

The Chester Link Bank House

Inspection report

47b Hoole Road
Chester
Cheshire
CH2 3NH

Tel: 07974382006

Date of inspection visit:
08 March 2016
09 March 2016

Date of publication:
01 April 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 was an announced inspection, carried out on the 8 and 9 March 2016.

Bank House is a domiciliary care agency registered to provide personal care to people who live in their own homes. The agency is based in Chester and provides support to people with a diagnosis of autism and/or learning disability in the Chester area. The service currently supports fourteen people who live in shared rented accommodation.

The service has 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.

The last inspection of Bank House was carried out in April 2014 and we found that the service was meeting all the regulations that were assessed.

People and their relatives told us that they felt safe. The service had processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider or the registered manager and that they would be addressed appropriately.

Staff carried out risk assessments and identified people's specific health and support needs. Care was planned and agreed between the service and the individual person concerned.

There were safe systems in place for the management of medicines. People were supported to independently manage their medication and individual signed medication support agreements were in place.

The service had robust recruitment practices in place. Applicants for posts were assessed as suitable for their job roles. All staff received training to enable them to fulfil their roles which included essential subjects such as moving and handling, safeguarding people and medication training. Staff were well supported through regular supervisions, appraisals and team meetings.

Staff were trained in the Mental Capacity Act 2005 (MCA) and showed a good understanding of the importance of involving people in decision making and seeking consent in their day to day support. The registered manager informed us following the inspection that they were resourcing a policy and procedure on the MCA and this would be implemented in the near future.

People were treated with dignity and respect and staff respected individual's decisions regarding their lifestyle choices. Staff had received training on equality and diversity and were able to describe how this

influenced their work practice.

People were involved in the development and reviewing of their care plans. Information was personalised and focused on promoting people's choice, independence and preferred methods of communication. People signed their own care plans to confirm they were happy with the information that was written about them.

The service sought feedback from people and their relatives. People were encouraged to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly in line with their own policy and procedures.

The service was well- managed by a person described as "approachable". Quality assurance audits were undertaken by the registered provider to ensure that the service provided was effective and meeting people's needs. The registered provider planned to review the audit process in the near future to further develop the service. Accidents and incidents were reviewed to ensure that any risks to people were minimised and we were notified as required about incidents and events which had occurred at 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 were protected from the risk of harm and felt safe using the service. Staff knew how to respond to any concerns they had about people's safety.

Risks to people's health, safety and welfare were identified and managed. Medicines were safely managed.

Staff had been safely recruited and there were sufficient, suitable, skilled and qualified staff to meet people's assessed needs.

Is the service effective?

Good ●

The service was effective

The service ensured that people received effective care that met their needs and wishes.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were supported to access relevant health professionals to meet their health needs.

Is the service caring?

Good ●

The service was caring

People were treated with respect and the staff were kind and caring in their approach.

People had been involved in planning and reviewing their care.

People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

Is the service responsive?

Good ●

The service was responsive

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

A complaints procedure was in place and enabled people to raise any concerns they had about the service.

Is the service well-led?

Good ●

The service was well led

The service had a manager who was registered with the CQC. Staff had confidence in the registered manager and said that they were approachable.

Checks were carried out on the service to ensure people received good standards of care and support.

The registered provider had notified CQC of significant and notifiable events which had occurred at the service.

Bank House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the office. The inspection team consisted of one adult social care inspector.

During our inspection we spoke with six people who used the service and four family members. We also spoke with five staff, the registered manager and two team leaders. We looked at five people's care records, staff records and records relating to the management of the service.

Before the inspection, we reviewed the information we held about the registered provider including previous notifications, complaints, safeguarding concerns and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about important events which the registered provider is required to send to us by law. We looked at information provided by the local authority and safeguarding teams. The information we received raised no concerns about the service.

Is the service safe?

Our findings

People who used the service knew what was meant by abuse and told us that they would speak to staff or the manager immediately if they had any concerns about how people treated them. They told us that staff always treated them well and made them feel safe each day. Comments included "I feel safe as I know someone is here if I need them" and "I can talk to the staff if I'm not happy about something or someone, they would always help me". Family members told us "We know [our relative] is safe and secure and it takes a load off our mind. We can relax a little now" and "[our relative] told us they feel safe and that speaks volumes for us. We are very happy with the service they receive".

We saw policies that informed and provided guidance to staff on how to make a safeguarding referral in line with the registered provider's and local authority's guidance and procedures. Records included information about how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they were told about, suspected or witnessed abuse. Staff were confident in describing the correct processes which were to be followed in the event of any concerns being identified. Records confirmed that staff had received safeguarding training. Staff told us that they felt confident the registered manager and staff team would take the appropriate action to safeguard people.

Staff were familiar with the registered providers whistle blowing policy. They told us that they would report any concerns they had about the service immediately and that they felt their concerns would be dealt with effectively and in confidence.

Risk assessments had been completed and clearly outlined any risks to people who used the service and staff supporting them. This included assessments about day to day activities, out and about in the community and any health related conditions that people had. Care plans and risk assessments provided information about how best to support people whilst minimising any risk of harm. For example, some people were identified as potentially being vulnerable within the local community. The registered provider had helped people to enrol in the local 'Safe in town' scheme. This meant that each person was provided with a 'safe in town' card which could be presented in any local supporting shop and they would contact a nominated individual on behalf of the person in the event of an emergency.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment documents for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, two references obtained from applicants previous employers and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

Staffing rotas showed that each day and night there were sufficient numbers of staff available to keep people safe. People using the service were provided with a range of support hours per day or per week in line with their assessed needs. Family members told us "They get it just right, the balance between helping

[my relative] and maintaining their independence". Rotas were developed according to peoples preferred times for support each day. Staff told us "We make sure everyone's needs are met. We work flexibly and with the person to make sure they receive the best support at the right time".

Staff received training in the management of medication in line with the registered providers policy and procedures. Training records showed that staff had been provided with medication training and staff told us they felt suitably skilled to support people and/or administer medication. Each person had an individualised signed medication care plan in place which identified what level of support they required. We saw that most people only required prompting or reminding to take their medication. One person told us "I like to look after it myself, I can manage quite well, but I know I can give them a shout if I need help". People had their own lockable medication cabinets. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. One team leader told us "We book people's medication into the service when it arrives and check everything is correct. We then pass this onto people who look after themselves with up to date medication information sheets. This is important so they know if there have been any changes to side effects in the month". People's medical history and any known allergies were recorded in their care plans. This showed that the registered provider ensured safe handling of medication was in place.

The registered provider confirmed that the landlord completed regular checks to ensure that the premises were safe, these included checks on the fire, electricity and gas systems. There was evidence that fire drills and evacuations were carried out and appropriate emergency measures were in place to ensure the safety of people in the event of a fire.

Is the service effective?

Our findings

People received good care and support from staff who were well trained in their role. They told us "They always help me if I need anything. They will advise me on what I need to do" and "If I need help with health appointments, the staff will come with me if I ask them or they will make an appointment on my behalf". Family members told us that they had great confidence in staff and their ability within their roles.

Staff were knowledgeable and understood their role and responsibilities. A comprehensive programme of induction and training was undertaken by staff and a training matrix was used to identify when staff needed training updates. As part of the training and development plan staff had been registered to complete the Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff were also supported to gain new skills and had completed a large number of courses which included training in health and safety, fire awareness, moving and handling, epilepsy awareness and first aid. Staff told us "The training here is excellent. There are always updates available and we are supported with our personal development" and "We can ask for training if we find an area that we need to develop our skills in and the manager will look to source it for us. It's very good". Staff spoke with enthusiasm about the training and records showed that access to National Vocational Qualifications (NVQ) and Diplomas in Health and Social care were supported by the registered provider.

Staff told us they received regular supervision and felt well supported by the manager. Supervisions gave staff the opportunity to discuss their responsibilities and to develop in their role. The registered manager told us that the frequency of supervisions would increase if there were any areas of concern or they felt extra support was needed. Records confirmed that supervision sessions and annual appraisals were completed in line with the provider's own policy.

The registered manager and staff demonstrated a good level of understanding about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act. The registered manager told us that people who used the service were able to make decisions for themselves or request support from relevant others they chose. Staff were clear that it was the person's right to make their own decisions. They also told us if a person did not have the mental capacity to make their own decisions they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests.

People were consulted with about their support and care needs and individual agreements were in place. Care plans clearly showed that people had identified the support they wanted. People had signed to consent to the support they received with regards to their medication, finances and day to day needs and were regularly involved in the development of their care plans. People had the choice of where their personal information was kept. For example, one person told us "I don't like to keep my file in my room, so I ask the staff to keep it safe for me". Observed practice showed that staff consulted with people and

encouraged people to voice their opinion. Staff were heard to obtain a person's permission before undertaking an activity, for example when asking if the inspector could speak with them in their own home.

The registered provider had informed CQC through the Provider information return that they did not have a policy and procedure in place relating to the MCA. Since our visit the registered manager has advised that this was being reviewed and they would implement a policy by the end of April 2016.

People told us that they discussed their health care needs with their keyworker and this was part of their care plan. Health appointments were recorded and showed that people were supported to access health care such as GPs, chiropodist, opticians and consultant appointments. Each person had a health passport in place that described in detail how the person needed to be supported with communication and what was important to them. The passport would inform any health professional during potential hospital visits how best to support people. This demonstrated that the registered provider had gathered appropriate information to ensure that people were supported effectively whilst in unfamiliar surroundings.

Is the service caring?

Our findings

People were complimentary about the way staff treated them. Peoples comments included, "The staff are lovely to me and are always nice in their approach" and "I like the staff, they are very supportive and very nice and help me to do stuff". Family members told us "The staff are great. They are supportive of [my relative] and with us too. I have been very impressed with them" and "The staff are amazing. They are patient, kind, caring and we would be lost without them".

Interactions between the staff and people who used the service were positive, relaxed and people were treated with dignity and respect. Staff understood the importance of ensuring people's privacy was respected and were confident in describing how they protected people's dignity as far as possible in the way that they carried out personal care and support. Staff were respectful of people's choices and decisions. An example of this was when people voiced that they did not want to meet or chat with us during our visit. Staff clearly explained their viewpoints and requested that we respect their decisions. We saw staff alter their approach to meet the different needs of people supported. For example, people did not always want to maintain eye contact or use certain words when talking with staff. Staff were respectful of peoples preferred communication methods.

Staff had completed equality and diversity training and told us "We are all different, it's important to respect people for who they are. We are not here to judge anyone, just to help when needed". Staff showed an understanding of people's needs with regards to their disabilities, sexual orientation and gender. Care records showed that people chose who they preferred to support them with their personal care, whether this was a male or a female staff member. One person told us "I prefer a female to support me each day, so they always make sure they are available". We also saw that people were supported to maintain personal and family relationships and staff were supportive of this. One family member told us "[My relative] comes to see us quite a lot. This is very important to them. The staff make sure that this happens for [my relative]".

Where possible, people received care and support from the same staff or from staff who they had developed a good relationship with. People told us that they had an allocated key worker to talk through their support needs with and confirmed this was usually someone who they got on well with. One family member told us "[My relative] gets to choose who they would like to support them. That's an incredible contrast to other places we have used". Staff told us "Relationships are important. We respect that people choose who they interact and connect better with. It makes a good day for them and a good day for us".

People were encouraged to make decisions each day to enable them to maintain their independence. People participated in monthly tenants meetings. This enabled people to have the opportunity to share their views and have a voice with the registered provider. People confirmed that they attended the meetings regularly. Staff told us "The agenda is owned by people supported. They talk about lots of things including safety awareness and complaints". People told us "I look forward to seeing everyone; we catch up about all kinds and talk about our safety and our homes".

People who used the service had been provided with information about the service and standards they

should expect from the registered provider. Information included details of the registered manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security. The registered provider ensured that people were also provided with information about how to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us they were involved in developing their care plans and identifying what support they required from the service. They told us "I meet with my key worker each month and talk about my care and support plans. They are my documents and I sign them to say I am happy with them" and "I can come and get my plan whenever I want and talk about changes to what I want. I meet with staff each month to look at what's gone well which is important to me". Records demonstrated that people were provided with person centred care and support and always treated as an individual.

Care plans contained detailed information about people's life histories, preferences and goals. The plans focussed on promoting independence and encouraging involvement. People's records included information about individuals' specific needs and people told us they had been regularly involved in reviewing and updating their information. We noted that people had not always signed their care plans as a way of showing that they had been included in their development. The registered providers care plan audit had highlighted that missing signatures and timescales for review were an area of improvement. We saw discussions had been held with staff regarding improvements in the team meeting minutes and the registered manager informed us that supervisions were also being completed to address this area.

Staff had introduced creative approaches to care planning to accommodate peoples preferred method of communication. Records were adapted to include the use of pictures and also different coloured paper was used to help people to access information. Some people had been supported to obtain technology to enhance their communication such as IPads. Staff told us "If it helps someone to maintain their independence, then we will find a way to help". This showed that staff were knowledgeable about the needs of the people they supported.

People maintained a range of individual interests and activities, according to their personal preferences. People told us they enjoyed going swimming, visiting the gym, meeting up with their friends and shopping. One person told us "I do voluntary work and I really enjoy it. I meet lots of people. I'm very independent so it's important that it's something just for me". Care plans identified individual preferences, interests and routines and when they required support which enabled staff to provide a personalised service.

The registered provider had a complaints policy and procedure in place. An easy read version of the complaints procedure was also available. The procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the registered provider response. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. We saw a record of one complaint that had been received and this had been dealt with appropriately within the registered providers own timescales. We also saw records of two compliments from family members thanking staff for the tremendous work they had undertaken to support their relatives through difficult times in their lives.

The registered provider had completed an annual survey with people in December 2015. The questionnaire had been designed with both the use of pictures and words which enabled people to participate

independently. Feedback received was overall positive and showed that people were happy with the service that they received. We saw feedback that highlighted areas of improvement such as minor housing issues had been acted upon by the registered provider in partnership with people and the housing provider.

Is the service well-led?

Our findings

The service was well managed by a person registered with CQC. The registered manager was based at the service's office five days a week and they took responsibility for the day to day management of the service. The team leaders and staff had a good understanding about their roles and responsibilities and told us that their aim was to provide good quality support for people. Comments included, "The manager is always about if you need her. She is lovely and I feel comfortable talking to her". Family members told us that the registered manager always listened to them, was very proactive and they had no complaints.

Staff were familiar with the management structure of the agency and their lines of accountability. They told us that there was an open culture and felt at ease speaking with a manager or senior member of the team. Staff told us "The manager is very approachable and she makes you feel relaxed. That helps me to be able to talk to her when I need too". It was clear from our observations that there was good morale amongst the staff team and effective systems to support communication. Staff told us "We are a close knit team here and we are very much built around meeting people's needs" and "We have regular team meetings to keep us up to date with any changes to the service. They are very in depth, but you always feel like you know exactly what is going on". Records we viewed confirmed that team meetings were held on a monthly basis.

There were systems in place to record information about the running of the agency and to monitor the quality of the service that people received. These systems included information about the needs of the people who used the agency, staff support hours, staff training and supervision. The registered manager told us, and people confirmed that she regularly visited them in their homes to gain feedback on the service they were receiving and to review care records. However, we noted that there was no formal recording of this information to evidence what had been reviewed or discussed. We spoke with the registered manager who informed us that she would document this information in the future as part of the registered provider quality assurance processes. Service audits had taken place to ensure people's health, safety and welfare were maintained. Records confirmed that health and safety, medication and care plans had been regularly checked by the registered provider. The registered manager informed us that the organisation would be reviewing their quality assurance systems in line with some changes to the management structure. The registered provider in 2015 had changed the duties and responsibilities of the two team leaders within the organisation. The team leaders were individually responsible for overseeing the care provided and also housing management relationships. In addition the registered provider will be introducing senior support workers to offer additional support to the day to day management of the service. The registered manager told us "The aim will be to cascade the auditing process through to the team leader level. This will allow us to set out clear timescales and ownership for auditing to ensure we are effectively monitoring the service".

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. The registered manager informed us that each accident or incident record included a detailed description of what had occurred which was then debriefed and analysed with staff. Any actions highlighted as part of the review were clearly outlined with timescales for completion. This enabled the service to identify what changes were needed to minimise the risk of reoccurrence. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt

from incidents.

Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. The registered manager had informed the CQC of specific events or incidents that had occurred at the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well. The registered manager was clear on the process to follow and able to describe what required reporting to CQC.

The registered provider had a robust set of policies and procedures for the service. Staff were supported to access up to date information to assist them in their roles. A policy folder was available in the office for ease of access and policy updates were discussed in team meetings as and when required. We saw that staff had signed to confirm that they had read and understood policies and procedures.