

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

North West Community Services (GM) Limited

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Date of Inspection: 20 August 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	North West Community Services (Greater Manchester) Limited
Registered Manager	Mrs. Delia Murphy
Overview of the service	North West Community Services provides support and care to people with a learning disability, physical disability and or mental health difficulties in their own home.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

The people who used the service said they were happy with the support they received. People described the staff as 'great' and 'friendly'. One person told us, "The staff are good, we go out to lots of places." Another person told us, "The staff take me out every day" and "I can speak to the staff about anything, they are lovely."

Relatives of the people who used the service said they were very happy with the care provided. One person said, "The staff are very kind and professional, they are very good staff, and very patient." Another relative told us, "The staff are very good indeed. My relative receives care from a small team of staff and there is very little change. My relative does not like change so this situation is very good."

Staff were trained on how to safeguard people from abuse and harm when they were first employed and this was part of the on-going training programme.

The people who used the service appeared comfortable in the company of staff. They described the staff as 'lovely' and 'really good'. One person said, "The staff are great, you can have a laugh with them." Another person told us, "The staff are always nice." Relatives of the people who used the service had no concerns to raise about their relative's safety and welfare.

Quality assurance systems had been developed to regularly assess and monitor the quality of the service provided. The systems were focused on the needs of the people who used the service. These quality assurance systems ensured the people who used the service benefited from safe quality care and treatment that was based on effective management.

One of the relatives we spoke with said the service was flexible and took account of their changing circumstances which they said was very useful.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff supported people to make decisions for themselves so they could maintain their own independence. The people who used the service said the staff spoke with them every day about what they wanted to do and the choices available to them.

A relative of one of the people who used the service told us the staff were always talking to their relative and telling them what was happening. They told us, "The support worker talks to my relative a lot. They always explain what they are doing and check he is ok. They are always laughing together."

The manager explained that usually parents and carers made significant decisions about people's care. However, for people who received 24 hour support, they were aware that independent advocates could be used and 'best interest' meetings could be held to ensure people's rights were protected and promoted.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection we did not look at the records kept about the care people received as these were looked at in detail during the last two inspections. At these inspections, no concerns were raised about the standard of record keeping. At this inspection we spent more time speaking with the people who used the service, and some of their relatives, about the care and support provided.

We met with a number of people who used the service about the care and support they received. Some chose to have their support worker present during the meeting. The people who used the service said they were happy with the support they received. People appeared comfortable in the company of staff and during the meeting and staff offered support as necessary to answer any questions. People described the staff as 'great' and 'friendly'. One person told us, "The staff are good, we go out to lots of places." Another person told us, "The staff take me out every day" and "I can speak to the staff about anything, they are lovely."

Relatives of the people who used the service said they were very happy with the care provided. One person said, "The staff are very kind and professional, they are very good staff, and very patient." Another relative told us, "The staff are very good indeed. My relative receives care from a small team of staff and there is very little change. My relative does not like change so this situation is very good."

We spoke with a number of staff about the support they provided. They were aware of people's care needs and had completed training on how to support people with their communication. They knew they had a responsibility to keep people safe from harm and had also completed training on how to understand and support people with a learning disability.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people who used the service appeared comfortable in the company of staff. They described the staff as 'lovely' and 'really good'. One person said, "The staff are great, you can have a laugh with them." Another person told us, "The staff are always nice."

Relatives of the people who used the service had no concerns to raise about their relative's safety and welfare. One person said, "The staff are very affable." Another person told us, "I have no concerns about my relative's safety at all."

The manager explained clearly the actions she would take if an allegation of abuse was made. A safeguarding procedure was in place to ensure any allegations were managed correctly. Staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which further ensured people were protected from abuse and harm.

Staff were trained on how to safeguard people from abuse and harm when they were first employed and this was part of the on-going training programme. Staff had a basic understanding of the meaning of whistle blowing which further ensured the people who used the service were protected from harm.

We have been kept informed of any safeguarding issues that have arisen at the agency. The provider had informed relevant agencies of these issues and matters had been investigated appropriately. This meant that the provider had taken steps to protect the people who used the service from further risk of harm and had taken their concerns seriously.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at five staff files. The files were well organised and stored securely to ensure confidentiality. Each file contained two employment references and a criminal record bureau check. An application form, full employment history and medical form had also been completed. This meant the provider had taken steps to ensure suitably qualified and competent staff were employed at the agency.

Some of the people who used the service were involved in the recruitment of staff which reflected the agency's philosophy of 'Enabling and supporting people to live their lives to the full'.

Staff disciplinary procedures were in place which meant the manager had guidance on how to deal with staff who were no longer suitable to work at the agency.

Staff were placed on a probationary period when they were first employed which meant the manager could accurately assess their on-going suitability to continue in their role. Induction training was completed during this time. This meant staff were aware of their responsibilities and knew what was expected of them. This training included amongst other things, health and safety, record keeping, safeguarding people from abuse and care and welfare of the people who used the service. The induction training was competency based and learning logs were completed so staff could demonstrate their on-going development. The induction training included both formal training and 'on the job' training which included shadowing other more experienced staff. Providing a flexible induction training programme like this meant staff learnt about how the agency operated and were being informed of their role and responsibilities.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

Quality assurance systems had been developed to regularly assess and monitor the quality of the service provided. These quality assurance systems ensured the people who used the service benefited from safe quality care and treatment that was based on effective management.

One of the relatives we spoke with said the service is very flexible and took account of her changing circumstances which they said was very useful. Another relative said they were very happy with the service provision.

Staff were monitored and supported in their work and provided with a range of training to ensure they kept up to date with changing care practices and could develop in their role. Disciplinary procedures were in place to manage staffs conduct in the workplace.

The people who used the service were consulted for their views through regular meetings, direct contact with staff, reviews of their care packages and development days. Meetings were also held with people's carers and family so they were informed of developments within the agency.

Regular staff meetings took place to ensure good communication amongst the staff team and to ensure they were informed about developments and changes within the agency.

The agency's board of directors were regularly updated about the day to day running of the agency so they could monitor its on-going progress and development.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

A complaint procedure was available to the people who used the service so they knew what to do if they were unhappy with the standard of care they received. Staff knew to report all complaints to a senior member of staff for investigation. A record of the complaints received by the agency was kept. Information recorded indicated that the complaints had been investigated and the complainant responded to appropriately.

The people who used the service said they would speak with one of the support workers if they wanted to make a complaint. One person told us, "I would speak with my support worker if I wasn't happy." Another person said, "I would just speak with the manager if I wanted to make a complaint. She is very good with things like that. I have spoken with her before and she got things sorted."

Relatives spoken with said they were not aware of the agency's complaint procedure but said they felt comfortable speaking to a senior member of staff if they wanted to discuss a concern. None of the relatives we spoke with had any concerns to raise. One of the relatives we spoke with told us, "I don't know about the formal complaint procedure but I would contact a senior member of staff straight away if I had any worries."

The provider may wish to issue a copy of the complaint procedure to carers so they know how to report a complaint and know how this will be managed. This will ensure complaints are directed to the right department and enable senior staff to monitor accurately the complaints received by the agency.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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