Community Care Options

1-3 The Courtyard, Unit 24

Inspection report

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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

The inspection took place on 06 June 2017 and was announced. We gave the provider 24 hours' notice. This was because we wanted to ensure that there would be someone in the office to facilitate the inspection and some people who used the service available to speak with us. The service had changed location since the last inspection so had not yet been rated at this location.

The service has an office in Bolton and provides personal and nursing care to people who have complex care needs. The service supports six people living in a supported tenancy house. In addition, care is provided to people living in their own homes via an outreach placement.

The service had a registered manager in place. 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 recruitment system was robust and helped ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service.

Safeguarding issues were recorded and reported appropriately. Staff undertook regular training in safeguarding and demonstrated a good understanding of how to recognise, record and report any concerns.

Accidents and incidents were recorded appropriately and general and individual risk assessments were in place and reviewed regularly. Health and safety records were complete and up to date and medicines were managed safely at the service.

There was a thorough induction programme and a training programme was on-going to help keep staff skills and knowledge up to date. Staff demonstrated a good understanding of their roles and responsibilities.

Care files included relevant assessments and evidenced good communication between the service and other agencies.

The service were working within the legal requirements of the Mental Capacity Act (2005). Staff had an understanding of the principles of the MCA.

We observed staff at the supported living service and saw that they interacted in a kind and friendly manner. People who received care in the community told us they were treated with the same respect and courtesy.

There was a service user involvement policy and procedure. Many of the documents included in people's

care files were produced in easy read format to make them more accessible to people who used the service.

Care plans were person-centred and included a range of health and personal information. People's preferences, likes, dislikes and interests, goals and aspirations were documented.

People were supported to access a range of work, college and social activities. The service had an appropriate, up to date complaints policy and complaints were followed up as required.

People told us the management at the service were always approachable and supportive. Staff supervisions and appraisals were undertaken on a regular basis.

There were a number of regular audits undertaken at the service and the results were analysed to help drive continual improvement in care delivery.

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.

The recruitment system was robust and helped ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service.

Safeguarding issues were recorded and reported appropriately. Staff undertook regular training in safeguarding and demonstrated a good understanding of how to recognise, record and report any concerns.

Accidents and incidents were recorded appropriately and general and individual risk assessments were in place and reviewed regularly. Health and safety records were complete and up to date and medicines were managed safely at the service.

Is the service effective?

Good

The service was effective.

There was a thorough induction programme at the service. A training programme was on-going to help keep staff skills and knowledge up to date.

Care files included relevant assessments and evidenced good communication between the service and other agencies.

The service were working within the legal requirements of the Mental Capacity Act (2005). Staff had an understanding of the principles of the MCA.

Is the service caring?

Good

The service was caring.

We observed staff at the supported living service and saw that they interacted in a kind and friendly manner. People who received care in the community told us they were treated with the same respect and courtesy.

There was a service user involvement policy and procedure. Many of the documents included in people's care files were produced in easy read format to make them more accessible to people who used the service.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and included a range of health and personal information. People's preferences, likes, dislikes and interests, goals and aspirations were documented.

People were supported to access a range of work, college and social activities.

The service had an appropriate, up to date complaints policy and complaints were followed up as required.

Is the service well-led?

Good

The service was well-led.

People told us the management at the service were always approachable and supportive. Staff supervisions and appraisals were undertaken on a regular basis.

There were a number of regular audits undertaken at the service and the results were analysed to help drive continual improvement in care delivery.

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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.

The inspection took place on 06 June 2017 and was announced. We gave the provider 24 hours' notice because we wanted to be sure that someone would be in the office to facilitate the inspection and some people who used the service would be available to talk to us.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the service and notifications we had received from the service. We also contacted the local authority commissioners of the service and the local authority safeguarding team.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service and any improvements they are planning to make.

During the inspection we spoke with the registered manager, three members of support staff and three people who used the service. We contacted other people who used the service by telephone, following the inspection. We also contacted four health and social care professionals. We spent time at the office and looked at three staff files, training records, meeting minutes and audits. We attended the supported living property and looked at three care files and staff supervision notes.

Good

Is the service safe?

Our findings

One health professional we contacted told us the service supported an individual known to them and said, "In respect of this individual they have a number of very experienced staff who are well known to the individual and who he trusts to enter the individual's home. They will quickly share any concerns with the general manager of the service who in turn will notify ourselves if appropriate. This individual can at times be agitated and/or verbally aggressive and carers may respond to this by terminating the visit and notifying their manager thus leaving the individual to calm down before they or a colleague return on the next scheduled visit".

We looked at three staff files and saw that recruitment was robust. Each file included an application form, copy of interview questions, proof of identity and right to work if required, two references and a Disclosure and Barring Service (DBS) check. This helped the service ensure people were suitable to work with vulnerable people.

The service had an appropriate safeguarding vulnerable adults policy and we saw that this had been reviewed recently and was up to date. There was a safeguarding file which included information about allegations, investigations, interviews and outcomes. Safeguarding issues had been reported to the correct agencies and investigated thoroughly, with clear outcomes recorded. We spoke with three care staff who all demonstrated an understanding of safeguarding issues and reporting mechanisms. They were also aware of the whistle blowing procedures and were confident to report any poor practice they may witness. The policies and guidance were readily available to staff and they were encouraged to read policies regularly to become familiar with them. Training records evidenced regular safeguarding refresher training for all staff.

Individual risk assessments were kept within each person's care file. We saw that work had been done with individuals to try to reduce risks and minimise the instance of incidents. Any accidents or falls were recorded, reported and followed up appropriately.

Health and safety records were complete and up to date and we saw that all staff had completed fire training. Health and safety audits were regularly undertaken to ensure all was in place and safe. Some of these audits were carried out in conjunction with the housing association, who were the landlords for the supported tenancy, and others by the service. There were two monthly health and safety meetings undertaken and any relevant issues were discussed at these meetings.

We looked at staffing levels at the supported living service and saw they were sufficient to meet the needs of the people who used the service. Staff we spoke with told us there were usually enough staff to facilitate activities and support people in their daily lives. They said staff were generally willing to cover for sickness and annual leave and there were bank staff who were familiar with the people who used the service and could be called on if required.

Staff had undertaken training in infection control and there was guidance available to them. Staff were supplied with personal protective equipment (PPE), such as plastic gloves and aprons, when required.

There were policies and systems in place within the service to help ensure safe ordering, disposing and administration of medication. There was a policy on homely remedies and one relating to controlled drugs, which are some prescription medicines subject to control under Misuse of Drugs legislation.

There were appropriate, up to date policies and procedures in place around medication systems. Each individual within the supported tenancy had their own medicines in their flats, stored in a locked cupboard. Those who were able to self-medicate and wished to do so had a risk assessment in place. Medicines training was given to all staff and those we spoke with told us support from the management was on hand for any concerns or in the event of a medicines error. Internal medicines audits were regularly undertaken to help ensure medicines systems continued to be robust.

Good

Is the service effective?

Our findings

People who used the service that we spoke with told us staff supported them well. One person said, "I have used the service a long time. The staff are always on time and stay as long as I need them".

We saw induction records for new staff and the registered manager explained that their new induction programme had been designed to mirror the new Care Certificate. This required staff to undertake a range of relevant mandatory training and reading and to complete a question and answer sheet to help ensure they had understood the training.

Training was on-going for all staff and this included regular refreshers of the mandatory training as well as other courses which may be relevant to their roles. This could be around a particular medical condition, managing behaviours that challenge the service or other appropriate subject matter. Staff we spoke with told us there were plentiful opportunities for training and development and they were encouraged to access these opportunities. We saw that training methods had been reviewed in response to a staff survey on learning styles and a variety of methods were now being used, including face to face teaching, on line learning and reading, to try to suit all staff.

We looked at three care files and saw that initial assessments had been undertaken, outlining people's health and social care requirements, to ensure the service could meet their needs. The care plans we looked at included information about other agencies involved with an individual and we saw evidence of good communication between the service and other agencies. For example, one individual had speech and language therapy (SALT) involved with their care and treatment. Staff from the service had liaised with the SALT team in order to ensure the person had joined up care and we could see evidence of this within their care file. If people who used the service had particular dietary requirements or needed their food and fluid intake and/or weight to be monitored, there were mechanisms in place for this to be done.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. There was clear evidence that all decisions made on behalf of people who used the service had been discussed and agreed via best interests decision making processes. Every effort was made to ensure people had an understanding of the decisions to be made and their views were listened to and taken into consideration.

During our observations we saw that people were asked for verbal consent for any care interventions given. Within people's files we saw that people who used the service, where possible, had signed agreements for issues such as medicines administration or for staff to hold keys to their flats. There was clear evidence within the files if people were represented by family or another advocate.

The service worked with CITRUS (Positive Behaviour Support Training), which helped staff understand how to deal with people whose behaviour challenged the service and to use the least restrictive practices in each case.

Good

Is the service caring?

Our findings

We spoke with people who used the service. One person told us, "I love it here. Staff do enough for me and I thank all the staff for what they do for me". Another said, "Staff are all nice. I have made friends here".

A health professional we contacted said, "This [caring] is evidenced by the genuine personal interest the general manager [name] takes in the welfare of [person] and by the direct carers who at times work beyond their allocated hours in the interests of this individual".

Each member of staff was required to sign a confidentiality statement on commencement of employment. Confidentiality was taken seriously and staff were aware of the company's policy and the need to follow the requirements.

We observed staff at the supported living service and saw that they interacted in a kind and friendly manner. Staff were respectful of people's dignity and privacy and did not enter people's flats until invited in. People who received care in the community were also treated with the same respect and courtesy.

There was a statement of purpose in place which outlined the aims of the service, how that service would be delivered and the roles of the staff and managers. There was information about services offered, activities, meeting spiritual needs, user and family involvement and provision of privacy and dignity. The complaints procedure and contact numbers were included. The registered manager told us they had changed the mission statement recently so that it would be more inclusive of what the people who used the service wanted.

We saw the new mission statement, which clearly set out who the service was aimed at, how services would be provided, and the aims. The wishes of people who used the service had been compiled from consultation, surveys, compliments and complaints and was produced in easy read format to ensure as many people as possible would be able to access the statement.

There was also a service user guide which was produced in easy read format. This detailed the outreach service, help with life planning and setting goals and person-centred planning and the key worker system. People who used the service were invited to quarterly meetings and could be involved in recruitment, health and safety and reviewing policies if they wished to.

The service had a service user involvement policy and procedure. Many of the documents included in people's care files were produced in easy read format. This helped include people in their care planning and review and we saw evidence that people were involved in this process.

We saw minutes of recent staff and tenants' meetings. People we spoke with told us they attended tenants' meetings and found them useful. Minutes of all meetings were produced in a format that was easy for people to understand and people who used the service were able to read them if they wanted to.

People who used the service had expressed a wish to speak with other people and staff via social media. A 'WhatsApp' group had been set up so that they could do this safely. This helped communication between staff and people who used the service to be relevant, but remain within certain boundaries for everyone's safety and comfort.

Good

Is the service responsive?

Our findings

One person we spoke with told us they thoroughly enjoyed activities and trips out. They said, "I have been to a Liverpool Beatles day, Bolton music festival and am going to Emmerdale soon." Another told us, "I don't always want to join in, but they [staff] took me out yesterday and I had a good time".

There were a number of activities which people who used the service were supported to attend and participate in. Some people were encouraged and supported with jobs or college and many enjoyed practical courses, such as woodwork, supported by the staff. Other activities included people attending a local gym, being involved in a horticultural project, cooking and devising and hosting music events. An information day had been held to let people know what activities were available locally.

On the day of the inspection many of the people who used the service were looking forward to attending one of their regular social gatherings in the evening. A health professional told us, "I would like to mention the monthly social night held by COMCO as they are known locally. This takes place at a social club where not only individuals supported by COMCO are made welcome but anyone who wishes to attend from the local area which makes this unique as a social activity supported and funded by one care provider. The club provides a valued social activity for many of my clients, most of whom have no other links with COMCO but are always made welcome".

The registered manager told us that a room had been supplied by the service where people could do activities, enjoy a cup of coffee and socialise with friends at no cost. This was in response to families who had stated that there was a need for free activities and somewhere safe and warm for people to go in poor weather. New activities were added continually as people made particular requests. For example, a football group and a music group had been added recently.

We looked at three care files and saw there was a range of health and social information. People's significant relationships, hopes and wishes for the future, likes and dislikes, support needs and interests were recorded and followed up. We saw that there was guidance for staff around 'dos' and 'don'ts' for each individual to try to ensure they were supported as they would wish to be. People's spiritual needs and wishes were also documented and people were supported to maintain their spiritual activities. People's communication needs were outlined within their records and staff were well informed about how to communicate effectively with each individual. Care plans and risk assessments were reviewed and updated on a regular basis to ensure people's support remained appropriate.

The service had used consultation processes to look at how support in the community would work best. Surveys for staff and people who used the service had been undertaken and issues identified addressed. Results of the consultations were incorporated into the service's business plan, which was produced in easy read format to be as inclusive as possible.

The complaints procedure was outlined within the service user guide. People we spoke with were aware of how to complain and we saw that complaints were dealt with appropriately. A number of compliments had

been received by the service via thank you cards, e mails and verbal feedback. Complaints and compliments were logged and analysed to look for trends and patterns so that these could be addressed.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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 who used the service felt the management were approachable and helpful. We asked staff if they were well supported. One staff member we spoke with told us, "You can ring for support any time and there are on call arrangements at weekends. You can get support for practical training if you feel you need it and can ask for extra training courses". Another told us, "There is always support from management. Any problems you go straight to them and they are really helpful". A third staff member commented, "I have always found the management really good. The registered manager is really approachable and there is on call to support you as well".

A health professional told us, "I have known [registered manager] for many years and have always found him courteous and responsive to requests and enquiries. He is very positive about his organisation and always appears to have an awareness of changing trends around the support of individuals with a learning disability and looks to explore how his service can adapt to meet with those trends. He is well regarded by the staff members I have spoken with and is particularly well known and liked by [person]. [Registered manager] is realistic about the service that can be provided within the budget commissioned and demonstrates an expectation that his staff will represent his organisation in the way that he does himself".

Staff had supervision sessions regularly throughout the year and we saw records of these meetings, evidencing discussions around staff issues, recording and reporting, training and skills. Staff consultation had resulted in the service being more creative about how communication with staff was undertaken, using alternative methods in addition to face to face meetings to be inclusive of all staff. All support workers had been given an appraisal in the last year to look at their progress, training and development needs and any concerns or issues raised.

An annual report was produced which documented all areas of service delivery. We saw records of a number of regular audits and checks for subjects such as staff sickness, health and safety, complaints and compliments, accidents and incidents, medicines, care plans, activities and consultation with staff, people who used the service and families. The annual report documented the results of the audits, analysis of the results and actions to address any issues or concerns found. There was a summary of service user involvement within the report and service objectives for the next year were outlined.

Regular meetings were held throughout the year, including governance meetings, health and safety, team meetings, tenants meetings, service user meetings with managers and trustees meetings. All policies and procedures were reviewed and updated on an annual basis and we saw evidence that this had been done.

Surveys and questionnaires had been used throughout the year to gain feedback. These had proved

unpopular with people who used the service and their families and the service had responded to this by looking at replacing these surveys with face to face consultation. This demonstrated a commitment to listening to people and responding.

The service had achieved the Investors in People bronze award which provides a best practice people management standard. They were members of In Control, an organisation promoting the personalisation agenda. The registered manager and nurse practitioner endeavoured to keep up with all current good practice guidance and the nurse practitioner attended the Positive Behavioural Support Network and the North West Learning Disability Nurse Peer Group.

Notifications had been submitted to CQC as required for issues such as allegations of abuse, serious injuries and deaths.