North West Community Services (Greater Manchester) Limited

North West Community Services (Manchester) Limited

Inspection report

47 Averill Street
Newton Heath
Manchester
Lancashire
M40 1PH

Tel: 01616822062
Website: www.northwestcommunityservices.co.uk

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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

This inspection took place on 8 and 9 March 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service.

North West Community Services (Manchester) Limited provides care and accommodation for up to three people with a learning disability. On the day of our inspection there were three people using the service.

The home had a registered manager in place. 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.

North West Community Services (Manchester) Limited was last inspected by CQC on 6 February 2014 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks of the premises had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act and was following the requirements in the Deprivation of Liberty Safeguards.

Staff were aware of people's nutritional needs and care records contained evidence of visits to and from external health care specialists.

People who used the service, and family members, were complimentary about the standard of care at North West Community Services (Manchester) Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into North West Community Services (Manchester) Limited and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. Personal goals had been identified and set for people.

People who used the service, and family members, were aware of how to make a complaint however there had been no formal complaints recorded at the service.

The service regularly used community services and facilities and had links with other local organisations. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and understanding.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

Staff had been trained in the safeguarding of vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into North West Community Services (Manchester) Limited and care plans were written in a person centred way.

Personal goals had been identified and set for people.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

North West Community Services (Manchester) Limited

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 inspection took place on 8 and 9 March 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners. No concerns were raised by any professionals.

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 used this information to inform our inspection.

During our inspection we spoke with two people who used the service and two family members. We also spoke with the registered manager and three care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and

records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at North West Community Services (Manchester) Limited. They told us, "No concerns whatsoever."

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staffing was on a one to one basis during the day for each person who used the service, whether the person was in the house or in the community, and one member of staff slept in the house at night. Staff absences were covered by the provider's own bank staff or the registered manager would occasionally cover absences and agency staff were not used.

The home is a detached bungalow in a residential area and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. Refurbishment work on the bathroom was being carried out at the time of our visit and the registered manager told us the shower room was also going to be refurbished. Infection control checks were carried out and cleaning routines described the tasks to be carried out, for example, mattress checks, surfaces to be cleaned and communal areas such as the shower, toilets and bathroom.

Environmental risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included medicines, abuse, trips, slips and falls, hot water temperatures, COSHH (control of substances hazardous to health), kitchen safety and fire safety. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms. Some of the temperatures were recorded as high as 48.9 degrees and were therefore above the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We discussed this with the registered manager, who told us there had been problems with the boiler leaking and it would be looked at as part of the refurbishment.

Portable Appliance Testing (PAT), gas servicing and fire alarm and detector servicing records were all up to date and visual health and safety checks of the premises were carried out weekly. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service and were reviewed every six

months. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding children, young people and vulnerable adults policy. There had been no safeguarding incidents reported at the home however the registered manager was aware of their responsibility with regard to protecting vulnerable people from abuse and staff had been trained in safeguarding adults.

Accident records were in place for each person who used the service. These recorded details of the accident or incident, who was involved, where and when it happened and what action took place. The registered manager carried out analysis of the accidents and incidents to see if there were any trends or triggers, and whether any actions could be taken to prevent a reoccurrence.

We looked at the management of medicines and saw medicines were stored in a locked cabinet in the staff bedroom.

Each person had a 'Medication file', which included a photograph and information on the person, what medicines they were prescribed and whether they had any allergies. Records we saw were accurate and up to date and included medicine administration records (MAR), monitoring charts, and returned medicines records.

Risk assessments were in place. For example, one person could self-administer their own medicines however was not able to manage their medicines so required staff assistance. The risk assessment stipulated that the person would take their medicines in their own bedroom and staff would check after 15 minutes that the medicine had been taken.

Patient information leaflets were provided for each medicine and included what the medicine was prescribed for, type of medicine, dosage and side effects. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who lived at North West Community Services (Manchester) Limited received effective care and support from well trained and well supported staff. Family members told us, "[Name] has had much more of a life since they moved here", "[Name] is well looked after" and "They've done really well here". A person who used the service told us, "They [Name] are great."

Staff received mandatory training in administration of medicines, safeguarding, first aid, health and safety, food safety, diet and nutrition, fire awareness, mental capacity, infection control and moving and handling. Records we looked at showed that staff were up to date with their mandatory training. All training was recorded on the provider's electronic system and the registered manager had access to their own staff's training record via a mobile application.

New staff completed an induction to the service, which included information on the role and responsibilities, the people supported, policies and procedures and an introduction to the home. Staff also completed training as part of their induction, which included the use of personal protective equipment (PPE), lifting and handling, COSHH and reporting accidents and injuries. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff supervisions we looked at included discussions on training, attendance, time management, the people who used the service, quality management and any additional comments. Appraisals were completed annually and included an employee 'self-appraisal' prior to meeting with the registered manager. This meant staff were fully supported in their role.

We saw weekly menu records and food and drink likes and dislikes sheets were in place for each person who used the service. Eating and drinking assessments were in place for people who used the service and screening questionnaires were completed to identify people at risk of choking. People were weighed every month. One person had a risk assessment in place for eating and drinking. This described the person's needs and support required from staff, as the person was unable to prepare their own drinks or meals and required food to be cut up.

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. 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. There were no DoLS in place at the home as people who used the service were free to come and go as they pleased. The registered manager was aware of their responsibilities with regard to DoLS.

We saw consent to care and treatment was documented in the care records. People who used the service could sign to indicate they had read and agreed with the care plans. Some of the records we saw had been signed however some were blank. We discussed this with the registered manager who told us as these records were new they hadn't been signed but it would be actioned.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GP, district nurse, chiropodist, dentist and hospital appointments.

'Traffic light' hospital passport documents were in place for people. These provided important information about the person, such as preferred name, GP details, next of kin, medical history, allergies and communication needs, as well as information that would assist with the person's hospital admission.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at North West Community Services (Manchester) Limited. They told us, "They are very, very patient" and "Very caring".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity.

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. We observed staff playing Connect 4 with a person in the lounge. The person was laughing and joking with staff.

Staff knew how to support people and understood people's individual needs. For example, we observed one person who used the service go to the bathroom and staff left them to see to their own personal care. Occasionally, staff came back to the bathroom and knocked on the door, asking if the person was ok or whether the person was ready for assistance with the shower.

Care records showed that people's privacy and dignity was considered. One person required full support with dressing. Staff were instructed to use simple instructions to assist the person and offer an explanation. For example, "Stand up please [Name]. By standing I can assist you" and "Lift your foot up please [Name]. By doing this I can assist you".

The registered manager was a 'Dignity champion', which meant they had received additional training and promoted dignity in the workplace. We asked family members whether staff respected the privacy and dignity of people who used the service. They told us, "Definitely." This meant that staff treated people with dignity and respect.

Care records contained evidence that staff supported people to be independent. For example, "I vacuum and dust my bedroom every week. I also change the bed clothes on a weekly basis", "I have learned to use the washing machine" and "I sometimes help with the weekly household shopping". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People had been involved in choosing the décor for their own personal spaces and bedrooms were personalised with people's own furniture and personal items.

Information on advocacy was made available to people who used the service. Advocacy means getting support from another person to help people express their views and wishes, and to help make sure their voice is heard. One of the people who used the service had an advocate in place.

People's care plans contained evidence that people had been involved in writing the plan and their wishes were taken into consideration. For example, one person's care record stated, "I have a large family and have regular contact with them. This contact is very important to me and forms a large part of my life" and "I like

to always look smart and each outfit I wear has to match".

End of life plans were in place for people who used the service. For two people, we saw discussions had taken place with family members and funeral arrangements had been taken care of.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they moved into North West Community Services (Manchester) Limited. This ensured the home knew about people's needs before they moved in.

Care records included a personal profile, which provided important information about the person such as GP, next of kin, medical history, communication needs and mobility issues.

Care records were person centred and described what the person liked to do. For example, "I enjoy drama very much", "I go out regularly with my family" and "The staff do activities like baking with me when I am at home". Another example described how a person liked to be supported in the community. For example, "If I go out in the community, I need someone with me at all times. I am vulnerable in regards to my safety and also financially who it is beneficial to me to be given support at all times" and "If I go to the centre, I travel in the taxi by myself. I usually like the same person to take me so I feel safe".

People had communication records that provided guidance for staff. For example, "[Name] can take a little time to process something that you may have asked or they may not understand what you have been asked. You may need to rephrase the question" and "Once [Name] has said they understand, give them a little time to think of their answer or response".

Family members told us they were involved in people's reviews and kept up to date. They told us, "They contact the family if there are any problems" and "They always let us know what's going on".

Risk assessments were in place and included moving and handling, medicines, eating and drinking and getting up in the night. Each risk assessment included an easy to read version. One person had epilepsy and had a risk assessment in place for travelling in taxis. The risk assessment advised that the person should travel in the rear of the taxi and sit behind the passenger seat to reduce distraction or interference with the controls should the person have an epileptic episode.

Each person who used the service had a communication diary that staff updated each day with details of the person's routine, for example, bedtime routine, meals, activities and medicines. Staff handover records showed that any issues of concern were handed over at each change of shift.

Personal goals had been identified and set for people and were reviewed on a regular basis. Goals included activities the person wanted to carry out, for example, bowling, going to the zoo or going to watch horse racing, and described how the person was working towards their goal, what the current situation was and the outcome of the review of the goal. We saw some previous goals had been completed.

People had weekly activity sheets in their care records which included information on what the person was doing that week. Examples included, "Activity of choice", "Day centre", "Out with family" and "Church". One

person enjoyed Tai-Chi, singing and drama at their day centre. Records showed activities were discussed at staff meetings. For example, "[Name] continues to attend his centre and has stated he would like to do bowling or attend the cinema on a Monday afternoon" and "[Name] still chooses on a daily basis". Another person enjoyed visiting a local café, walks in the local park and by the canal and visits to a local club for music, bingo and a meal. This meant the provider protected people from social isolation.

We saw a copy of the provider's complaints policy. This described the procedure to be followed for oral complaints and written complaints, and stated outcomes of complaints would be provided within 28 days. An easy read version of the complaints procedure was in the hallway and a compliments and complaints book was available at the entrance to the home. People who used the service, and their family members, told us they did not have any complaints about the service. This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "Staff are very open, they tell you everything" and "There's always someone there to talk to".

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. Staff told us they received "Lots of support" and "Really like it here".

Staff were regularly consulted and kept up to date with information about the home and the provider. Monthly staff meetings took place. We looked at the minutes from the meeting on 4 February 2016 and saw the agenda included health and safety, internal audit feedback, policies and procedures, supervisions and appraisals, training, team issues, recruitment, housing issues and reviews of the people who used the service. The minutes were signed by staff to say they had read and agreed with them.

Meetings with each person who used the service took place after staff meetings. Staff discussed the person's care records with them and people were given the opportunity to feedback any concerns or wishes.

The provider produced an annual survey that was sent out to people who used the service, family members and staff. The results of this survey were collated by the provider and the results fed back to each service.

The service had links with the local community. The neighbourhood policing team visited regularly and the service worked closely with the local learning disability team. People who used the service visited a local community centre and the registered manager told us they had a good working relationship with staff there, who kept staff at the home up to date with any issues or information they felt staff needed to know.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider visited the home every two months to carry out a quality audit. This included the attitude and approach of staff, consultation with people who used the service and family members, a check of records, medicines, policies and procedures, maintenance, health and safety and staff training and support. We saw there were no identified actions from the most recent visit on 21 January 2016.

Weekly spot checks were carried out by the registered manager for medicines, finances and environmental health and safety, and additional household checks were carried out by staff and checked by the registered manager.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.