North West Community Services Limited

North West Community Services Ltd

Inspection report

Vermont House
Bradley Lane, Standish
Wigan
Lancashire
WN6 0XF

Tel: 01942709210
Website: www.northwestcommunityservices.co.uk

Date of inspection visit:
09 February 2016

Date of publication:
30 March 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

We carried out this unannounced inspection on 09 February 2016.

Our last inspection of this service was in June 2013, where all standards were met. The provider had since moved premises and this was the first time we had inspected at their new location. North West Community Services supports adults who have a learning disability through supported living and domiciliary care provision. The head office is located in the Standish area of Wigan, Greater Manchester.

At the time of the inspection the service supported approximately 43 people, across 15 different houses, some of which were vacant. The houses where people lived are owned by different landlords and housing associations and any maintenance work, or improvements to the living environments, are completed by them on request.

There was a registered 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.

People told us they felt safe as a result of the support they received. Staff demonstrated a good understanding of safeguarding procedures and how they would report concerns about people's safety.

In advance of our inspection we received information of concern about the service, informing us that several of the houses were not maintaining high standards of cleanliness. As part of the inspection we checked some of the houses where concerns had been identified and generally, found them to be clean and tidy, with appropriate cleaning tasks being undertaken by staff and checklists maintained. In one of the houses, we identified mould around a bath, with damp on the ceiling, whilst in another the kitchen floor was dirty with stains on the wall. Staff said they tried to clean it but to no avail. We raised this with the manager who contacted the landlord of the properties to arrange for these to be replaced immediately.

We found medication was handled safely, although one person had a missed dosage of medication on one day because the medication had run out. This had been re-ordered by a team leader, however they were unsure when it would arrive. As a result, the manager arranged further training for the staff involved.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable people.

Staff told us they felt staffing levels were adequate and that absences were covered when required. Some people required 2:1 support and we saw these staff were present in some of the houses we visited.

Staff told us they felt supported to undertake their work and had access to enough training. Staff also said they undertook an induction when they first started working for the company. However, in one of the houses we visited, a member of staff told us they had been punched by a person who lived there. This member of staff said they had worked for the service since October 2015 and had not yet completed training in breakaway techniques. We raised this with the manager who said this training would be arranged immediately.

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. Staff told us they had undertaken recent training and were able to provide examples of when people may be deprived of their liberty.

People told us they had enough to eat and drink and had choices of different food and drink. We found people had appropriate nutrition care plans and risk assessments in place where required.

People told us they were treated with dignity and respect staff, who offered them choices and encouraged them to be as independent as possible. There were also 'Dignity champions' who worked for the service, where this area was explored in greater detail.

Each person who used the service had a support plan in place, which provided staff with an overview of their support needs and what they needed to do. These were located at people's houses so staff could update them as required.

There was a complaints procedure in place. The service user guide also referred specifically to complaints and explained the process people could follow if they were unhappy with any aspects of the service.

The staff we spoke with were positive about the management and leadership of the service. Staff felt the manager was approachable and supported them to carry out their work to a high standard.

We found there were appropriate systems in place to monitor the quality of service effectively. This included regular audits of each house where people were supported, seeking feedback from people through the surveys and the close monitoring of accidents and incidents. This meant the service could continually improve as a result.

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 safe as a result of the care and support they received from staff.

We found there were sufficient staff available to meet people's needs safely.

Appropriate recruitment checks were in place to ensure it was safe for new staff to work with vulnerable people.

Is the service effective?

Good

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly. However, one member of staff told us they had been punched by a resident and had not yet undertaken their breakaway training. The manager told us this would be arranged.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were supported to maintain good health and were accompanied to appointments by staff as required.

Is the service caring?

Good

The service was caring. People who used the service were happy with the staff team and described them as caring.

Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People told us they were treated with dignity and respect by the staff who supported them.

Is the service responsive?

Good

The service was responsive. People who used the service had a

support plan in place, which staff could refer to about their support needs. These were available at the houses we visited.

Surveys had been sent to people asking them if they were happy with the service they received.

There was a complaints procedure in place. People told us they had not complained but were aware of the process.

Is the service well-led?

Good

The service was well-led. Regular checks and audits were undertaken to ensure good governance within the service.

Staff spoke positively about leadership and management within the service.

Staff said regular house meetings took place where they could discuss their work and raise concerns relating to people who lived there.

North West Community Services Ltd

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.

The inspection took place on 09 February 2016 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

We reviewed information we held about the service in the form of notifications, safeguarding incidents, injuries and whistleblowing information we had received. We also liaised with relevant professionals in advance of the inspection in order to ascertain their views of the service. This included to local quality assurance team based within Wigan Council.

As part of the inspection spoke with the registered manager, two service managers, six people who used the service, nine support workers and a team leader. Two other people who used the service had originally agreed to speak with us, however later declined. We looked at records held by the service, including medication records, care plans, staff files, audits, training records and meeting minutes. We also visited seven of the houses where people lived to check the environments, look at relevant paperwork and speak with staff.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe with the staff who supported them. One person said "I feel a lot safer than where I was living previously. People used to come into my house and I didn't like that because it made me feel unsafe". Another person said; "I've lived here 14 years. If I wasn't here, I'd be out there unsafe". Another person said; "I'm okay. Yes, I feel safe. Staff are here from 5pm and sleep during the night until 12pm the next day." Another person added; "I feel safe here. The staff support me with everything".

In advance of our inspection we received information of concern about the service, informing us several of the houses were not maintaining high standards of cleanliness. As part of the inspection we checked some of the houses where concerns had been identified and generally, found them to be clean and tidy, with appropriate cleaning tasks being undertaken by staff and checklists maintained. In one of the houses, we identified mould around a bath, with damp on the ceiling, whilst in another; the kitchen floor was dirty with stains on the wall. Staff said they had tried to clean it but to no avail. We raised this with the manager who contacted the landlord of the properties to arrange for these to be replaced immediately.

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. There was an appropriate policy and procedure available for staff to refer to, and the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "A safeguarding could be a financial concern, if the money ledger didn't tally, or staff bought something for themselves and not the person. That would be financial abuse. Other types of abuse are; physical, emotional, institutional, neglect. I'd document it and report it straight away to the duty manager". Another member of staff told us; "Misuse of medication, mistreating people and taking advantage of their finances could all be classed as abuse. I'm aware of all the different forms to fill in". A third member of staff said; "Behaviour changes are an obvious one and if people just aren't being themselves compared to normal would make me think something might be wrong".

We checked to see if there were sufficient numbers of staff available to meet people's needs safely. The registered manager maintained daily rotas showing which staff were scheduled to provide care and support to people in each house. We looked at a sample of these and saw sufficient staff were available each day. During the inspection, staff told us they felt the service had enough staff to meet people's needs and did not raise any concerns. One member of staff said; "They are good. If people are off sick it can cause problems, but cover is always provided". Another member of staff said; "I think they are adequate for the time being. I only support one person at the minute so if another person was to move in, an additional staff member would be provided". A third member of staff added; "No staff shortages. It's a fare rota. The rota is done a month in advance and remains consistent."

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection, we looked at 10 staff personnel files. Each file contained

a job application forms, interview questions, photo identification (ID), a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This helped to keep people safe and ensure appropriate recruitments decisions were made when employing staff to work with vulnerable adults.

We checked to see if medication was handled safely and looked at the medication administration records (MAR) of five people we visited. We saw the MAR was kept in an individual folder for each person, which displayed a picture. The medication was in blister packs and stored with the folder in a locked safe in the staff office. Accompanying the MAR was a coloured photograph of the person and details of allergies. The blister pack contained details of the medicines and a description of the tablet, which meant staff could distinguish between medicines when providing support to people. We saw all the MAR had been completed correctly and there were no omissions of staff signatures. However, at one house we visited, we found the medication Laxido had run out on Monday 08 February 2016 meaning this person didn't received their medication. This had been ordered on Tuesday 09, but the team leader was unsure when it would arrive. We raised this concern with the manager who following the inspection, arranged for a full spot check of this house to be undertaken where it was decided staff would receive further training and have their competency re-assessed.

Each person that had PRN medication, 'prescribed when needed', had PRN protocols in place. This detailed the rational and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. People told us they received there medicines on time. Medication was administered by support workers who had completed level two medication training The medication training records were current and staff told us they felt confident in this area. We saw comprehensive medication assessments were undertaken bi-annual. One person said to us; "Medication is always given on time, 08.00am and 08.00 pm each day".

We found people had appropriate risk assessment within their care plans. These covered areas such as self-.harm, medication, moving and handling and if people were to go missing from the service. We found where risks had been identified, there were appropriate control measures in place to help keep people safe.

There was a system in place to monitor accidents and incidents, which were clearly recorded on an electronic system and could be accessed and edited by staff. We saw there were details about the nature of the incident, the details leading up to it and any action that needed to be taken. The system also captured any trends that occurred, with the aim of preventing future re-occurrences.

Good

Is the service effective?

Our findings

Staff told us they were able to complete an induction when they first started working for the service. This enabled staff to gain a thorough understanding of working for the organisation and to learn about and meet the people they would be supporting. The registered manager told us the induction consisted of staff completing the care certificate and shadowing experienced staff. Each member of staff we spoke with told us they completed the induction when they first started working for the service. One member of staff said; "It was definitely what I needed as I had not worked in this type of setting. Some of the topics covered included fire safety, medication and safeguarding". Another member of staff said; "It was a good induction. I did e-learning, read care plans and shadowed for two weeks at the house where I would be supporting people."

We looked at the training and development staff had available to them to support them to undertake their job role effectively. We saw staff were trained in topics such as equality and diversity, first aid, health and safety, infection control, medication, safeguarding and moving and handling. The staff we spoke with told us they received enough training and did not raise any concerns about a lack of support. One member of staff said; "I feel like I have been given enough. I feel supported and there is always someone to speak with who has been in a similar situation". Another member of staff said; "I feel really well supported. I think the training is very effective and is related to the job role. As a support worker, I was supported to undertake training to support career progression to prepare me to become a team leader." A third member of staff said; "I hadn't done moving and handling, because it was not needed at the house where I support, but it is now compulsory so I am scheduled to do it next week. There is lots of training but it's applicable to the service users that we work with. Medication competency assessments are done every 6 months as well".

Staff told us they received 'Citrus' training, which helped them to deal with challenging behaviour if it ever occurred. One member of staff said; "My training taught me to be as close to an exit as possible if I ever found myself in an unsafe situation". Another member of staff said; "The training taught me about applying 'punch blocks to ensure we are able to shield our self". However, one member of staff told us they had not received any training in challenging behaviour despite working at the service since October 2015. This member of staff also reported to us they had recently been punched by a person they supported. We raised this concern with the manager who told us this person would be booked onto the course immediately.

The service managers told us, the team leader aimed to conduct supervision bi-monthly. We looked at 10 personnel files and found supervision was conducted consistently with some staff receiving supervision more frequently. The service managers had devised a milestone calendar, which detailed each month what was scheduled for completion that month. For example, January 2016 was staff appraisals. We saw appraisals in three of the files we looked at. The service manager explained that some of the appraisals hadn't been collected from the team leaders overseeing the support houses. We verified this with staff at the houses we visited. Without exception we were told, appraisals were conducted annually. The supervision was positively written and focused on achievements and areas for growth.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw staff had received training in this area and gave good examples about when people may be deprived of their liberty, or may not be able to make choices for themselves. One member of staff said; "When the person isn't 100% aware of things. For example, a person might not look when crossing the road and is unable to understand the consequence of that. Another person doesn't have capacity with money, but is able to count with you and we encourage that to keep him included."

The people we spoke with told us before receiving care, staff always asked them for their consent. Staff were also able to provide examples of how they did this when supporting people. One member of staff said to us; "I always ask people first to make sure it is what they want. People are fine as long as you let them know what you are doing".

We looked at how people were supported to maintain good nutrition and hydration. We found where this had been identified as a support need, people had appropriate care plans and risk assessment in place. In advance of our inspection, we received information of concern that certain houses where people were supported had no food in the cupboards and fridge freezers. As part of the inspection we looked at this further and saw sufficient food was available for people to eat. We saw people also had specific care plans in place about how to support people at meal times and the types of support people needed. The staff we spoke with were aware of how to support people to maintain good nutritional intake. One member of staff said; "One person we support is looking to lose weight so all meals are served with adequate fruit and vegetables". Another member of staff said; "We have just started fortifying a person's diet with full fat options due to weight loss. The dietician is involved and commenced weighing weekly. We complete a chart to identify what has been eaten during each meal."

We asked the people we spoke with for their opinions of the food and if they were offered choices by staff. One person told us; "I pick my own food and staff make it for me. I can't do it. I love meatballs and hotdogs". Another person said; "I don't always want what the others are eating. The staff will get me something else instead. I like homemade chips". Another person added; "I have a set menu in the kitchen and there are plenty of choices available".

We found people were supported by staff to maintain good health and were supported to attend appointments where necessary. This included visiting the hospital, doctors and dentist. One person said to us; "I've had a bad cough and the staff took me to the GP yesterday about my chest."

Good

Is the service caring?

Our findings

During the inspection it became clear to us that staff had developed good, caring relationships with the people they supported. Staff were knowledgeable about people and knew about their likes, dislikes and personal preferences. At several of the houses we visited, we observed interactions between staff to be friendly, pleasant and warm.

People told us staff regularly offered them choice and had chosen the colour, décor and furnishings for their home and had personalised their bedrooms. One person proudly showed us their Disney themed bedroom. The person had impaired vision so fibre optic lights and sensory items had been purchased to stimulate them. Another person showed us there butterfly bedroom and told us they were able to choose whatever they wanted. One person said to us; "Staff support me to go shopping, but I pick all my own things and what I want to eat. Staff help me do a list". Another person said; "I tell staff what I want to wear. They get it out and show me to check that it's right".

We asked people for their opinions of the staff who supported them. Each person told us they were happy with staff and found them to be caring. One cared for person said to us; "The staff are alright you know. They help me to cook and take me out on day trips. They do a lot of things for me and are looking after me well". Another person said; "The staff are friendly and caring." Another person added; "Most of the staff are funny and kind."

The people we spoke with said that staff promoted their independence as much as possible. Staff were also able to provide good examples of how they did this when supporting people. One member of staff said; "I encourage people to do things for themselves. I may cook alongside somebody when it is there first time doing it, but then, I gradually back off and encourage people to do it themselves". Another member of staff said; "One person I support doesn't deal well with big crowds and I'm currently working with them to do bus journeys on their own to overcome the apprehension of it all". One person who used the service also told us; "I help make cakes and drinks for people and it keeps me involved".

We asked both cared for people and carers if they felt treated with dignity and respect by staff who cared for them. Staff also provided good examples of how they did this when delivering care. One member of staff said; "I always knock on person's door and ask if they are decent before walking in". Another member of staff said; "Knock on people's doors. Ask if people happy to speak to people. Don't assume". A third member of staff said; "If somebody was to have an accident and needed to go to the toilet, I would never make a big deal about it or make them feel embarrassed". One person who used the service also added; "Staff give me time on my own and respect my privacy."

The service also had several members of staff who were dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The service held regular coffee mornings to discuss this and listened to people's opinions about how previous meetings had gone.

Good

Is the service responsive?

Our findings

We found once referrals to service had been made, the service then completed initial assessments of people's support needs. This enabled the service to understand what support people required. We found assessments provided a focus on medication, mobility, eating/drinking, bathing/showering, continence and information about people's background and life history. Any associated risks were captured at this stage also and transferred onto risk assessments. Staff told us the service endeavoured to match up workers with people they would be working with to help ensure compatibility. This would be based on criteria such as age, personality or whether people were particularly outgoing. This meant people would be supported by staff who they had things in common with.

Each person had a care plan in place which provided guidance for staff about how best to meet peoples support needs. We saw these provided a focus on medication, personal care, dietary requirements, personal emergency evacuation plans, finances, activities, communication, consent, employment and likes/dislikes. The care plans were located at each house we visited so staff could access them easily. The care plans also contained 'One page profiles'. These provided information about what people liked and admired about each person, important things people needed to know about them and what activities they liked to take part in. This would enable staff to have relevant information available to them about what people wanted and what their choices were.

We saw people had their own activity schedules in place. These showed us people were interested and able to participate in activities such as bowling, snooker, shopping, going to the cinema and going out for tea. One person also told us they enjoyed going for a jog each morning, which was something they looked forward to doing. A member of staff told us; "People do there activity planner with staff and tell us what they want to do each day. Some people don't want to do anything , but we do try. I've managed to get one person as far as the local park for a walk. We try daily but if they say no, it's no".

The people we spoke with told us they had enough activities available to them and had enough to do. They also told us they were supported to go on trips and holidays to places they wanted to go to. One person said; "The staff always take me out on day trips. I like getting out of the house. I really enjoy gardening and playing golf". Another person said; "I go the pictures and museums sometimes. I'm also looking in to Blackpool when it gets warmer. In the past I went to London for the day with staff on the train. I'd always wanted to go to Harrods. I also go for rides with staff on the bus. I speak to staff and they will change how we do things. Like now they are supporting me when out. I do get annoyed with staff sometimes , but they leave me to calm down and come back." Another person added; "I go to the pub to watch rugby and I've been to Southport with staff on holiday. Another person commented; "I've been to Euro Disney for four days. I also go in to town clothes shopping and I've got a bowling app on my tablet, because I couldn't see it on my phone."

The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. We looked at the complaints received and saw there was detail about what the complaint had been, as well

as a full investigation report and response given to the complainant. The people we spoke with told us they were aware of how to make complaints. One person said to us; "I would speak to my support worker and explain why I was not happy".

We looked at the most recent satisfaction survey, which had been sent to people who used the service. This asked people for their opinions about if they were happy with the service, views of staff, improved quality of life, cancelled/missed calls and any improvements they might like to make. Staff were also asked to share their views about working for the service and were asked about job satisfaction, learning and development opportunities and opinions of the management team. The feedback was analysed with overall scores given for each response. This meant as a result, the service could improve in response to what people wanted.

Good

Is the service well-led?

Our findings

There was a registered 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.

The staff we spoke with felt the service was well – led and managed. One member of staff said; "It's really good. There is always somebody on the end of the phone and they do give good advice". Another member of staff said; "I must say there have been no issues so far. I get on with them and they are supportive. Any problems and they generally sort it out for you". Another member of staff added; "They seem very on ball". A fourth member of staff also commented; "The manager listens and has given me different pointers about dealing with different situations".

The staff we spoke with told us they enjoyed their work and spoke of a positive culture within the service. One member of staff said; "I'm really enjoying my work so far. It is a very challenging, yet thriving atmosphere to work in. It is definitely the direction I want to go in terms of my career". Another member of staff said; "We work so well as a team and we are continually meeting new people". Another member of staff told us; "I would recommend working for NWCS".

We found there were appropriate systems in place to monitor the quality of service effectively. This meant the service could continually improve as a result. Regular audits of each house were undertaken, which covered areas such as completion of house records, medication storage, household maintenance, staff files/training and general health and safety. We found that relevant action plans were implemented where concerns had been identified, with relevant time scales for completion. One member of staff said; "The management visit the houses to see how things are or we can always go to the office. They are approachable."

We saw evidence of the service working closely with other organisations in relation to people's support needs. This included the learning disability hospital liaison team, who worked with the service if people ever needed any support whilst staying in hospital. Another person had attended a sexuality awareness group, for people of different sexual orientation. The service also worked in partnership with Calderstones for the CITRUS Model Build accredited training, so when making recommendations for support strategies, the model fits with what the recommendations entailed. This meant people would improve a better quality of service as a result.

We looked at the minutes of recent house meetings which had taken place. The manager said these took place on a monthly basis. Some of the topics of discussion included completion of training/e-learning, policies and procedures, health and safety, quality assurance audits, employee of the month award and an overview of people's needs. One member of staff said to us; "We have team meetings monthly at the house. If we need to discuss something in a person's best interest, we'll conduct the meeting at the office."

There were various policies and procedures in place at the service. These covered areas such as safeguarding, medication, challenging behaviour, whistleblowing, equality and diversity and complaints. The policies and procedures were all stored electronically so staff could access them at the times they needed them and required a password to have full access.