

The Disabilities Trust

Wirral & Liverpool Community Services

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

This announced inspection was carried out on 11 and 12 December 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This is because we needed to make sure that someone would be available to assist us with our inspection.

Wirral & Liverpool Community Services is a domiciliary care service run by The Disabilities Trust. The service is registered to provide personal care to adults within their own homes. The service offers support to older people and people with learning disabilities, sensory impairments and physical disabilities, including acquired brain injuries.

The service's office is based at Redford Court, a care home specialising in the rehabilitation, support and care for people who have an acquired a brain injury. Redford Court is run by the Brain Injury Rehabilitation Trust (BIRT), a division of The Disabilities Trust.

This was our first inspection of the service since it registered with CQC in November 2017. At the time of our inspection the service was providing support to 47 people and employed 82 staff.

The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had systems in place to protect people from abuse and staff were able to explain what actions they would take in the event of a person being at risk of harm.

Staff were safely recruited and were supported with an induction process. This ensured that the staff the service recruited were safe, suitable and competent to work with vulnerable people.

Medication was correctly administered and recorded by staff who had appropriate training and experience. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. The people we spoke with told us that they received their medication correctly and when they needed it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Overall, staff were up-to-date with their training and there was a clear system to document, monitor and plan staff training. We saw that all staff had received training relevant to their roles and new staff were appropriately inducted into their roles.

People were supported to plan, buy and prepare the food and drink they wanted. One person said, "I like to cook my own meals, the staff help me to do this, they're all really good."

We saw that staff had developed well-established, caring and positive relationships with the people they supported. We observed many caring interactions between people and the staff when we visited them. One relative said, "There's a lovely atmosphere at [relative's home], the staff are all friendly and caring, they have a chat, have a cup of tea and have a laugh with [relative]."

We found numerous examples of staff supporting people to live as independently as possible and make their own choices. Examples of this included people being supported to complete day-to-day tasks such as cooking, cleaning and shopping.

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs. One relative said, "The staff treat people as individuals. [Relative] is happy there, he relates to the staff and he's settled living there."

People's care plans gave staff clear information on how to support people with any communication needs.

We saw that staff supported and encouraged people to enjoy activities, hobbies and interests that were important to them.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This means that the people supported by the service who live with learning disabilities and autism could live as ordinary a life as any citizen.

Staff told us they felt well supported by the registered manager and were confident in their knowledge and abilities.

There were effective systems in place to monitor and assess the quality and safety of the service being provided. Staff also had access to a range or regularly reviewed policies to help guide and support them.

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.

There were systems in place to protect people from abuse.

Staff were safely recruited.

People were safely supported to take their medication by trained staff.

Is the service effective?

Good ●

The service was effective.

Overall, staff were up-to-date with their training and there was a clear system to document, monitor and plan staff training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to plan, buy and prepare the food and drink they wanted.

Is the service caring?

Good ●

The service was caring.

We saw that staff had developed well-established, caring and positive relationships with the people they supported.

Staff supported people to live as independently as possible and make their own choices.

Staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and gave staff the information they needed to safely and effectively meet people's

needs.

Staff supported people with any specific communication needs they had.

Complaints were appropriately recorded and responded to in a timely manner.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and assess the quality and safety of the service being provided.

Staff told us they felt well supported by the registered manager and were confident in their knowledge and abilities.

The registered provider had up-to-date policies and procedures in place to support and guide staff.

Good ●

Wirral & Liverpool Community Services

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 was 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 announced inspection was carried out on 11 and 12 December 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This was because we needed to make sure that someone would be available to assist us with our inspection. At the time of our inspection the service provided personal care to 47 people living in their own homes and employed 82 staff.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the relevant local authorities to gather their feedback about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with and observed the support of nine people; this included meeting people at their homes and speaking with them by telephone. We spoke with three people's relatives. We also spoke with 11 members of staff who held different roles within the service. This included the registered manager, team leaders and carers.

We looked at a range of documentation both at the service's office and in people's homes including six people's care records, medication records, four staff recruitment files, staff training records, accident and incident report records, safeguarding and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe being supported by the service. People commented, "Yes, I'm safe here" and "I feel safe, I like it here." One relative told us, "Safe, oh yes absolutely. [Relative] is very happy there."

The service had systems in place to protect people from abuse and staff were able to explain what actions they would take in the event of a person being at risk of harm. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Records showed that safeguarding concerns were promptly and effectively managed by the registered manager. The service had also notified CQC of any safeguarding concerns as is required.

We looked at four staff files and records showed that full recruitment and checking processes had been carried out when staff were recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) checks, were carried out. Official identification, such as a passport or driving licence, and two verified references from the most recent employers were also kept in staff files. These steps helped ensure that the staff the service recruited were safe, suitable and competent to work with vulnerable people. We also saw evidence that there was a disciplinary policy in place to guide staff when necessary.

Medication was correctly administered and recorded by staff who had appropriate training and experience. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. The people we spoke with told us that they received their medication correctly and when they needed it. We saw that the service had systems in place, such as competency checks and medication audits, to ensure that medication administration continued to be safe and accurate.

We reviewed people's care plans and found there were personalised risk assessments in place and that these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, supporting people to prepare their own meals and drinks. This meant that staff had the information they needed to safely manage the risks associated with supporting people to live as safely and independently as possible.

People's care plans included emergency contact details for relatives, GP and other healthcare professionals and staff were familiar with them. We also saw that there were plans in place to help keep people safe in the event of an emergency. For example, we saw that people's care plans included personal emergency evacuation plans (PEEPs) which gave staff information about what support people needed to evacuate their home in an emergency.

People and their relatives told us that most of the time they received support from the same staff. The registered manager explained that the service employed 11 bank staff so that some service continuity could be maintained when shifts needed to be covered.

The service had robust accident and incident recording processes in place. The electronic records we

reviewed were well-maintained and up-to-date. Accidents and incidents were carefully monitored by the registered manager who was supported by other staff employed by the registered provider. This enabled the registered manager to safely identify and manage any trends and ensured that risks were being safely managed.

Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary. This meant that staff and people were protected from the risk of infection being spread.

Is the service effective?

Our findings

People's needs were effectively assessed before they were supported by the service. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and were included within the care plans. Such as age, disability and religion. People and their relatives were involved in the assessment and planning process, as much as possible, and these showed that staff were able to effectively meet people's needs.

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 to receive care and treatment with appropriate legal authority. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order. We found the service was working within the principles of the MCA and it had taken appropriate action with the local authority in order to meet its legal obligations relating to the deprivation of people's liberty under the MCA.

Overall, staff were up-to-date with their training and there was a clear system to document, monitor and plan staff training. We saw that all staff had received training relevant to their roles. Training at the service covered a variety of topics, such as safeguarding vulnerable adults, medication, health and safety, moving and handling and mental capacity. We also saw that staff received additional training to help them to effectively meet the specific needs of the people they supported. Examples included, autism awareness, epilepsy, brain injury awareness and managing behaviours that challenge.

We saw that new staff were supported with an internal induction process which was mapped to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff completed a six-month probation during which time they regularly met with their line manager until they were signed-off as a competent permanent member of staff. This also included office-based training, e-learning and completing shadow shifts.

Staff told us that it had been challenging for them whilst the service was in the process of recruiting a new registered manager. However, since the registered manager had started earlier this year they felt well-supported in their roles and they received regular and helpful supervision and appraisal from senior staff. We saw records which supported this.

People were supported to plan, buy and prepare the food and drink they wanted. Care plans clearly outlined the amount of support a person required in this area, along with any preferences and specific dietary needs. One person said, "I like to cook my own meals, the staff help me to do this, they're all really good."

We saw that people were supported to regularly access health care to manage their health needs. Staff helped people to remember when they had appointments and, where necessary, attended appointments with them to support them. The staff we spoke with were knowledgeable about people's health needs and how to help maintain their health and wellbeing.

We saw that people had been supported to personalise their rooms with their own pictures, items that were important to them and furniture. One person we met was very happy and proud to show us their bedroom, which had been decorated to reflect their hobbies and interests. All people's homes that we visited were well-maintained, homely and decorated to a high standard.

Is the service caring?

Our findings

We saw that staff had developed well-established, caring and positive relationships with the people they supported. We observed many caring interactions between people and the staff when we visited them. In one instance we saw all the people who lived at one place enjoying a laugh and joke with the staff. One person commented, "I know the staff, they're all good, they're very caring and friendly". One relative said, "There's a lovely atmosphere at [relative's home], the staff are all friendly and caring, they have a chat, have a cup of tea and have a laugh with [relative]."

We saw a good example of a positive and caring relationship involving a person who often got their words muddled or used incorrect words to refer to things. We found that the staff who supported this person were very knowledgeable about these communication challenges. Over time staff had been able to determine what the person was referring to when they used certain incorrect words and staff were able to share this information with us to help facilitate our communication with them.

People and their relatives told us that they felt the staff knew the people they were supporting and how best to meet their needs. One person said, "I get on well with the staff, they know how to help me, I like it here."

We found numerous examples of staff supporting people to live as independently as possible and make their own choices. Examples of this included people being supported to complete day-to-day tasks such as cooking, cleaning and shopping. People commented, "I can cook my own food. I like going to the shop to pick what I want to eat and the staff help me" and "The staff helped me to choose how to [decorate] my home."

Staff respected people's privacy. People were able to spend their time as they chose to, such as having some time alone in their room if they wished. One relative commented, "The staff help [relative] to have a good mix of independence and privacy, [relative] can shut his door if he wants to be on his own and staff support him when he needs them."

All staff had received training on equality and diversity. We saw from people's care plans and the staff we spoke with that the service treated people as individuals with individual needs, goals and aspirations. This included considering people's personal histories and any religious and cultural preferences.

Staff supported people to access and make use of advocacy services as and when this was required.

We found that people's confidential information, such as care plans, was stored securely so only people who required access could do so.

Is the service responsive?

Our findings

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs. One relative said, "The staff treat people as individuals. [Relative] is happy there, he relates to the staff and he's settled living there."

People's care plans provided information about what was important to them, such as family and important relationships, preferred routines, hobbies and interests and religious and cultural preferences, along with guidance on how to support people with these preferences. This ensured that staff had some of the information needed to get to know people and clear guidance on how to support them.

We saw that people's care plans were regularly reviewed to ensure the information they contained was accurate and up-to-date. People and their relatives told us that the service had involved them in the care planning and review process. One relative commented, "The staff have always involved and supported us with any of [relative's] care plan reviews."

We also saw that people's care plans focused on supporting people to achieve any goals or outcomes people hoped to achieve. This included a document called 'My Goal and Aspiration Plan', which set out the person's life story, details of the last care plan review and their day-to-day and longer-term goals.

People's care plans gave staff clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This included ensuring any such aids were regularly tested and checked to make sure they were working properly. We also saw that staff were aware of and had made specific adjustments to help meet people's communication needs, such as making use of pictorial aids to help people to communicate. This meant the service was acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We saw that staff supported and encouraged people to enjoy activities, hobbies and interests that were important to them. Examples of this included various sports, going out for meals, going to the cinema and shopping. We also saw that staff had supported one person to take part in regular work at a local charity shop.

The service had a complaints policy and procedure in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. People we spoke with told us they have never had any need to make a complaint and if they were unhappy with something they would feel comfortable speaking with the staff. One relative told us they had once raised a concern. They told us they felt listened to and the issue was satisfactorily resolved.

Is the service well-led?

Our findings

The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the registered manager was open, transparent and positively engaged with us during our inspection. The registered manager had been in post for around six months and we found them to be very knowledgeable about the people the service support and its staff.

All the staff we spoke with gave us positive feedback about the registered manager. Staff told us that the registered manager was always responsive and staff had confidence in their knowledge and abilities. Staff were also well-supported with regular team meetings, which helped to share information such as policy updates or changes to people's needs.

There were clear lines of accountability at the service. The registered manager had good and regular oversight of the different locations where people lived. This was important and a potential challenge as the geographical areas in which the service operates is quite large. We also noted that the registered manager was well-supported by experienced and knowledgeable team leaders.

There was a positive and caring culture amongst all the staff we spoke with during our inspection. Staff recognised the importance of supporting people to live and enjoy life as independently as possible.

The service had processes in place to gather feedback from the people supported about the quality of care and support being provided. This included monthly 'tenants' meetings' which gave people the opportunity to discuss any issues they had with their home or the support they received along with ideas about activities people may wish to take part in.

The service had various systems in place to monitor and assess the quality of the service being provided. For example, team leaders with the support of a carer carried out a monthly health and wellbeing audit for each person supported by the service. This reviewed various aspect of the care and support being provided to ensure people's needs were being safely and effectively met. We also saw that the registered manager was supported by staff based at the registered provider's head office. They helped to ensure that other information and records were well maintained and kept up-to-date, such as staff training, along with specialist or intensive service reviews.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and

inclusion. This means that the people supported by the service who live with learning disabilities and autism could live as ordinary a life as any citizen.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. We saw that the service had notified the CQC of all significant events which had occurred in line with their legal obligations.

Registered providers are required to display their most recent CQC rating both at their premises and on their website, if they have one. This should be done within 21 days of the final inspection report being published on the CQC website. This was the service's first inspection since registering with CQC so it did not have a rating to display. However, we expect the rating awarded in this final report to be displayed within the timescale detailed above.