

Birtenshaw

Birtenshaw Domiciliary Care Service

Inspection report

Birtenshaw
Darwen Road
Bolton
BL7 9AB

Tel: 01204304230

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13 April 2017

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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

Birtenshaw is based in the Bromley Cross area of Bolton. Birtenshaw provides a wide range of services for children and adults with a learning disabilities including Autism Spectrum Conditions, and or/significant physical disabilities, including complex health care needs.

Part of the service provided care and support for adults in supported living tenancies. 123 Darwen Road is an adapted property where there were four male service users who are tenants sharing the house.

This announced inspection took place on 13 & 19 April 2017. We last inspected this service on 25 July 2015. At that inspection we found the services to be meeting the requirements in the areas inspected.

At the inspection on 13 April 2017 the service did not have a registered manager in post. The manager at the service had started the process in applying to register as the 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 and associated Regulations about how the service is run.

Staffing provision was satisfactory to ensure the needs of the service users were met. Staffing numbers were looked at on a daily basis to ensure that appointments and trips and planned activities were covered.

We saw that the service had a robust recruitment procedure and staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher courses for essential training and any specialist training required.

Staff were aware of the local safeguarding policy and procedures and knew how to recognise record and report any concerns.

Health and safety measures were in place and up to date. Systems were in place in relation to ordering, storage, administration and disposal of medicines.

Care plans included a range of health and personal information to ensure that the needs of the service users were supported.

With the help of staff, the young men helped plan and prepare a wide variety of healthy meals and snacks.

Each service user had their own bedroom and communal bathrooms were on both floors..

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

We observed staff interacting in a kind and friendly manner throughout the day, there was a good

relationship observed between staff the service users..

People's privacy and dignity was respected and we saw that the staff promoted independence as much as possible.

Care plans were person-centred and included information about people's likes and dislikes, interests, family backgrounds and personalities.

There were a wide range of activities on offer for the young men to participate in. Some had their own mobility cars.

Systems were in place for dealing with complaints and concerns.

The service had good links with the local community, which helped people who used the service to mix and integrate with the community.

A number of quality audits and checks were carried out by 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.

Staffing provision was sufficient to ensure the needs of the service users were met. We saw that the service had a robust recruitment procedure.

Staff were aware of the local safeguarding policy and procedures and knew how to recognise record and report any concerns.

Health and safety measures were in place and up to date.

Safe systems were in place to help ensure people received their medication in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

Staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher updates for essential training.

Care plans included a range of health and personal information.

The premises were well maintained and had been appropriately adapted.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good ●

The service was caring.

We observed staff interacting in a kind and friendly manner throughout the day.

People's privacy and dignity was respected and we saw that the staff promoted independence as much as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and included information about the service users likes and dislikes, interests, family backgrounds and personalities.

There were a wide range of activities on offer for people for example college courses, football and trips out.

Any complaints and concerns were dealt with in a timely manner.

Is the service well-led?

The service was well led.

The manager was in the process of applying to become the registered manager. Staff described the manager as approachable and supportive.

The service had good links with the local community.

A number of quality audits and checks were carried out by the service.

Staff meetings and supervision sessions were regularly undertaken.

Good ●

Birtenshaw Domiciliary Care Service

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 13 and 19 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be available to facilitate the inspection. The inspection team comprised of one adult social care inspector for the Care Quality Commission (CQC).

The first part of the inspection took place on 13 April 2017 where we inspected at the service and met with the service users living there and with the manager and the staff. On the 19 April 2017 we went to the head office to look at staff records and other information about the Birtenshaw services.

Is the service safe?

Our findings

Service users spoken with told us they were happy and safe and they felt staff supported them well. We observed there was a friendly rapport between the service users and the staff. For people with limited communication their body language when staff approached them was seen to be relaxed and responsive.

We looked at six staff files for staff working across the services. Records evidenced that recruitment of new staff was robust. Information contained in the staff files included: an application form, references were required as well as proof of identity. All staff had undergone Disclosure and Barring Service (DBS) checks prior to commencing work. These checks helped ensure staff were suitable to work with vulnerable people.

We asked the manager to tell us how they determined staff levels. The manager explained that the number of staff on duty depended on what appointments or activities the service users had planned for the week. In some cases two members of staff were required to support people. There was one member of staff who undertook "sleeping in duties" and had access to an on-call service should the need arise.

We saw suitable arrangements were in place to help safeguard people from abuse. Inspection of the training matrix showed all staff had received training on the protection of vulnerable children and adults. There were policies and procedures in place for staff to refer to if required. Staff we spoke with demonstrated a good understanding of safeguarding issues and protocols.

All members of staff has access to the whistle blowing procedure and staff knew who to contact outside the service if they felt their concerns would not be listened to. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people safe from harm.

Records showed that the equipment and services were maintained in accordance with the manufacturer's instructions. Small portable electrical appliances had been tested to ensure they were safe to use. This helped to ensure the safety and well-being of all the people who used the equipment.

We saw fire exits were clearly marked with the correct signage and were clear of obstructions.

We looked to see how the medicines were managed. There was a detailed medicines policy and procedure in place. We found medicines were suitably and securely stored and only authorised, suitably trained staff had access to them. The medication administration record sheets (MARs) showed people had been given their medicines as prescribed ensuring their health and wellbeing were protected.

With the permission of one of the service users, we looked at their care record. The care records showed risk assessments regarding, for example, going out unaccompanied, taking part in activities and any risk to health and well-being had been identified and monitored. We asked about smoking arrangements. The manager told us that there was a no smoking policy within the house and the designated smoking area was outside.

Is the service effective?

Our findings

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at Birtenshaw. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of staff and the service users they were supporting.

We were shown the training matrix that was in place for all staff. The training matrix showed what training staff had completed and when refresher courses were due. Any specialised training would be provided as and when required for example suction and oxygen and enteral feeding procedures. Staff training, including moving and handling, medication administration, first aid, safeguarding adults, health and safety, safe use of equipment and team teach (method of de-escalating situations).

We saw records of staff supervisions, these meetings were carried out for all staff. Staff supervision meetings provided staff with the opportunity to discuss any concerns they may have and to discuss any further training and developmental needs they may wish to undertake.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed consent and capacity and the manager and some of the staff who were able to demonstrate they had a good understanding of MCA.

The service ensured that individual nutritional needs and preferences were adhered to. People were involved in the planning and of meals and in accompanying staff shopping if they wished. We saw one person was asked what they wanted for breakfast and this was prepared by staff.

With people's permission we looked around the service. Each service user had their own bedroom which were personalised with their own belongings. There were three bedrooms on the ground floor and one upstairs. There was a staff bedroom upstairs which was also the office. There were communal bathrooms on both floors and communal areas including a lounge, dining area and kitchen on the ground floor

With permission from one person we looked at their care record. Information was detailed and included health and well-being, social interests and hobbies, risk assessments, communication information, contacts, referrals and meeting with other agencies and professional correspondence.

We saw that the service users had access to community services such as doctors and dentists as required.

Is the service caring?

Our findings

We spoke with two of the service users during our visit. They told us how they spent their day and what they enjoyed doing. One of the service users told us they were happy and staff were nice.

We observed how staff interacted with the service users on the day of the inspection. We saw interactions were respectful and there was a friendly and relaxed atmosphere. The service users were supported with daily activities as planned on their weekly activity planner, for example one service user went to college three days a week and played five a side football in the evenings, one liked to go shopping with staff. Another of the service users helped in Birtenshaws main office with some administration tasks.

On the day of the inspection staff spoken with had a good understanding of the care needs of the people they were supporting. They could explain what triggered certain behaviours and how this was to be addressed.

Privacy and dignity was respected at all times. Some of the service users required no support with care tasks for example showering. Others needed more input from staff and this was done in people's own bedroom or in bathrooms. One of the service users had a mobile telephone which he used to call staff from his bedroom when he required any assistance. This helped him have privacy when he wanted it, but receive support when required, offering him a degree of independence and autonomy.

Attention had been paid within people's care plans to their individual wishes and the things that mattered to them. We established that people's wishes and preferences were respected. We saw evidence within the care records to show that the service users and relatives, where appropriate were included in reviews and updates to their care plans.

Visits from family were encouraged and their views and opinions about their relatives' care and support was welcomed.

We were told discussions with the service users had taken place about moving the office downstairs and changing the room for them to use for to offer more private space from the hub of the home. The service users had selected the colour of the paint and with the help of staff were in the process of painting and furnishing the room.

Is the service responsive?

Our findings

The service users had shared for a number of years. The manager told us assessments were completed before they moved into the home. Assessments determined the level of support each person required.

We were told care was taken to introduce people slowly to other tenants with whom they might live and to try and match people's interests and compatibility as much as possible.

Records showed that detailed needs assessments had been completed prior to moving into the home. These covered areas, such as people's likes and dislikes, physical health, mobility, mental health, communication, eating and drinking, personal care and lifestyle.

A person centred approach helped to ensure that people were supported in a way they wanted to be and helped to ensure the staff team were confident that they could provide the care and support needed.

The care plans we saw were well written, person centred documents. They were based on the needs and personal goals of each individual. The plans of care clearly focused on peoples' routines, goals and the progress people made towards their goals was constantly evaluated.

We saw that service users were supported with managing their monies and records and receipts were kept of transactions.

We saw information was available to people about the service provided by Birtenshaw. A detailed complaints policy was available at the agency office, which together outlined the correct procedure to follow, should people feel the need to make a complaint. People we spoke with did not raise any complaints or concerns during the inspection.

Is the service well-led?

Our findings

At the time of the inspection there was not a person registered with the Care Quality Commission as a manager in post. 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.

There was a manager in place who was in the process of applying to become the registered manager. The manager was competent and had relevant skills and knowledge with regard to running the service.

Information we reviewed confirmed that routine quality checks were carried out. The checks involved monitoring that support documentation was reviewed, including risk assessments and support plans. Other areas checked included medication, safety of the environment, staff training, review meetings, incidents and any reported safeguarding concerns. Senior management audit checks were available for inspection.

We looked at records for the servicing of equipment for example gas and electric certificate, small portable electrical appliances (PAT) and found these were up to date and valid. Other maintenance for the property would be completed by the landlord as required.

All the staff we spoke with told us they enjoyed working at the home and found the manager to be approachable and always available for advice or support. Comments staff made to us included, "He's [manager] really approachable and supportive".

Members of staff we spoke with felt there was now a consistent team in place, which enhanced person centred care and the quality of service provided.

We found there was good support for the manager from senior management team who visited the home and from other service managers.

Records we looked at showed regular staff meetings took place. Staff told us they felt able to raise any issues with their manager and any suggestions they made were listened to and acted upon where appropriate.

The manager attended regular multi-disciplinary team meetings with other health and social care professionals. These meetings ensured good working partnerships with all professionals involved with the care of people who used the service.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, accidents/incidents deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.