

Cheshire East Council

Macclesfield Supported Living Network

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Macclesfield Supported Living Network provides support with personal care to adults with learning disabilities who live in five bungalows and flats in Macclesfield. The network is managed during normal office hours and provides a service 24 hours a day for 365 days a year. The service had capacity to provide support for 36 people but was providing support for 33 people at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, the effective domain is rated as requires improvement due to mental capacity assessment processes not always being completed. This has not affected the overall rating of the service that retains a good rating.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities who used the service were able to live as ordinary a life as any citizen. We saw that people's homes did not house more than six people.

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. Support plans were detailed and person centred. Medicines were managed safely and staff had the appropriate training to support people effectively.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing.

Support plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

People who used the service that we spoke with all gave positive feedback about the support received. The service had a relaxed feel and people could move freely around their own homes as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Staff were recruited safely and then supported in their roles with induction, training, supervision and appraisal. Ongoing competency checks were also completed.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Management and quality assurance systems had been devised and were in place to drive continuous improvement and the service.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

One house did not have clear and appropriate assessments regarding mental capacity and any restriction on people's liberty was not within the legal framework.

Staff had induction, training and supervision and appraisal to support them in their role.

People's nutritional needs were met and people had full control over their nutritional choices.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Macclesfield Supported Living Network

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 is 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 inspection took place on 01 October 2018 and was unannounced. The inspection was carried out by two adult social care inspectors and one assistant inspector.

We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with the registered manager, the nominated person, five support staff and three people receiving a service. We also contacted other professionals from health and social care for feedback about the service including social workers.

We spent time observing how people were supported and their interactions with staff in order to understand their experience.

We spent time looking at records, including five people's care records, seven staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Is the service safe?

Our findings

We asked people who used the service if they felt safe receiving support from Macclesfield Supported Living and we were told 'yes'. One person told us "I feel safe and secure and have good times with the staff." We saw that people were comfortable in the presence of the staff. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. One staff member reported "The managers doors are always open, I could go to them with any issues any time." The staff we spoke to had received safeguarding training and were aware of safeguarding policies and whistleblowing. Records showed that any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.

Peoples risk assessments were personalised and robust and we saw evidence of this on the inspection. One person was prescribed specific medicine patches but was at risk of detaching these from themselves. Their risk plan gave specific guidance on how to minimise the risk and contingency plans were in place.

The service made sure there were suitable numbers of staff to support people. There was a rota in place which was available for all staff members to see in the main hallway of the office. Rotas considered any needs of people using the service. One house required one person to have one to one care and for the staff member supporting that person to not support any other person at the same time. This was reflected in the rota. Staff we spoke to felt there were enough staff with one staff member saying, "This house is always adequately staffed." There were some issues with recruitment at the time of our visit, with the registered manager reporting issues with candidates attending interview. Recruitment was being looked at but any vacancies were filled by casual staff who the people using the service were familiar with.

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Staff we spoke to had received adequate training on medications, with a staff member reporting "We got lots of training on medication; and we get signed off for competency by a senior member of staff." Medications were managed safely in the service. We identified one issue were a person receiving covert medications had not had the appropriate documentation completed however this was completed immediately by the registered manager who also put new processes into place to ensure this did not happen again.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this, however the incident forms were not always filled in fully, with the section referring to what could have prevented the incident and any associated learning left blank. This was raised with the registered manager who was aware of or could find the learning for each incident when asked but it had not been formally recorded. This is something we suggested to the registered manager to start recording. This was

immediately acted on and a new system was put into place to ensure recording was more robust.

Staff we spoke with were aware of their role and responsibilities with infection control and hygiene and the importance of best practice. One staff member demonstrated where all the gloves, aprons and arm guards were stored.

Is the service effective?

Our findings

We saw evidence in people's support plans that support had been agreed and consented to by either the people receiving the service or if appropriate their representative. Everyone we spoke to told us their choices were respected. One person told us "Happy with how staff understand my needs, and they support me around certain charity shops."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were supported to make their own decisions and their choices were respected. We saw evidence of best interest's meetings and decisions being carried out appropriately in the main.

However, we identified that one house did not have clear and appropriate assessments and any restriction on people's liberty was not within the legal framework. One person who used the service was being restricted with a lap belt whilst using a wheelchair but there was no assessment in place or DoLS authorisation. There was not a clear process in place for assessing capacity and applying for DoLS. One staff member reported "I don't really know a lot about DoLS, I'd benefit from more training." This was brought to the registered managers attention and they immediately actioned and rectified this. Evidence of this was provided immediately following inspection.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provided staff with the opportunity to discuss with their line manager their personal development and training needs.

We looked at four staff files and the training records for the whole staff group. These showed each staff member had attended and successfully completed the provider's induction schedule that was the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. One staff member told us "The induction was really good and the staff were really welcoming."

Staff had training in all the areas the provider deemed necessary and in additional areas to meet the needs of the people they supported. This included fire safety, health and safety, epilepsy and equality. We also saw how staff competencies were checked periodically regarding medication. This meant that the staff had the skills to effectively support people using the service.

We were able to see how people were supported when transitioning into the service. Time was spent with each person over a period of time to ensure they were comfortable and happy with their home and the service. We were able to see how people's needs were delivered in line with current legislation, standards and evidence based guidance to achieve effective outcomes.

We saw that people had good information in their files surrounding their nutritional needs and support. An example of this included allergies and likes and dislikes. Monitoring of people's diets was robust and up to

date. No one we spoke with had any issues with the support they received with accessing food and drink. We saw how people chose their own food, menus and where possible were supported to do their own food shopping.

We saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs, and district nurses subject to individual need.

Is the service caring?

Our findings

Everybody we spoke with commented on the caring and respectful attitude of care staff; people also said they found office staff to be equally friendly and kind. One person told us "Yes they [staff] are nice."

We observed the staff interacting with the people who lived in two of the houses and it was obvious that the staff knew the people well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able respond to people accordingly. Staff and people living in the houses laughed and joked together meaning the atmosphere in the persons home was happy and relaxed.

We saw evidence in peoples care files that when people were transitioning in their new home the management team and staff took time to find out how best to encourage and maintain people's independence. This took place over several visits. Each transitional period was specific to the person. A staff member said to us how they enjoyed working at the service as it was "Real independent supported living."

Confidential information was kept secure so that people's right to confidentiality was protected. This meant that people's dignity was respected. We also saw how the staff had received training in General Data Protection Regulation (GDPR), this is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA). We observed that people's privacy and dignity were respected at all times.

We saw that the service held information about advocacy services and that this information was freely available to people. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual. Where appropriate, people using the service had an advocate to support them.

Each house held service user meetings. This meant that people had access to information about the service and were able to make their views known to staff. There was also pictorial information for people who needed it to aid with communication. We saw evidence in people's files that staff were to use Makaton when communicating with people. This is a type of sign language, this meant that the provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied 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.

Is the service responsive?

Our findings

There was evidence of well-structured and thought out plans that had been developed by staff and senior management with the person who used the service and if appropriate their representative. This was achieved by understanding individual life needs and being responsive to people's choices. An example of this included how a person being supported and the staff had been planning the next few months as certain occasions can cause distress and unhappiness so planning and adapting the support was critical. One person told us "I get looked after well."

Detailed activity plans were in people's care plans that specified what people wanted to do and how to support the people to achieve their plans. These had been followed by staff. One person told us "The staff know that family time is really important to me and support me to visit my family regularly."

We saw guidance about people's sight and hearing documented in their care plans. This meant the provider looked at ways to make sure people had access to the information they needed in a way they could understand it.

No one was receiving end of life care at the time of inspection, however the registered manager told us that they would work with individuals and their families to establish people's wishes on death and dying. They would also ensure relevant health and social care professionals would be involved to ensure they met people's needs and wishes at the end of their life

No complaints were reported to us during the inspection and people told us the procedure for making a complaint would be direct to their support staff or to the office staff. Any issues were resolved quickly to the service user's satisfaction where possible. We saw that any complaints received by the registered manager were recorded and responded to. We reviewed responses to complaints. We saw that an investigation took place and changes made to prevent the same thing happening again. This showed a culture of openness and learning at the service.

Is the service well-led?

Our findings

Macclesfield Supported Living Network had registered manager in place who was supported by six senior staff. 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.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the main office.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff health and safety and support plans were completed regularly. Staff and resident meetings were carried out regularly.

The registered manager was open to all feedback during the inspection and acted on all recommendations immediately. Evidence of this was sent through to us following the inspection. This showed there was an open and transparent culture within the service.

The service worked with other organisations to make sure they were following current practice, providing a quality service and the people in they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals and the feedback we received from health and social care professionals was all positive.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities who used the service were able to live as ordinary a life as any citizen.