

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

IAS 65 Chorley Road

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Tel: 01617283249

Date of Inspection: 31 October 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Imagine, Act and Succeed
Registered Manager	Ms. Jill Pilkington
Overview of the service	IAS is part of a large organisation that provides support services for adults whose primary need for care is due to their learning disability throughout the North West. Support is provided for people, with varying complexity of needs, who choose to live alone or who share a home with others. IAS 65 Chorley Road provides support to people living in Salford and Trafford
Type of service	Domiciliary care 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 31 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people who used the service who told us staff respected privacy and dignity when supporting them with personal care. One person told us: "They are always nice."

We observed support workers washing their hands before and after assisting people with personal care. We saw support workers had attended training in relation to infection prevention and control which was updated on a regular basis.

We saw there was a training coordinator who provided 'cascade' training to support staff. This training included; abuse, health and safety, food hygiene, first aid, epilepsy, infection control and breakaway techniques.

The support workers we spoke with told us there were regular staff meetings and a system of formal staff supervision. Staff told us the manager was approachable and they would feel comfortable raising any concerns with her.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who used the service who told us staff respected privacy and dignity when supporting them with personal care. One person told us: "They are always nice."

The three people we spoke with told us that they were very happy with the support they received from the service. People told us they were able to make choices about how they spent their days. One person told us: "I can choose to go out" "I can do what I want but I like to stay in my room."

We spoke with three support workers who explained how they maintained people's privacy and dignity when they assisted people with personal care. "I always talk to X and tell them what I am doing." "I always knock and ask if it is okay to do something."

We observed support workers knocking on doors and asking people if they could make a drink or help with the laundry. This showed support staff respected the person, the person's home and their role within it.

We saw a copy of the welcome pack 'first steps to moving into your new home'. This was produced in an easy to read pictorial format. The document contained information about how to make a complaint and the various agencies people could contact if they were unhappy.

We saw copies of minutes for the most recent tenants forum. This demonstrated how people were involved in the day to day decisions about the service they received. We spoke with two people's relatives who told us: "I attend meetings and get involved with reviews." "If there are any problems they contact me they keep me informed."

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

We visited two houses; three people shared the tenancy at one house and two people shared the tenancy at the other house. We saw support hours were allocated on an individual basis and this helped people to take part in local community activities. We spoke with three people who used the service and two relatives who told us: "I sometimes go to X for dinner." "I like to go out to the shops." "I like to go out with X." "X does not sit in they take him out and about." "X goes shopping or to the pub."

We saw support plans were stored in people's homes. We looked at five people's support plans and we saw they included; about me, decision making, keeping safe, diet and nutrition, health action plans, social and personal history of individuals, weekly activities, highlighted likes and dislikes, how best to support me and medication.

The support plans we looked at showed people's needs were assessed before the service began. This made sure the agency was able to provide the right level of support to meet people's needs. Support plans were written with the person and/or their representative and were developed to address a range of social, health and personal care needs. We saw each support plan was written as though the person themselves had written it.

The information in support plans gave support workers information about people's medical history, life experiences and preferences about how they liked to be supported. Where potential risks had been identified, risk assessments had been carried out. We saw that completed risk assessments recorded ways to minimise risk in relation to mobility, falls and manual handling. We saw environmental risk assessments had been carried out to make sure all areas of the home were safe for people.

Daily records were in-depth, concise, signed and dated by support workers. This meant all support staff had up to date information about the people they supported.

We saw support plans were reviewed on a regular basis and updated where changes had been identified. This meant people received support that took account of their changing needs. The relatives we spoke with told us: "I am involved in reviews." "They ask my views about the support X has." "They have regular reviews and keep me informed."

We observed interactions between people who used the service and support workers. We saw staff approached people with respect and maintained people's dignity. Support workers were seen knocking on doors and asking people what they wanted to do. We saw there was a good relationship between people who used the service and the staff who supported them. We spoke with relatives who told us: "X gets on very well with staff." "They are very good with X." "I can't fault them they are all good." "X is lovely very approachable." "X seems happy enough." "They look after X he is always clean and well cared for." "The staff are great."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw support workers had access to personal protective equipment (PPE) such as gloves and aprons. The support workers we spoke with confirmed there were always gloves and aprons available. Comments included: "When we are running low we just place an order, there is a regular order so we just ring." "We always have gloves and aprons."

We observed support workers washing their hands before and after assisting people with personal care. We saw support workers had attended training in relation to infection prevention and control which was updated on a regular basis.

The agency had appropriate policies and procedures relating to infection control and waste management. Where necessary there were systems in place for the safe disposal of clinical waste. This meant the risks of cross infection were minimised.

We saw support workers helped people to keep their homes clean and tidy. We saw evidence the manager carried out infection control audits on a six monthly basis. The results of these were analysed and changes implemented where necessary. This meant there were appropriate systems in place to minimise the risk and spread of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw regular staff meetings were held and minutes were kept. We looked at the minutes of the most recent meetings and saw they covered topics such as; health issues, complaints, safeguarding, service development forums, behaviour and activities.

We spoke with support workers who told us; "The last team meeting was 2 weeks ago." "The managers are very supportive you can speak to them about anything." "We have regular team meetings and meetings with the clients."

We saw there was a training coordinator who provided 'cascade' training to support staff. This training included; abuse, health and safety, food hygiene, first aid, epilepsy, infection control and breakaway techniques.

We saw all new staff underwent an induction programme based on the skills for Care common induction standards. The induction pack was detailed and included; person centred care, medication, moving and handling, health and safety and infection control. The induction included shadowing more experienced support workers and observations by senior staff. We spoke with the relatives of two people who used the service who told us: "When two staff were due to retire the new staff worked alongside them to introduce them to X so he was familiar with them."

We saw evidence that staff supervision and appraisals were taking place and records were stored in staff files to ensure they were confidential. The support workers we spoke with told us; "I had supervision a couple of weeks ago." "We have an annual appraisal it covers any training we think we need." "We have a team meeting every 4 weeks where we can raise any issues." "We can always speak to X if there are any problems." "We have a good support network." "The team leader is always here and we have a manager on call."

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 an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us the agency provided various staff forums for people to discuss their experiences. These included; a tenant's forum, individual forum and a relative's forum. We saw minutes of the tenant's forum which were produced in an easy to read pictorial format. Minutes contained any actions and outcomes from each meeting and how the manager intended to address them. The relatives we spoke with told us: "I am invited to meetings and asked for my views."

The manager carried out a range of audits these included; complaints, accidents and incidents, safeguarding, medication and support plans. We looked at the medication audit and saw where errors or gaps were noted the staff responsible were required to attend additional training. This included an observation of staff administering medication.

We also saw an audit of people's financial records had taken place in each of the homes. The manager told us they spent time in each of the tenancies to observe practice and speak to people who used the service. This meant the manager was able to identify any concerns and raise them with staff.

We saw evidence to show people's support plans were reviewed annually or whenever a person's needs changed. The relatives we spoke with confirmed they were able to attend review meetings and get involved with planning support.

The support workers we spoke with told us there were regular staff meetings and a system of formal staff supervision. Staff told us the manager was approachable and they would feel comfortable raising any concerns with her.

We saw that there were various policies and procedures in place including; whistle-blowing, safeguarding and complaints for them to raise concerns about poor practice. The manager kept a record of complaints that included; detail of the complaint, the investigations and outcomes. We also saw a number of thank you cards from relatives expressing thanks for the care and support their relative received.

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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