them with respect and maintained their dignity. However when we asked if people felt listened to by the carers who supported them the responses were mixed. Comments included, " [Name] does", "Depending on the carers", " Yes", "Some do and some don't", "Some of them more than others" and "Yes, they do".

Everyone we spoke with said staff ask for their consent before supporting them with care or carrying out a task for them.

We asked people if staff involved them in making decisions about their care. One person told us, "Yes they do." Another person said, "Oh all the time." A relative we asked told us, "Yes, they do ask."

People told us that staff supported them with their health. A person told us, "If I feel depressed, they help me to get through it or call the doctor." Another person told us that the need hadn't arisen yet but felt confident that staff would call their doctor if they needed them to. A relative told us, "If I am out and [relative] is unwell, carers ring me."

We asked people if they were introduced to staff before working with them. Comments from people who received a service included, "Yeah, get introduced first", "They usually shadowed new staff", "Yes", "Just turn up on the day but I do know their name from the rota", "No", "No I really hate that. I don't like new people, not familiar with them. Told my CPN and they spoke to Expect Ltd to try to send the same people but so far they haven't managed that." Relatives told us, "In the early days there was no introduction, complained and now improved" and "There is no way [name] will let them in if they don't know them." We passed on these comments to the acting manager who agreed to investigate the issues.

Is the service responsive?

Our findings

At the last inspection we found that improvements were required to ensure personalised care was delivered to meet people's needs. At this inspection we found that changes had been made to care documentation which recorded people's support needs and included an 'All about Me' document recording people's social history, likes, dislikes and preferences. Records clearly stated the support people required.

Since the last inspection each person receiving support from Bowersdale Resource Centre either in their own homes or in supported living, had the new CHASE care / support plans completed. These new documents included a self-assessment, staff reflective assessment and a goals and outcomes document; support plans were completed in areas, for example health and well-being, communication, continence, skin care, night support, medication, mobility and safety and personal care. Individual sections of the document were reviewed and updated on-going.

People in supported living also had 'Person Centred Plans' completed, in addition to CHASE documents. Person centred planning is a process of learning how a person wants to live and then describing what needs to be done to help the person move towards that life. For example it details what is important to a person in everyday life and what others need to know and do so that what is important to each person is present while any issues of health and safety are addressed.

We saw evidence that people were involved in the completion of these documents and had signed them to evidence this. Family members had only signed on a person's behalf when they had power of attorney authority.

Since the last inspection the provider had appointed staff as key workers to people they supported. Part of the key worker role was to complete six monthly reviews of people's support and review goals and any outcomes achieved. We saw evidence that some staff had completed these reviews and we were told this work was on going. We discussed with the acting manager some of the negative comments we received from people receiving a service. We advised the manager that by the support staff reviewing the service they provided if people had a problem with the staff member they were less likely to raise it and may be reluctant to contact the office to report it. The acting manager agreed with this and agreed to look at amending this.

Everyone we spoke with knew who to contact to complain about the service. A person told us, "I have done, once or twice. Yes, about one or two carers over the years. Don't send them now. Never saw them again." A relative told us they had complained and were satisfied with the outcome. They said, "Time of arrival is better and getting the weekly rota now."

A social care professional told us, "When a concern or complaint is received around a service/service user, Expect are always transparent in their investigations and candid in their reporting." Another told us, "We have no concerns around the outreach or supported living services delivered by Expect."

We looked at the complaints procedure for the Bowersdale Resource Centre (Expect Limited). The provider

had a written policy and procedure for dealing with and investigating complaints. We saw that since our last inspection there had been no documented complaints for the service. We saw that people rang the office to raise any issues which were dealt with verbally and informally; therefore no one had raised an official complaint.

Is the service well-led?

Our findings

At the last inspection we also found that improvements were required to ensure key areas of quality and safety needed to be developed so that people being supported were not exposed to potential risk. At this inspection we found the provider has developed the governance system and systems were now in place to monitor the quality of the service provided. These included medication administration, care records including staff recording and risk assessments, health and safety and staffing. Audits were completed by team leaders, registered managers, Quality Assurance manager and the Head of Operations. Action plans were completed at the conclusion of each audit and oversight by the senior manager helped ensure actions were completed in a timely manner. This helped to monitor performance and to drive continuous improvement.

At the last inspection we also found that improvements were required to ensure a more inclusive system was in place to gather feedback from people so that the service was developed with respect to their needs. At this inspection we found these changes had been made. There were systems in place to gather feedback from people so that the service was developed with respect to their needs. Questionnaires were sent out each year to people receiving a service and staff and the responses evaluated by the Quality Manager.

Most people we spoke with thought the service was well managed. They knew the names of the people in the organisation they contacted. One person said, "Yes it is." Another person said, "I think so. It could be better, organise the carers to come at the scheduled time."

Comments from relatives included, "It was difficult until we complained 2-3 months ago – irregular carers, irregular times", "Yes, I do" and "I think so".

We saw the results of a survey for 2017. Half of people who received a service responded; 79.88% were satisfied with the service. In addition half of the current staff employed returned a questionnaire; most staff [90.14%] felt a good level of job satisfaction. There was also a high rating for training provided.

Staff were asked in the 2017 survey, "What 3 words would you use to describe Expect's culture?" Responses included, "Understanding" "Clear", "Dynamic", "Inclusive" and "Non Judgemental." Staff were also asked, "What 3 words would you use to describe your work environment?" Responses included, "Busy", "Calm", "Considerate", "Fulfilling", "Interesting" and "Positive."

A health care professional told us, "In the past year Expect have been quite innovative in looking at ways to utilise assistive technology, and to reconfigure services where appropriate." Another health care professional we spoke with said, "I find this organisation reliable when providing a service and have received good feedback from those who are supported by them. [Name] and [Name], the two registered managers, are very knowledgeable about the clients and always ring you back."

A social care professional said, "Expect deliver high quality consistent support, are very proactive, and responsive and work very well with 'challenging clients' in the supported living service who other providers

feel they cannot support."

The service had a registered manager to manage the Outreach service and a registered manager to manage the Supported Living service. The role of the registered manager for the Outreach service was being covered for the period of maternity leave by another manager in the service.

We found that the acting manager and office-based staff communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were accessible through their 'smart phones'. Staff meetings were held throughout the year. We saw minutes from meetings held in July and October 2017.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service.

CQC requires providers to display the ratings awarded at their last inspection. We found the ratings displayed on a noticeboard by the registered managers office at the location. Whilst on display we felt the ratings should be displayed in a public area; the manager's office was only accessible by staff.