

## Community Care Options Dunscar House

### Inspection summary

CQC carried out an inspection of this care service on 13 March 2015. This is a summary of what we found.

Overall rating for this service	Choose a rating	●
Are services at this location safe?	Choose a rating	●
Are services at this location effective?	Choose a rating	●
Are services at this location caring?	Choose a rating	●
Are services at this location responsive?	Choose a rating	●
Are services at this location well-led?	Choose a rating	●

The announced inspection took place on 13 March 2015. At the last inspection in December 2013 the service was found to be meeting all regulatory requirements inspected.

Community Care Options is based at Dunscar House in the Egerton area of Bolton. The service provides personal and nursing care to people who have complex care needs. The service supports people living in a supported tenancy house and in addition provides care to people living in their own homes via an outreach placement. On the day of the inspection there were the maximum, six people, living in the supported tenancy and thirty people being supported via the outreach service.

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 we spoke with, who used the service, told us they felt safe. There was an up to date safeguarding vulnerable adults policy and procedure in place and we saw that the service followed up any safeguarding issues appropriately. Staff had undertaken training in safeguarding and demonstrated a good understanding of the issues involved.

Recruitment of staff was robust, including the obtaining of references and proof of identity. Disclosure and Barring Service (DBS) checks were carried out to ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service.

Medication policies were up to date and staff had received training in administering medicines.

Systems were in place to ensure the safe ordering, administration and disposing of medication.

Staff had a thorough and robust induction procedure and had undertaken a range of training courses. Training was on-going throughout their employment.

Care plans included information about people's health and support needs as well as personal information around people's choices, preferences and interests. Consent was gained from people who used the service for care and treatment administered. Care plans were person centred and there was evidence of the involvement and participation of the people who used the service in discussions and decisions about their own care provision.

User friendly, easy read, versions of people's health action plans were produced to make it easier for them to be involved in their care and support. Staff had undertaken training in a range of communication methods to help them communicate more effectively with people who used the service.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA), which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. Staff had completed training in MCA and demonstrated an understanding of the principles of the act.

The service ensured that they documented any restrictive practices, such as locking doors on a temporary basis to minimise risk. The service ensured that any restrictive practices were in the best interests of the person who used the service and these practices were reviewed regularly.

People who used the service that we spoke with told us the staff were kind and caring. We observed staff offering care in a kind and friendly manner and it was clear that staff knew the personalities and the needs of the people they supported. People's dignity and privacy was respected by staff.

People were given a range of information about the service, including the service user guide and regular newsletters. People who used the service were encouraged to speak to staff with any concerns or issues and were involved in the on-going service provision via regular tenants meetings. These provided a forum for people to raise concerns or put forward suggestions.

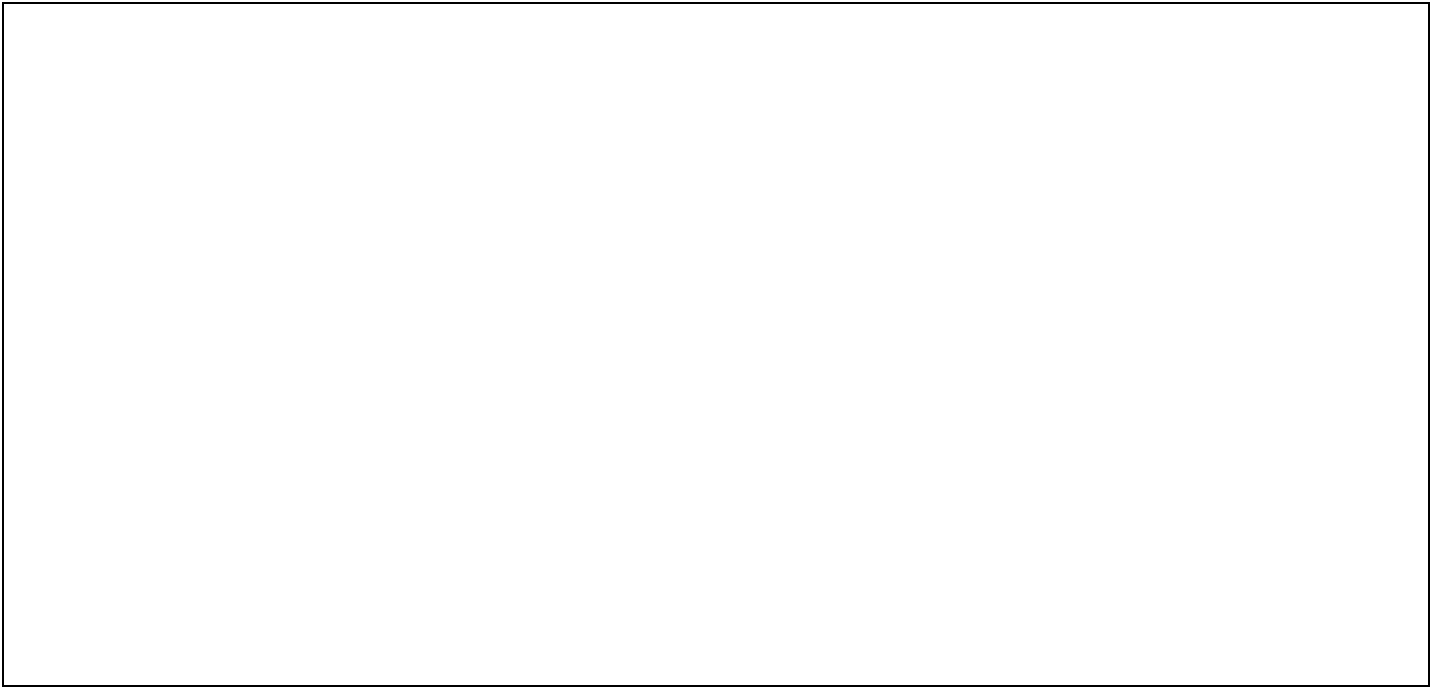
There was an up to date complaints policy and we saw that complaints were followed up appropriately.

Staff told us they felt well supported by the management. Staff supervisions were undertaken regularly and there were regular staff meetings.

Professionals who worked with the service said their partnership working was of a high standard.

Governance meetings were held every three months where discussions took place around a range of relevant topics, such as monitoring of safeguarding, training, complaints and audits. Objectives for the next three month period would be agreed at these meetings. The service endeavoured to keep up to date with current good practice guidance and legislation.

We saw that a number of audits were carried out regularly to help ensure continual improvement to the service provision. Incidents and accidents were recorded appropriately and monitored for patterns or trends.



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