Community Integrated Care

119 Little Lane

Inspection report

Little Lane
Wigan
WN3 6GT

Tel: 07738620739

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01 October 2020
05 October 2020
08 October 2020

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20 November 2020

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
119 Little Lane is an extra care housing scheme for older people, comprising of 39 individual flats and some communal areas in one large building. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported five people with personal care.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding people. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People received their medicines in a safe way and systems ensured timely administration of medicines

The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. People's choices were respected and staff supported them to achieve good outcomes.

Staff praised the registered manager, they felt supported and said the registered manager upheld an open-door policy. Relatives told us they would recommend the service and their comments included, "I would recommend them [service] to anyone else. Everyone [staff] that comes in, [person's name] always says they are 10 out of 10. I am happy with them all [staff], they are so gentle [with person] and professional."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 20 June 2019 and this is the first inspection.

Why we inspected
This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to COVID-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

119 Little Lane

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector carried out the inspection.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service. Inspection activity started on 1 October 2020 and we carried out the site visit on 5 October 2020.

What we did before the inspection
We reviewed information we had received about the service since registering with the CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. Staff told us, "When I first started I had to complete an induction booklet which covered everything, and shadowed for three to four weeks. I felt confident after the induction process."

● The provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. The provider used an electronic system to deploy staff and monitor staffing levels on a daily basis. Staff rotas confirmed staffing levels remained consistent.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "It is a very good service, I feel safe. I trust them [staff]." A relative added, "I do think [person's name] is very safe here."

● Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I would bring concerns up to my manager, and record it. Also, I can bring concerns up to regional staff or use the whistle-blowing line."

Using medicines safely

● Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. Relatives told us, "There are no issues with medicines" and "Medicines are provided on time and they are recorded."

● Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Relatives told us, "[Person's name] has really progressed here, lovely home and comfortable. I'm not going home worrying about [person's name]."

● The service had procedures in place to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which provided guidance to staff regarding the level of support that people would require to evacuate from the service.

● Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

Preventing and controlling infection

● People were protected against the risk of infection. The service was visibly clean and posters relating to infection control and prevention in line with the COVID-19 pandemic were on display throughout the building. People told us the service is kept clean and a relative commented, "You can't fault them [service], it's clean."

● Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them. A staff member commented, "There is plenty of PPE, we use gloves, aprons and masks with everyone, and have face shields too."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. People's choices were respected and staff supported them to achieve good outcomes. A person told us, "The staff have been taking me for a walk in the afternoon and it has been a great help. They [staff] are very good. I have improvement in my mobility every day."
- People and relatives told us the registered manager and staff were accessible and they would feel comfortable approaching them to share their views. A relative commented, "I have no concerns at all and have not reported any. I know how to complain and I think that it would be sorted by [registered manager] and I would not need to do anything else."
- People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. Staff had also received training in privacy and dignity, person-centred care and equality and diversity.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff praised the registered manager, they felt supported and said the registered manager upheld an open-door policy. Comments included, "I think [registered manager] is great, a good boss who is easy to approach" and "[Registered manager] is very understandable, helpful and very comfortable to talk with."
- The provider had an initiative for staff recognition called the 'Little Acorns' where staff had the opportunity to be awarded for their work. Nominations were made regularly and employee of the month recognitions were awarded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views had been sought through regular contact and surveys. Relatives told us, "We are asked for feedback regularly and constantly."
- Staff members were involved with the service through regular team meetings and surveys. Staff commented, "We put suggestions forward and have put in a lot recently with the new changes. All the staff have input."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

● The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
● The service worked in partnership with other health and social care organisations to achieve better outcomes for people. For example, they worked with people's social workers and the local authority. Relatives told us, "[Peron's name] needs are being met" and, "[Person's name] can be quite challenging and staff are always on hand. They look after [person's name] and me, I can't praise them enough."