Imagine Act And Succeed

IAS 83 Union St

Inspection report

83 Union Street
Oldham
Greater Manchester
OL1 1PF

Tel: 01616271314
Website: www.imagineactandsucceed.co.uk

Date of inspection visit:
05 October 2016
07 October 2016
20 October 2016

Date of publication:
20 December 2016

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 5, 7 and 20 October 2016 and was announced. We last inspected this service on 20 August 2013 and found the provider was meeting the regulations we inspected against.

IAS 83 Union St is located in Oldham, Lancashire and provides a range of learning disability support services for adults. Support is provided for people who either choose to live alone or share a home with a group of other people within the Oldham area. At the time of the inspection there were 50 people using the service.

The service had a registered manager. 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.

People and relatives were happy with the quality of the care provided. People were treated with respect by kind and considerate care workers. Care workers supported people where possible to make their own choices and promoted people's independence.

People and relatives felt the service was safe.

Care workers had a good understanding of safeguarding and the whistle blowing procedure. They knew how to raise concerns but said they did not have concerns about people's safety. Specially adapted information about safeguarding had been written for people using the service. Previous safeguarding concerns had been dealt with in line with agreed procedures.

Trained care workers administered people's medicines. The provider kept accurate records to account for the medicines people had been given. Regular audits and observations were carried out to check people received their medicines when they needed them.

Where potential risks had been identified a risk assessment was in place to help keep people safe.

People received their support from reliable care workers. People living in their own homes in the community confirmed care workers consistently arrived on time.

There were effective recruitment processes in place to ensure new care workers were suitable to work with people using the service.

Care workers said they felt well supported and had the training they needed. Regular one to one meetings took place between care workers and their managers.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA). Care workers were skilled at

enabling people to make choices and decisions. There was detailed guidance for staff to refer to about the most effective methods of communication for each person.

People received the support they needed to meet their nutritional needs. This ranged from prompts and encouragement to practical assistance.

Care workers supported people to access external healthcare services when required.

The provider had acted on feedback from relatives to implement changes to how people received their support.

Care plans were very person centred and clearly identified people's care preferences. Care plans were reviewed periodically involving people and where appropriate relatives. At the time of this inspection some reviews were overdue.

People were involved in a wide range of activities which they had chosen. Some people accessed the local community independently to attend college, work placements and to socialise. The provider was developing opportunities for people to get together and develop friendships.

People knew how to complain but did not have any concerns about their support. Complaints were thoroughly investigated and appropriate action taken to resolve the situation.

Local authority commissioners described the service as having "positive management and leadership".

The provider was pro-active about developing new initiatives and using learning to develop and enhance its services.

There were opportunities for people and care workers to give their views about the service. This included tenants' forums, mini meetings and various reviews.

Comprehensive quality audits were carried out to check on the quality of people's support. Improvement plans were developed to promote continuous improvement 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.

People told us they felt the service was safe.

Care workers showed a good understanding of safeguarding and the whistle blowing procedure.

A consistent team of care workers provided people's care.

There were effective recruitment checks in place.

Potential risk had been identified and assessed.

Is the service effective?

Good

The service was effective.

Care workers said they received good support.

Care workers completed essential training annually to keep their knowledge up to date.

The provider acted in accordance with Mental Capacity Act.

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People said they received good care.

People told us care workers were kind and considerate.

People were treated with dignity and respect and were supported to be as independent as possible.

Information was adapted to meet the needs of people using the service.

Is the service responsive?

Good

The service was responsive.

The provider acted on relatives' feedback to implement changes to people's support.

The provider had developed person centred care plans which contained details about people's care preferences.

People were involved in reviewing their care. Some reviews of people's care were overdue.

People were involved in a wide range of activities and some were accessing the community independently.

Complaints were dealt with in line with the provider's complaint procedure.

Is the service well-led?

Good

The service was well led.

The service had an established registered manager.

Local authority commissioners gave us positive feedback about the management of the service.

The provider pro-actively looked to develop the service through new initiatives and learning from experiences.

People and care workers were encouraged to give their view about the service.

Comprehensive quality audits were carried out to check on the quality of people's support.

IAS 83 Union St

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 5, 7 and 20 October 2016 and was announced. On the first day we visited the provider's office and two supported living services. On the second and third days we carried out telephone interviews with people using the service and relatives.

The provider was given 48 hours' notice because the location provides a domiciliary care service for people with a learning disability who are often out during the day; we needed to be sure that someone would be in.

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

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local authority commissioners for the service who gave us positive feedback about the provider.

The provider completed a provider information return (PIR) prior to the 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 spoke with six people who used the service and three relatives. We also spoke with the registered manager and two care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included the care records for three people, medicines records for three people and recruitment records for five care workers.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person commented they were "very safe". One relative said, "[My relative] is safe." Another relative told us, "Yes I do think [my relative] is safe."

Care workers showed a good knowledge of safeguarding and how to report concerns. They had all completed recent safeguarding training to help keep their knowledge up to date. They told us about the "chain of command" which they could access if they had concerns about a person's safety. This included management within the organisation and the local authority safeguarding team. Information about 'staying safe' had been written especially for people using the service. This was written in an easy read format with pictures to help make the information more understandable for people using the service. The information covered what abuse was, various types of abuse, the signs to look out for and who to report concerns to. Where this was a staff member a photograph was included so that people were clear about who to go to.

Records confirmed previous safeguarding concerns had been referred to the local authority as expected and had been thoroughly investigated. There was a strong focus within the records we viewed on analysing issues to identify areas of learning. This was then used to improve the support people received. For example, reviewing care practice and associated documents, such as risk assessments and care plans. Other areas included additional supervision and training for care workers.

Care workers knew about the provider's whistle blowing procedure and knew how to raise concerns. Care workers told us they did not have concerns about people's safety. One care worker said, "I have never seen problems whilst working here. I would tell my team leader (if I had any concerns)."

Medicines records showed medicines were managed safely. People only received their medicines from trained and competent care workers. Observations were carried out to check care workers followed the correct procedure. These observations included checks on the administration of medicines, care workers' knowledge and an action plan where required. Medicines administration records (MARs) accurately accounted for the medicines people had been given. Where people had not received their medicines a non-administration code was recorded to confirm the reason for this. A system of medicines audits was in place to help ensure people received their medicines when they were due.

A 'work place' risk assessment of the environment where care was to be provided had been carried out. This looked for any potential risks to people's and care workers' safety. The risk assessment covered access to the person's home and infection control issues. There were procedures in place to help ensure people received the support they needed in an emergency situation. Where potential risks to the safety of people had been identified a specific risk assessment was in place. These included areas such as road safety, travelling on public transport and spending time alone in the house. Other general assessments were also carried out, such as a moving and assisting assessment.

People confirmed a consistent and reliable staff team provided their care. One person said, "They turn up on time. If they are running late they always phone me." Another person told us, "More or less the same people

(care workers). They are really good." A third person commented, "They are always people who you know." One care worker told us, "I do think there are enough (staff)." The registered manager described how the service was always staffed in excess of the contracted hours. This enabled the service to provide consistent and flexible support to people. Rotas confirmed people received their care from a consistent core team of care workers.

The provider had an effective recruitment process in place to ensure new staff were suitable to work with people using the service. This included carrying out pre-employment checks, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people. The interview process was in-depth and consisted of various stages. For example, a group discussion, observation and a one to one interview. Part of the interview included looking at the provider's values as well as other important areas like safeguarding and professional boundaries.

Good

Is the service effective?

Our findings

Care workers told us they felt well supported working for the provider. One staff member told us, "I feel quite supported. I could go to any managers." The provider operated a system of one to one meetings with care workers to discuss their training and development needs. The provider aimed to have eight meetings a year as a minimum standard. Records showed meetings usually took place monthly and had previously included discussions about safeguarding and a review of training.

Training the provider had defined as essential included safeguarding, medicines management, food hygiene, the Mental Capacity Act and finance. All essential training was updated annually. Care workers said they received the training and guidance they needed to provide appropriate care. One care worker commented, "There are no issues as long as you follow protocol. We have refresher courses (to keep their knowledge up to date)."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. In supported living services the application process to authorise deprivation of a person's liberty is through an application to the Court of Protection. Applications had been made to the local authority who was in the process of undertaking assessments which will inform whether or not an application to the Court of Protection was needed. Care workers showed a good understanding of how to support people who lacked capacity to make as many of their own decisions as they were able.

Care workers described the individual strategies they used to support decision making. For some people verbal communication was appropriate whilst other people were shown objects to choose from. One care worker commented, "We switch things around (when showing objects) to check it is what they want. We have used photos and pictures in the past or write things down." Care workers said people were usually able indicate their consent. One care worker said, "People can tell you if something is wrong." We found each person had a decision making profile which identified the most effective communication methods for each person. This included how to promote choice, how the person liked information presented and what were the best times of day to present information. We found examples of MCA assessments and best interest decisions in people's care records.

People were supported with nutrition in line with their care plans. This included supporting people with shopping, preparing meals and practical assistance with eating and drinking. Most people we visited or spoke with were independent with eating and drinking. For example, some people were involved in preparing meals and hot drinks with encouragement from care workers. One care worker said, "We give

prompts for drinks. [Person] helps with shopping, [another person] does help with cooking." Where people were at risk of poor nutrition advice and guidance was sought from professionals. For example, one person had input from a dietitian. Detailed daily records were kept which included information about what people had eaten and drank that day.

People were supported to access the health care they needed. One person said, "They help me to attend hospital appointments." Each person had a health action plan in place aimed at promoting a healthy lifestyle. Care records confirmed people had input from a range of health professionals depending on their needs.

Good

Is the service caring?

Our findings

People and relatives gave us positive views about the care and support the service provided. One person said, "They are brilliant, fantastic. They get me motivated. It is so good to have the support. I am really happy with the care I receive." Another person told us, "Okay I think, yes I am well cared for." One relative commented, "[My family member] is very happy there. [My family member] is happy as anything. [My family member] is having a good time. I am quite happy for them." Another relative told us, "[My family member] is very well cared for. They must be happy, if there was anything [my family member] didn't like they would tell me. It's their home."

People were cared for by kind and considerate care workers. They described positive and enabling relationships with their care workers. One person described their care workers as "great, absolutely great". Another person told us, "I do my best, they are really good with me. They went on to say, [Care worker] goes out of their way (to help me)." A third person said, "We get on with each other. We have a bit joke on." A fourth person said, "[Care worker] is very good." A fifth person commented, "I like the carers, they are kind and helpful."

Relatives also agreed care workers were caring. One relative told us, "They have a better understanding of [my relative's] needs than I have. All the staff have been there for a while. They know the people." Another relative said, "They (care workers) are lovely." Another relative commented, "I think they are all very nice. I am quite in touch with them."

People were supported in such a way as to promote their dignity and respect. One relative commented, "They have [my relative] clean and tidy. [My relative] is always well dressed." Another person said, "They treat [my relative] like an adult." From our conversations with care workers it was apparent they understood the importance of treating people with dignity and respect. They described how they promoted dignity through their care practice. For instance, keeping people covered up when providing person care, talking to people throughout and keeping doors shut. Care workers also told us about how they personalised care to help people feel at ease. For example, one person liked to have a sensory light on when being supported.

As far as possible people were enabled to take control and choose how they wanted to be supported. One person commented, "They say why don't we do this?" Another person told us staff would say, "Right [person] you're my boss. Do you want to go anywhere?" A third person said, "Yes I choose, we go to different places, shopping and weight watchers together."

Care workers supported people to be as independent as possible. One person said, "They help me with job searches. They are there to sort things out." Another person commented, "They help me with shopping, do a bit around the house and appointments." A third person told us, "They help me to do my shopping." A fourth person commented, "They take me to the bus stop. They are always there to meet me."

Care workers said promoting independence was a priority for the service. One care worker said, "We are working towards independence with [person]. [Person] aims to live independently. We encourage [person]

to do most things for them self. [Person] likes to learn new things." Another care worker told us, "[Person] goes out on their own." Some people were accessing the local community to attend college or work placements. Other people managed a range of household tasks with minimal support from staff, such as laundry, making hot drinks and cooking. We observed people confidently carrying out some of these when we visited their homes.

Relatives described how the ethos of the service was to promote independence and develop skills. One relative told us, "[My relative] goes out a lot. [My relative] has a better social life than me." They commented, "[My relative] helps out (in the house), [my relative] doesn't just sit there that's what I like. Another relative said, "[My relative] gets out quite a lot. [My relative] likes to go out during the day. [My relative] is independent about a lot of things. They have made [my relative] more independent."

There was a good understanding of the importance of advocacy within the service. A local independent advocacy service was well known and used when required by people using the service.

The provider adapted information to help make it accessible to people. For example, photographs and pictures were used to help with people's understanding. A range of information sources had been made available such as various policies and procedures, safeguarding information, risk assessments and care plans.

Good

Is the service responsive?

Our findings

We found the provider was responsive to people's and relatives' needs and wishes. One relative told us about how care workers brought their family member to their home as they were no longer able to travel due to health reasons. They said, "[Care worker] brings [my relative] here on a Sunday for me." We also saw how one person now played table tennis following a request from relatives.

Care records clearly documented people's preferences about how they wanted their care provided. We saw each person had a one page profile which gave a summary of their care needs and what was important to each person. People's likes and dislikes as well as preferred routines were documented so that care workers were clear about the care people expected. We saw that for one person having a shower every day was important to them. For another person allowing time to process information was important and not having too many questions at once. Where appropriate, relatives had been involved in agreeing people's care.

The provider used the information gathered during the initial assessment and other information about people to develop personalised care plans. Care plans covered a range of areas relevant to each person's needs, such as communication, personal care, eating and drinking and health. They were person centred and included information about people's preferences. For example, one person enjoyed playing snooker and pool and going out on day trips. Care plans were also focused around people's dignity and gave guidance to care workers about how to promote dignity for each person. For instance, for one person this meant having a shave every day.

The provider aimed to carry out a comprehensive review of people's care each year. In order to maximise people's involvement part of this review was flexible. For example, using different locations depending on the individual, a specific time of day and the use of frequent breaks. The reviews considered areas such as reviewing people's needs, spiritual needs, finance, health and medicines. Although most people's reviews had been completed, a small number were overdue. However, plans were in place to complete the outstanding reviews as soon as possible. The registered manager explained this was due to the service going through a challenging period recently due to a change in the delivery model operated by the local authority.

In addition to the annual review, a holistic person centred review was also held involving a range of people involved with people's care and support. This included family members and professionals. The focus of the review was to assess what was important for each person and how effective their care was. This included discussions about what was important to each person, what was and wasn't working well and future plans. For one person future plans included living independently and new activities. The provider was responsive to family members' views and ensured action was taken to implement their wishes. For example, one person had started a new activity following input from family members during a person centred review. The provider sent us a matrix which showed some people's person centred reviews were overdue at the time of our inspection.

People had the opportunity to take part in a wide range of activities both inside and outside of their homes.

These included attending various social clubs and groups, time with family, going for walks with a walking group, cycling, swimming and horse riding. The provider had developed an initiative called 'Get Together Go Together' which provides opportunities for people across the provider's services to meet up socially and participate in activities of interest to them. A walking group and a music group had been set up with further plans in place to develop a games group, an art and craft group and a drama group.

People told us they knew how to complain but had no concerns about their support. One person said, "I have no concerns at the moment. I would get in touch with the manager or adult services (local authority.)" Another person commented, "I would normally phone the main office. They are really helpful. I had concerns but they were dealt with." One relative commented, "I can't fault it at all. If [my relative] is happy, I am happy." Previous complaints had been fully investigated in line with the provider's complaint procedure.

Good

Is the service well-led?

Our findings

There was an established registered manager who had been registered with the Care Quality Commission since 1 October 2010. When we visited people's homes the registered manager clearly knew people well and people were comfortable in the company of the registered manager. The registered manager had been proactive in submitting statutory notifications to the CQC when required.

We received good feedback from the local authority commissioners of the service about the "positive management and leadership" shown by the provider. They went on to describe the provider as "an exemplary supported living provider". The commissioners told us they had recently implemented a new model for supported living and found the provider had "led by example and managed a smooth transition".

The provider's philosophy of care was about being a person centred organisation, valuing people and promoting better lives through networks of friends, neighbours and family. We found people were actively supported to develop and maintain links with friends and family.

The provider was pro-active about developing its services for the benefit of the people using them. The local authority commissioners of the service told us they were at the early stages of discussing a good neighbour model in Oldham. This was operating in another of the provider's services whereby people with and without support needs live alongside each other. People without support needs were required to uphold certain values and be interviewed prior to being offered a tenancy. The provider had also developed a specific team specialising in autism which provided training and support to care workers supporting people on the autistic spectrum.

Care workers had opportunities during team meetings to share their views about the service. Records confirmed team meetings took place regularly. One care worker said, "Everyone works together as a team." Another care worker commented, "This is a good house, a good team. We all bat for each other."

We found when we visited people's homes there was a calm and relaxed atmosphere. Care workers told us there was a positive atmosphere in the houses. One care worker said, "It is like a family but professional."

People views were constantly sought throughout the service. This included from the recruitment of new care workers through to more formal feedback channels such as tenants' forums, mini meetings and various reviews. There were opportunities for people to share their views. For example, care workers regularly held 'mini-meetings' where they sat down with people on a one to one basis for a catch up. People could also attend 'tenants' forums' which were held approximately every three months. As well as people sharing their views, these forums were used an opportunity for learning. For instance, safeguarding and keeping safe had been discussed at a recent forum meeting. The registered manager told us meetings were held with families on an individual basis. They said the provider was looking at ways of developing on-going communications with family members, such as 'pop in' days.

We found the provider was committed to learning from previous experiences to improve the services

provided. For example, the current staffing structures within the supported living schemes had been developed, following past experiences of staffing issues, to promote consistency within core teams.

Quality audits were carried out to check on the quality of people's support. We viewed examples of previous strategic quality audits. These were comprehensive and focused around the provider challenging themselves and identifying plans to continually improve. For example, by looking at ways of developing friendships and relationships within local communities. The audit included a review of complaints, compliments and accidents.