

BuryILD

BuryILD

Inspection report

Unit 17 Bury Business Centre
Kay Street
Bury
Lancashire
BL9 6BU

Tel: 01617636471
Website: www.buryild.org

Date of inspection visit:
13 February 2018
14 February 2018

Date of publication:
05 April 2018

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 which took place on 13 and 14 February 2018. We had previously carried out an inspection in February 2015 when we found the service to be meeting all the regulations we reviewed. At the last inspection the service was rated 'Good'. At this inspection we found the service remained 'Good'.

BuryILD is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 13 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training in safeguarding adults and reporting poor practice. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They were certain action would be taken by the registered manager if concerns were raised.

Systems were in place to ensure staff were safely recruited. Staff had been safely recruited and there were enough staff to meet people's needs.

People received support from consistent staff teams who knew them well and worked flexibly around their support needs.

Systems were in place to ensure the safe handling of medicines. People were supported to take as much responsibility for their own medicines as possible.

Staff received induction, training, supervision and appraisal to help ensure they were able to deliver effective care.

People who used the service, depending on their ability, were responsible for household tasks in their own homes with support from staff as necessary. Systems were also in place to reduce the risk of cross infection dependent on individual needs.

We saw that interactions between people who used the service and staff were friendly and there was a good rapport between them. There was plenty of good humour delivered in a polite and well-mannered way.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs. Staff demonstrated a commitment to providing high quality personalised care and supported people to

achieve their goals.

Staff were aware of the interests and preferences of people who used the service. All the staff we spoke with demonstrated a commitment to promoting people's independence and offering choice to them.

People and staff we spoke with told us they would speak to any of the managers if they had any concerns or complaints. They were confident they would be listened to and that action would be taken to resolve their concerns.

People who used the service, their relatives and staff were regularly consulted on the service provided and to identify where they thought any improvements could be made.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they enjoyed working in BuryILD and felt well supported both by their colleagues and the managers in the service.

Quality assurance systems in place were used to drive forward improvements in 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

BuryILD

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.

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. This helped us to gain a balanced overview of the service. No issues were raised with us.

We told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and staff would be available to answer our questions during the inspection.

This inspection took place on 13 and 14 February 2018. The inspection team consisted of two adult social care inspectors on the first day of the inspection and one adult care inspector on the second day.

On the first day of the inspection and with their permission we visited three people in their own supported homes and spoke with four support workers. Two people who we visited were not able to give us their views and opinions of the service. We looked at their personal care and support records and other documents relating to their support with them. We also met and spoke to a person and their relative at the office.

On the second day of the inspection we visited the office. We spoke with the registered manager and a support manager and looked at a range of records that related to how the service was managed.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

One person we visited told us that they liked to spend time in the house on their own. They showed us the alarm and listen in system that had been fitted to the door, which helped them to feel safe. A person told us they felt "Very, very safe at the house." They said they could approach the support manager if they had any worries and that the support manager would sort any problems out. A relative told us that they had peace of mind and all the family had been visited the house were [person] lived.

The service had procedures to minimise the potential risk of abuse or unsafe care. These included safeguarding and whistleblowing procedures, which included an easy read version for people to use. Staff had received training in safeguarding vulnerable adults. This was confirmed by talking with staff and training records we looked at. Staff told us they were certain the registered manager would take any concerns seriously and we had seen recent evidence of this.

Managers of the service had spent time with the local authority safeguarding lead to ensure the service was following the correct reporting procedures. The registered manager informed us that this had helped managers feel more confident.

We checked to see that staff had been safely recruited. Staff confirmed that recruitment checks were carried out before they started to work with people.

We reviewed two staff personnel files of staff most recently appointed to the service. We saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure vulnerable people are protected from the risk of unsuitable staff. We were told by the registered manager that contact had been made with the occupational health department where staff could go to be assessed for reasonable adjustments to help them undertake their job role.

The registered manager told us that managers had recently completed basic human resources (HR) training. Plans were in place for managers to undertake further training this year in equality and diversity, disciplinary and grievance as well as managing poor performance and sickness. There were no concerns about the staff team's performance at the time of this inspection. We saw that improvements had been made which linked qualifications held by support workers to pay promoting building confidence, career progression and retaining staff.

People who used the service told us they received consistent support from their staff team. They confirmed that outside agency staffing were never used by the service so "strangers" did not arrive at their home to

support them. There was an on-call rota that was covered by the three managers of the service.

A support worker told us that staff had worked for the service for a long time and thought that this showed it was a good place to work. They also like the fact that there were set teams working in the supported houses and this helped to keep things stable. The registered manager told us that staff turnover remained low. We met staff who had worked with people who used the service for many years. This helped to ensure consistency and continuity of support for people.

One person told us that it was important for them to know which staff member was coming to support them. We saw photographs of the person's support team which were being put together to help the person to remember who was coming next. The registered manager told us that with consultation with staff and a trial period the support rota's had been changed and this had been to the benefit of people who used the service.

We talked to a person about any risks they faced. They told us that they were at risk of burning themselves using the cooker and iron so staff gave them additional support to do this safely. Two care records we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Assessments aimed to minimise risk without restricting people's opportunities for personal development and participation in activities.

We saw that there was a 'disaster plan' available at the people's homes we visited to use in case of an emergency, for example, if there was a fire. There was also a grab file in place that contained Personal Emergency Evacuation Plan's PEEP's for each person. We saw that the registered manager had recently reviewed and updated the weekly fire risk assessment checks to be undertaken at people's homes by support staff. The service had also sourced a nearby hotel that had 'rise and fall' beds available for people to use should they not be able to stay in their own home for any reason. We saw video footage of people who used the service and support workers attending a fire safety workshop together. Certificates of attendance were given to all the people who attended.

People who used the service who were able took responsibility for cleaning their own homes, with support from staff as necessary. We saw that Protective Personal Equipment (PPE) was available for staff to use as needed and the houses we visited were clean and tidy.

We talked with the registered manager about how medicines were recorded and administered. One person told us with staff support they took as much responsibility as they were able to self-administer their own medication. We saw that BuryILD used easy read of "How to make choices about taking medication" and "My medication" with people to help them understand the importance of taking any medicines they were prescribed by their doctor. Protocols for "when required" (PRN) medicines were in place. No-one being supported by the service was being administered "when required" medicines to help manage their behaviours. Records showed that staff had received the training they needed to support people take their medication.

The registered manager told us that they were encouraging staff to raise any issues, for example, medication errors, accidents and incidents with them. This was not to blame staff but to look at whether or not patterns and trends were emerging and if lessons could be learnt by the service to prevent them happening again.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The staff team training showed members of the staff team had received training in the Mental Capacity Act (MCA) 2005. This training helps provide care workers with guidance about their responsibilities under this legislation which safeguards the rights of people who may lack the capacity to make their own decisions. The registered manager told us that now they had contact with the safeguarding lead it was their intention to contact the local deprivation of liberty safeguard team to look at more detail into restrictive practices.

A person told us that they were able to say what they could do themselves and ask for help from support workers when needed. They said they felt that they were in charge of what happened. We saw where people had limited verbal communication that they were always offered a choice, for example, of what they wanted to wear or what they wanted to eat. Some people used pictures to determine what they wanted to do with their support that day.

Staff received the induction, training and supervision they required to be able to provide safe and effective care. New staff spent time shadowing established support workers to help get to know people and undertaking relevant training.

Staff we spoke with told us they received, "Plenty of training and it's good to keep training up to date." The registered manager told us that one of their priorities was to upskill the staff team. They said that with the exception of first aid the majority of training had been moved back in house and would be delivered face to face by the management team. Records confirmed that staff training was up to date and a training calendar had been completed for the coming year.

A support manager said that the management team were attending train the trainer courses and were wanting to introduce more experiential training, for example, what poor practice looked like or what it felt like to be transferred in a hoist. An empathy and empowerment lesson plan had been developed and would be used at future training sessions. There was a system in place to ensure staff received regular supervision.

People told us that they decided what they had to eat and drink and they were supported by staff to shop for food and drink. Some people chose what they wanted to eat by using pictures. People who we visited had their own kitchens which were accessible to them at all times. One person told us that they were

attending a college course to help with shopping on a budget. We saw that where people were at risk of choking an assessment had been carried out by a speech and language therapist and an easy read version had been produced for the person to follow to help reduce the risk.

From the records we saw people were supported to access health care services in relation to their mental and physical health needs. This included appointments with dentists, opticians and doctors. Where necessary physical health care plans were in place to identify people's needs and included the action staff should take to support people to meet these needs. For example, we saw a detailed epilepsy support plan had been carried out by a community learning disability nurse.

We saw that one person had recently been assessed for a new wheelchair. This had made a significant improvement in their overall wellbeing. This included improvements to concentration because they were comfortable, better posture and swallowing and a reduction in the number of hoist transfers the person needed to undertake throughout the day.

We saw that people had 'Traffic Light Passports' in place. These were taken with people if they were admitted to hospital to inform the healthcare staff about their support needs.

Some people took part in physical activities including going to the gym and swimming. This showed people were supported to maintain good physical and mental health.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service were all very positive about the attitude and approach of staff. Comments people made to us included, "My support workers are very polite and this is important" and "[Support manager] is beautiful and lovely." A relative said, "Very happy with the way its gone so far...the carers have been great"

A support worker said, "We focused on the best outcomes for the people we are supporting." They told us that because support workers developed good relationships and trust, the people they support they were able to speak with them about any concerns.

Our observations during the inspection showed that the interactions between people who used the service and staff were friendly and there was a good rapport between them. We saw story telling by support workers using the person's favourite items, was very important to one person. This promoted lots of entertainment and laughter by all involved.

Support workers told us there were stable staff teams in place at the houses we visited. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. People who had limited verbal communication used a range of different ways to communicate what they wanted with other people and support them to build relationships with others. We saw an electronic support plan that was being developed with a person who used the service. This was to be used to as a tool to help the person instigate conversation with other people and staff. It could also be used to develop a power point presentation to be used during reviews. Another person had a memory box which included photographs of people and events that encouraged conversation.

Other people used pictures, photographs or a 'talking tile' to help them communicate what assistance they wanted from support workers. Because people received consistent support staff understood their non-verbal communication. For example, face expressions, vocalisations and gestures and judge how long a response might take the person to make.

Where able some people used technology to keep in touch with family, friends and staff for example by using mobile phones and the Internet.

We saw people's homes were personalised to a good standard and to their individual tastes and needs, for example, a person's mirror set at an appropriate height so that they could use it effectively. We saw that work was being undertaken at one supported house to develop a sensory garden for people to use in better weather. One person told us that with the help of a relative they had chosen the décor and soft furnishings in their bedroom.

Some people had active roles within other organisations, for example, Bury People First. Bury People First is a local advocacy group for people with a learning disability.

We saw that all care records were held securely. This ensured the confidentiality of people's personal information.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

We spoke with a person and a relative who were new to the service. They told that they knew other families who were associated with BuryILD and this had helped them to make contact. This person had regular one to one sessions with the support manager to check that they were happy with the service they received and support them with any concerns they might have.

Arrangements were in place to help ensure people received individualised support to meet their diverse needs. People who used the service were treated as individuals and the right to lead their own support as much as promoted as much as possible.

Staff we spoke to told us they promoted people's right to be as independent as possible and to be involved in activities that enabled them to enjoy life as part of the community. A support worker told us that of one of the good things about BuryILD was the variety of activities people were involved in. People who used the service that we met had very busy lives and told us about the many activities they were involved in. People we spoke with and staff confirmed for those people not able to tell us that they had access to a wide range of activities both in the home and in the local community. These included, wheelchair ice skating and attending outreach centres. BuryILD had merged with 'Contact', a social activities group. This meant people could access Contact activities such as the allotment as well as day trips and going out for meals.

We looked at the support plans for three people we visited. One person was able to show us and talk through their support plan and confirmed the contents were correct. We saw that a review of people's support records had been carried out and improvements were in the process of being made to reduce the number of records in order to give people and support workers clarity.

We saw that records were produced in an easy read, picture format and large print dependent on the person's individual needs. Records included a one-page profile about the person and support plans as well as risk assessments. Records were positively written and made reference to the person's strengths as well as the areas they needed support with.

The goals set covered a wide range of areas including, where I live, things I do, things to learn, friends and relationships, being part of my community, keeping healthy and safe, how I feel about myself, control over my life and my support. A new individualised daily log had been introduced which gave much more detail about what the person was doing during each day.

Changes had been made to the supported person meeting. These included checking actions from the last meeting and my 'all about me' actions had been met and also health and safety, easy read policies and procedures and what was happening in the person's life and the service. We saw that where people had limited verbal communication ways of involving them in what was discussed were in place. For example,

agenda items for discussion were taken out of the person's wide range of handbags.

People were supported to maintain as much independence as possible in tasks around the house such as cleaning and washing and drying up where they were able. Some people told us that they used public transport. One person told us they were quite independent and could do most things round the house and make their own breakfast and lunch. Some people also had part time jobs or volunteer work in offices and shops.

We saw that four members of the staff team had undertaken the Six Steps Learning Disability course. This course helps staff to support people and their families to plan and prepare for a dignified death. This included arrangements for advanced care planning, medication and arrangements for Do Not Attempt Resuscitation (DNAR).

The service complaints procedure had been produced in an easy read and picture format. Records we looked at showed that one complaint had been received by the service since our last inspection. We saw that action had been taken to resolve this issue to the family member's satisfaction. The registered manager told us they always encouraged staff to record any concerns raised by people who used the service to show the action taken to resolve matters, even if this was done on an immediate and informal basis. This demonstrated a commitment to ongoing service improvement.

We looked at a sample of compliments from people's relatives, for example, "I think BuryILD is a brilliant organisation. I would like to thank everyone who works alongside [relative] for the great job they are doing", "I just wanted to say how much we appreciate the fantastic care and support [relative] gets from [relatives] team. Nothing is too much trouble and they are always thinking of [relatives] best interests. Most of all they make sure [relative] is still out there getting a life despite [relative's] current health challenges, which means so much to us."

A community based professional commented, "It has been a pleasure to work with you and the support staff at [person's] home. It is clear to see how passionate you all are about getting it right for her and wonderful to observe the progress [person] has made recently, excellent teamwork all round."

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The service had a manager who was registered with the Care Quality Commission (CQC). The manager had been in post for approximately six months and registered with us on 2 January 2018. All the people we spoke with as part of this inspection told us that the registered manager and the two support managers were always approachable and supportive.

Staff we talked with spoke positively about the new registered manager. They said, "[Registered manager] seems lovely and has some good ideas. She listens to staff and tries to find a solution", "[Registered manager] is lovely and approachable. [Registered manager] comes and visits and wants to be involved. A breath of fresh air. I am excited about the future", "Leads with a carrot not a stick" and "[Registered manager] is a new set of eyes. It feels like we have been refreshed."

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. The service recognised the importance of saying thank you to staff for all their hard work by sending staff cards on their birthday and at Christmas. We were also told about an award that was being developed to be presented to support workers who had gone 'above and beyond' in support of people.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included the community learning disability for support with occupational therapy and developing communications passports with people who used the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

A board of trustees who had a wide range of skills supported the registered manager. The registered manager said that they had found the board to be committed and passionate about the service. A support worker said, "I could always speak to [Chairperson] if I needed to." We spent some time talking with the chair of the board of trustees. They told us that some trustees had started to visit people in their homes. This had helped them consider people's diverse individual needs in planning the long term strategy for the service. They said that the appointment of the registered manager had been about them having the skills to make the service fit for the future. People who used the service and family members had been involved in the recruitment process.

The chair told us that the service's mission statement 'Supporting adults with learning disabilities to live independently and enjoy fulfilled lives of their choosing' underpinned the values and decision making around the running of the service.

The registered manager had a mentor and business consultant to support them in making progress in improvements to the service. We saw that the registered manager with the support managers had already made improvements to the administration systems of the service. This helped to give better management oversight of the service. Improvements had also been made to the support planning systems and staff training. There were a number of quality assurance systems in place in the service, including audit checks at each house and a report of their findings was produced for the registered manager.

We saw information about the strategic plan that had been developed by the board with the support of the mentor. This looked at what BuryILD wanted to achieve by 2020 and to ensure that everyone was working to the same objectives and improving the lives of people the service supports. This included working towards being recognised as an excellent person centred service and outstanding rating from CQC, to increase the number of supported living services and becoming a first choice for families and social workers, be seen as an excellent employer and create a new community hub.

There were many opportunities for people who use the service, staff and relatives to have their say, give feedback about the support they receive and influence the running of the service.

The service holds an annual development day called "Your Day Your Say". The registered manager told us that the feedback from people who attended was positive but they were still in the process of evaluating and collating the information. The service was holding a BuryILD and Contact Leisure Evening. This was a fun evening of Karaoke, disco and buffet but was also a means of seeking feedback on the reintroduction of the supported people, family and staff forums, what's working well and what is not so good that we could change.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.