

North West Community Services (Greater  
Manchester) Limited

# North West Community Services (Manchester) Limited - 35 Grosvenor Avenue

## Inspection report

35 Grosvenor Avenue  
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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

North West Community Services (Manchester) Limited - 35 Grosvenor Avenue is a care home providing accommodation and personal care. It accommodates three people who have a variety of care needs. The accommodation is a detached bungalow in a residential area but is also close to many local amenities and shops.

This was an unannounced inspection which took place on 4 March 2016. The service was last inspected in February 2014 and was meeting standards at that time.

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.

When we spoke with people living at the home they told us they were settled and felt safe at the home. We saw they were relaxed in the company of staff and there was a warm rapport.

To support up to three people being accommodated at the home at any one time we saw there was sufficient staff in place. We saw from the duty rota that staff numbers were consistently in place to provide safe care.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found the home were good at managing risks so that people could be as independent as possible.

We saw there were good systems in place to monitor medication safety and that staff were trained to help ensure their competency so that people received their medicines safely.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they communicated these needs. People we spoke with were aware that staff had the skills and approach

needed to ensure people were receiving the right care. The comments we received evidenced people received effective support.

We saw that the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. Staff understood about Deprivation of Liberty [DoLS] authorisations and the circumstances this might be used. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We were told that meal times were flexible. People being supported were encouraged to plan and prepare their own meals on occasions. We also saw evidence that staff tried to promote healthy eating options and reviewed this on-going with people.

We assessed whether people were treated with dignity, respect, kindness and compassion. One person commented on the caring nature and philosophy in the home and was able to compare it, favourably, with other care homes / services they had been involved with. The interactive skills displayed by the staff when engaged with people were warm and supportive and showed a personalised approach to help ensure people's wellbeing.

We found that care plans and records included people's preferences and reflected their identified needs from admission and during their stay. There was good evidence that care plans had been discussed with people on a regular basis so they felt involved in their care. One person said, "I like it here, the staff are lovely. I can get up and go out when I want."

Processes were in place to seek the views of people living at the home and their families. Managers were able to evidence a series of quality assurance processes and audits carried out. These helped ensure standards of care were maintained consistently as well as providing feedback for on-going development of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

We found the home supported people to provide effective outcomes for their health and wellbeing.

We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

### Is the service caring?

Good ●

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People spoken with were satisfied with support offered.

The people we spoke with commented on the caring nature of the staff and said they liked living at the home. Staff, when engaged with people, were supportive and showed they understood people's care needs.

Relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post who provided an effective lead for the home.

We found an 'open' and responsive culture in the home that aimed at seeking the views of people using the service. There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We found the manager we spoke with and staff to be open and caring and they spoke about people as individuals.

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## **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 was an unannounced inspection which took place on 4 March 2016. The inspection was undertaken by an adult social care inspector.

During the visit we were able to meet and speak with the three people who were staying at the home and one visitor/relative. Following the inspection we also spoke with a health care professional.

We spoke with four staff members including care/support staff and a senior manager. We looked at the care records for two of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home, relatives and staff. We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

# Is the service safe?

## Our findings

We found the home was good at managing risks so that people could be as independent as possible. People we spoke with who lived and visited the home told us that safety was not an issue. One person told us, "Yes I feel safe here. I would go and see [manager] if I was unhappy."

We saw that care records showed any risks to people's independence was assessed so that people could live as independently as possible. For example there were assessments regarding access to the local community. The risk assessments were personalised and helped to ensure people could access the community safely. One person was being encouraged by being assessed for the use of a front door key. These measures helped ensure people retained their independence but remained safe as possible.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We were told about the future work planned to develop the building/environment. We saw the general environment was safe with no obvious hazards. We did make some observations of the laundry and saw this was rather cluttered and lacked recommended hand wash facilities for staff [paper towels]. The manager said this would be addressed. We received confirmation from the service following the inspection this had been completed.

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. The plans were highly individualised and took account of people's behaviours and communication needs. We spot checked other safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date.

We asked about staffing at the home. We saw that people were assessed according to the support they required and sufficient staff were made available. Staff told us that the staffing numbers were good and were consistent. Staff worked alongside people living at the home and got involved in whatever activity they were engaged in.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

We saw records that showed people were given medicines at appropriate and correct times by staff. Staff described how they carried out medication management and this met with the home's policy; ensuring safe administration.

Staff told us about the medication training they underwent and told us they were observed by the manager

to ensure their competency to administer medicines and ensure they had the necessary skills and understanding. We saw this was recorded in individual staff files.

We looked at PRN [give when required medicines] and variable dosage medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

We saw that the person's medicines were reviewed on a regular basis. Records confirmed this. We saw a routine audit carried out by the manager and a further audit by the quality manager covering storage, stock check for medications and other aspects of medication administration.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw there was a clear line of accountability regarding the reporting of any allegations. These factors helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available and a policy was available for staff to follow.

# Is the service effective?

## Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

We looked in detail at the support for one person. The person's care file included evidence of input by a full range of health care professionals. There was a care plan which showed evidence of the person's involvement. This was noted in areas such as management of finances and involvement regarding end of life decisions.

One person had ongoing care needs involving some challenging behaviour. We saw a positive plan of care involving the input and review from health care professionals. Care notes evidenced regular reviews of care and showed the home had been flexible in working with professionals.

We saw that each person had a 'health action plan' and this detailed specific medical needs as well as detailing routines and preference around healthy living. One person had a specific on-going needs regarding compliance with medication. We spoke with a relative on the inspection who told us the home had been very effective in working with the person involved and liaising with the Community Mental Health Team to make sure the person was supported. This had been a big improvement in the care.

People we spoke with, a relative and a health care professional told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The manager supplied a copy of a staff training calendar and records for training planned and we looked at records of staff training for two staff members. We saw training had been carried out for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

We were told about specific training regarding working with people with special communication needs who had background mental health needs. We saw that in one example health professionals had been encouraged to visit the home and provided some additional training in a specific mental health condition. Staff were able to tell us about this and how the learning had been applied to the person concerned.

The induction package for new staff was based around the new 'Care Certificate' and we saw that new staff were signed up to this from April 2015. The senior manager told us that many staff had a qualification in care such as QCF (Qualifications and Certificates Framework) and this was confirmed by staff we spoke with, all of whom had a qualification.

Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions and staff meetings. Staff were able to provide feedback and any issues were discussed at supervision or raised at staff meetings. Staff reported they were asked their opinions and felt the manager acted on feedback they gave and this helped them feel acknowledged and supported.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. The manager we spoke with was able to discuss examples where people had been supported and included to make key decisions regarding their care. There was a good understanding of the use of standard mental capacity assessments for specific decisions when needed.

Staff had applied for one person to be supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the application to the local authority was being monitored by the manager of the home.

People said they were happy with the food choices. We saw food being prepared by staff. One person told us they could choose what they wanted to eat and they were supported by staff in these choices. Times of meals were flexible and fitted in with peoples routines.

## Is the service caring?

### Our findings

People who lived at the home said they were well cared for. One person said, "The staff here are good, I get on with all of them." A relative commented, "It's a good home. [Relative] is getting well looked after. Staff give [relative] space and are really getting to know their needs."

We made short observations of staff interacting with people during our inspection. Staff showed a caring nature with appropriate interventions to support people and maintain rapport. These interactions showed good interpersonal skills and understanding. We saw that staff had time to spend with people and engaged with them in a positive manner. Staff were engaged with people making plans for the evening and next day.

People living at the home and their relatives told us they felt they were listened to and staff acted on their views and opinions. A relative said, "There is good communication - we feel involved in all aspects of [persons] welfare." We saw some entries made in care records indicating a level of involvement by people regarding their care.

With regards to privacy we saw that each person had their own bedroom. These were personalised with people's effects and belongings.

Staff told us about the availability of advocacy services for people if required. We saw that one person living in the home had an advocate involved and this had been on-going to provide support around various decisions including finances.

## Is the service responsive?

### Our findings

Staff told us people's choice and independence was very important and we saw people were involved in discussions about what activities they would like to do. We spoke with one person who told us about plans being discussed for a holiday. They were clear about staff support for this and how it might be arranged. The same person told us about how staff encouraged an active social life and the person felt free to participate in activity outside the home. This helped ensure that the person was not feeling isolated and was taking part in a range of social activities of their choice and to meet their needs.

Each person had a care plan. This had been devised with the person concerned as much as possible. We saw the care plans were individualised around people's care needs including known risks. Staff told us that there were 'care reviews' held six monthly. We saw one of these which had been held in November 2015. All staff had attended and the review had been signed off by the person concerned. We also saw that individual assessments, such as the medication risk assessment had been signed by the person concerned showing they had been consulted and involved.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw an easy read complaints procedure was included in the information in people's bedrooms. One person told us, "I know who to speak to if I've got any problems." There had been no complaints recorded in the last year.

## Is the service well-led?

### Our findings

There was a registered manager in post. There was a clear management structure with the registered manager being supported by a senior management team including a 'service manager', who we met at the inspection, and the service director.

Staff told us the home manager was available to the staff team at the home to guide and advise them, and to monitor their work with people living at the home. Staff we spoke with told us the home manager provides good day to day support and was approachable.

We saw some audits and checks completed by the home manager who reported and liaised with the service manager to discuss any issues. Staff showed us the rota for the 24 hour on-call system in place. It showed that if the home manager was not at work or available there was a senior manager always available to support the staff team.

A process was in place to seek the views of people who stayed at the home and their families. Part of this included a yearly 'development day' [can run over a number of days]. We were told there is input over these days from people who use the service and feedback is collated from this input. We were also told that the views of people were sought via regular daily interaction and formal reviews of care and we saw some of these.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager we spoke with was able to evidence a series of quality assurance processes and audits carried out both internally and by senior managers. Following the inspection we sent the most recent audit carried out by the service manager and was called the 'Quality Service Audit'. The audit covered aspects of the running of the home including health and safety issues, quality of care, records and included a lot of reference as to whether people living at the home had had input into these processes. The audit also included a note of interviews with people living at the home and any issues raised. The audit included recommendations for improvement.

We discussed the requirement for specific incidents to be notified to us (Care Quality Commission [CQC]). The manager we spoke with was aware of these, including the need for a notification regarding the Deprivation of Liberty Authorisation once processed.

Overall, through these processes we found monitoring had been effective in identifying issues and addressing any service development needed.