

# Accomplish Group Lifestyles Limited

# Cheshire & Midlands

# Supported Living

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service: Cheshire and Midland Support Living provides personal care to people in their own homes within a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection there were 34 people receiving personal care, some of whom may have a learning disability, autism, mental health or physical disability. There were 16 separate properties in various community settings, which ranged from supporting one person to a maximum of five people.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The service was very responsive to people's needs. People's confidence and independence had increased since they had received support from the service. People were encouraged to live full and active lives and the service supported people to achieve their goals. Activities were meaningful and reflected people's interests and personal preferences. People were encouraged to find work opportunities and learn new skills.

People and their relatives were positive about the support they received. They were well supported to have control and choice over their care and support. An in-house support team was available which included professionals providing expertise in autism and positive behaviour support (PBS). This support meant staff were quickly able to seek help, support and guidance and implement effective strategies to support people. There were many examples of how these strategies had resulted in positive outcomes for people.

People felt safe and were supported by staff who understood how to report concerns and manage risks to keep people safe. The registered manager acted and reported safeguarding concerns when these were identified. Staff were recruited safely, and people were generally supported by a regular team of staff. Medicines were given in a safe way and lessons were learnt when things went wrong.

Processes were in place to protect people from avoidable harm. Risks to people had been assessed and were safely managed, people were supported to take positive risks.

Staff received training that was appropriate to their role and supported them in providing care in the way people wanted. Staff worked with health and social care professionals and followed their guidance and advice about how to support people.

Where people lacked capacity to make their own decisions we saw that best interests' decisions had been made. We noted that one person's capacity assessment and best interest decision needed review to ensure it remained current.

Staff treated people with dignity and respect and took account of their individual needs when providing care and support. People told us they felt listened to and were able to express their views.

The service had recently expanded, and a few new supported houses had been opened. The provider had identified the need to support the registered manager to oversee the larger service and were recruiting a project manager. The registered manager was aware of areas within the service where they needed to focus, such as staffing, promoting person centred care and was supporting the staff to achieve this.

The management team demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders. A full range of detailed quality audits we carried out and we saw that actions were identified and addressed to make continuous improvements.

Rating at last inspection: Outstanding (Report published October 2016). At this inspection the overall rating has been judged as Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated outstanding.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive section below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led section below.

# Cheshire & Midlands Supported Living

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for people with learning disabilities and older people.

#### Service and service type:

This is a supported living service. It provides personal care to people living in their own homes. It provides a service to younger and older adults and people who may have a learning disability, autism, mental health or physical disability.

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 5 days' notice of the inspection site visits because we needed to plan to visit people in their own homes and speak with people over the telephone.

Inspection site visit activity started on 24 April 2019 and ended on 3 May 2019. We visited the office location on 24 and 29 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection visit, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also checked for feedback we received from members of the public and local authorities. We used all this information to plan our inspection.

During the inspection we spoke with seven people who used the service and nine relatives to ask about their experience of the care provided. We also spoke with the registered manager, four team coordinators and seven support workers.

We reviewed a range of records. This included, four people's care records and two staff files around recruitment. We also looked at various records in relation to medication, training and supervision of staff, records relating to the management of the service and a variety of policies and procedures implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. People and their relatives told us, "It's a lot more comfortable having people about that you can trust"; "I know [relative] is safe and well looked after. I can trust the staff." and "(Name) was very vulnerable previously, but where they are now I feel they are very safe."
- Staff demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing. Appropriate safeguarding procedures had been followed where necessary.
- Staff supported people to keep themselves safe. Groups had been arranged, which supported people to understand positive friendships, internet safety and safe relationships. One person told us, "I would report it if someone wasn't nice."

Assessing risk, safety monitoring and management

- Positive risk-taking strategies ensured people had maximum choice and control over their lives. For example, people were supported to learn to travel safely and independently.
- The provider used comprehensive risk assessments and management plans to ensure people were supported consistently and safely. Staff reviewed the plans regularly with the people they concerned, to ensure they remained up to date. One person told us, "We are working on my risk assessments for the next steps."
- Staff were knowledgeable about identified risks and told us how they supported people safely.

Staffing and recruitment

- The provider employed enough suitable staff to meet people's needs. People were usually supported by a regular staff team, who knew them well. One relative commented, "(Name's) staff are the same faces which is very important to them, as they need the continuity."
- There was ongoing recruitment and staffing was adjusted to meet people's individual needs and preferences where possible. Occasionally agency staff had been used to fill gaps in the rota, but the service was now fully staffed. Staff were being recruited specifically to match the individual needs of a person.
- The provider was focused on supporting staff teams in some of the newer supported houses to become stable and embedded. Further training was planned for senior staff around the use of the electronic rota system.
- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people. People using the service were involved in the recruitment process, for example by providing interview questions.

Using medicines safely

- Medicines were managed safely by suitably trained staff.
- We saw examples of how people were supported to be as independent as possible with their medicine.
- Where medication errors had occurred, appropriate action had been taken to investigate these errors and learn any lessons, to ensure the risk of this happening again was reduced.
- Medicines were ordered and stored safely. This was monitored through regular audits.
- People had medication support plans which included details about their prescribed medicines, including when "as required" medicines should be given. Records were well maintained.

#### Preventing and controlling infection

- Staff were trained in infection control and acted to prevent and control the spread of infections.
- Staff had access to and used equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff through a reporting form.
- The registered manager and provider had regular oversight of any incidents to help identify any themes or trends and to learn lessons for future practice. We noted that clearer recording within some of the reports would be useful to clarify why in some cases it was unnecessary to take any further action.
- The provider shared learning throughout the service to make continuous improvements.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were very positive about the support they received. They told us, "Staff provide a fantastic service and have built a wonderful relationship with both (Name) and ourselves" and "We have been absolutely thrilled with the level of commitment, professionalism and great care that [person] has received over the last few months."
- People's needs were assessed prior to them being supported by the service. The management team visited people and attended meetings with the person and relevant professionals to ensure they were able to meet their needs.
- People and their relatives contributed to the development of their care plans to ensure their views were represented and staff understood how best to meet their needs.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. They received an appropriate induction and ongoing training.
- People and relatives thought staff had the training and skills they needed. They told us, "They [staff] are all well trained" and "The training seems really good. [Name] is very challenging and has complex needs and they deal with them marvellously well."
- There were specialist staff including an autism advisor, who supported the staff to provide effective care based around people's individual needs. We saw many examples where planned and skilled care had resulted in positive outcomes for people.
- People using the service were also included within some aspects of the training for example, fire safety, basic first aid and understanding dementia.
- Certain staff were 'champions' in particular topics, this meant they kept up to date with new research and practice and shared the learning with the rest of the staff team.
- Staff received regular supervision and support to carry out their roles They told us, "I have a supervision every two months with (Name), but at any point I can ask for help. Help is always on hand."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet and to manage their dietary needs.
- People were able chose the food they wanted and were supported by staff to prepare meals.
- Staff were aware of people's individual dietary needs, people's likes and dislikes and any risks there may be to people's health such as unintended weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Each person had a health support plan and regular health checks. We saw that people had regularly seen the dentist, dieticians and other health professionals.
- The service worked together with other social care and health professionals to achieve good outcomes for people. Support plans included appropriate guidance and input from relevant professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Any restrictions on people's liberty had been identified and appropriate referrals had been made to the Court of Protection.
- Staff ensured people consented to their care and were supported to make their own decisions where possible. However, we found one example where support plans in relation to decision making could be further improved.
- Staff had received training in the MCA and overall understood how this impacted on the care provided.
- Where people lacked capacity to make their own decisions we saw that best interests' decisions had been made. We noted that a person's capacity assessment and best interests' decision needed regular review to ensure it remained up to date. The registered manager confirmed that a review had been arranged.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. Everyone we spoke with was positive about the staff. Relatives told us, "The staff are a caring bunch"; "I feel better knowing that (Name) is there and the staff team are wonderful" and "(Name) gets on well with all the staff team, they all go the extra mile and have built up excellent relationships."
- Staff knew people very well and had time to listen and understand people's individual needs. Staff had a good rapport with people. Staff commented, "The people we support come first" and "We give people the life they wouldn't have otherwise had."
- People were treated as individuals and staff responded quickly to people's changing needs. For example, a relative told us how supportive the staff had been with regards to their relative's mental health needs and had arranged suitable counselling.
- Where necessary staff provided people with information about available support and supported them to access advocacy services if required.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and were able to express their views.
- Staff understood, and supported people's communication needs and choices. Care records specified how people communicated their wishes and staff spoke with people in ways they could understand.
- We saw examples where staff had supported people to improve their communication which enabled them to express their views more easily. For example, since being supported by the service, one person had been able to access speech therapy, obtain a hearing aid and learn to communicate their needs by writing them down.
- People's views were sought through regular tenants' meetings and tenant forums.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were supported. People and their relatives said staff treated them with respect and helped them maintain their dignity.
- Dignity was at the centre of the service. We saw that dignity was discussed at every staff meeting and supervision meeting with staff.
- Staff ensured records relating to people were kept confidential. One staff member commented, "Confidentiality underpins our work, we have a privileged role in people's lives."
- Staff consulted people about the decoration of their homes. The houses we visited had communal areas, gardens which people could use, or could choose to remain in the privacy of their bedrooms. Where

necessary houses had been adapted. However, one person told us they were unable to access the laundry room, which had an impact on their independence.

- In some of the houses visited, we saw rooms were used as locked staff offices. We also saw some notices and people's activity planners on display. This was not in line with an ordinary, homely environment. The registered manager was already focused on addressing these types of issues.
- We saw numerous examples where people were encouraged to maintain and develop their independence. Staff had supported one person to complete a 'Duke of Edinburgh Award'. They had learnt to cook, having never previously cooked before. Feedback provided by one relative said their relative had, "Come on in leaps and bounds to gain independence."
- One person took part in regular physiotherapy exercises and took control of writing their own records when these had taken place.
- People were supported to maintain relationships with people who were close to them and develop links with the community.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were very well supported and cared for. They received personalised care which was very responsive to their individual needs and preferences.
- Everyone we spoke to told us staff had an excellent understanding of their support needs. Comments included, "The company are first class in the care they deliver. (Name) couldn't be in better hands"; "They are good at spotting the signs [person] shows when they know they are getting distressed and they are good at pre-empting things" and "They go beyond their means to make sure that (Name) is happy."
- The culture of the service took account of people's "key strengths" and "key struggles". People were supported to develop individual goals. Staff supported people to consider ways to increase their independence. In one example staff had shown dedication in supporting a person to find a suitable work opportunity, which had made the person "very happy."
- An in-house support team was available which included professionals providing expertise in autism and positive behaviour support (PBS). This support meant staff were quickly able to seek help, support and guidance and implement effective strategies to support people.
- There were many examples of how these strategies had resulted in positive outcomes for people. In one such example, staff had worked hard to understand and support a person when they became very distressed. Individual specific strategies were put in place, which meant restrictive practices used by a previous service, were no longer required. They were now taking part in activities in the community for the first time.
- People were well supported to have control and choice over their care and support. People took responsibility for holding tenant meetings and forums and themselves produced the minutes of these meetings.
- Support plans were very individualised and ensured people were at the heart of the care planning process. People's views were valued, and we saw they were supported to write or contribute to their daily records, this ensured their true thoughts and feelings were reflected.
- Support plans contained information about people's diverse needs including their cultural religious or sexuality. Staff had undertaken equality and diversity training and learning.
- People were extremely well supported to lead as full a life as possible. People told us, "I am supported to do the things that I enjoy" and "Staff have shown an amazing understanding of (name's) needs." One person was very positive about their support and about working towards their goal of competing in the next Paralympics. There were numerous examples of people taking part in an active social life, including holidays and education and work opportunities.
- Assistive technology was used to support people to receive timely and responsive support. In one example, technology enabled a person to feel able to go out independently because staff were alerted if they became unwell and needed support.

- Staff aimed to understand people's histories, preferences and previous activities and tried to support these preferences. One person really liked a particular singer and staff had arranged for them to attend their concert. Relatives told us "They [staff] tap my knowledge of [person] to care for them in the best ways." and "I would like to say it has been a long time if ever, that I have seen (person) so happy and confident".
- The service worked with people to move on to increased independence. The service had worked closely with a person for around twelve months to help prepare them for the transition to their service.

#### Improving care quality in response to complaints or concerns

- People were encouraged and supported to raise any concerns. Where a complaint had been made, a comprehensive and objective investigation had taken place.
- Information about how to make a complaint or raise a concern was available in each supported house, and in alternative formats. Everyone felt able to contact the registered manager directly if they had any concerns. People had access to the contact number and felt comfortable to raise any issues.
- The service was effective at addressing any issues that involved staff, through the supervision framework. We saw examples where incidents or issues were discussed in detail with staff and learning points were identified.

#### End of life care and support

- At the time of this inspection no one who used the service was in receipt of end of life care. Should a person require end of life care, this would be assessed at that time and appropriate support would be obtained from health professionals.
- In some cases, support plans included information about people's needs and wishes around their future care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well led by a registered manager and a supporting management team.
- They were knowledgeable about their responsibilities. Notifications were submitted to the CQC as required and they were aware of the legal requirement to display their current CQC rating which we saw was displayed the provider's website.
- The service had recently expanded, with a number of new people being supported in several houses in the community. The provider had identified the need to support the registered manager to oversee the larger service and were recruiting a project manager. Three additional team coordinators had been employed along with additional quality measures to support the growth.
- The management team had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff were clear about their responsibilities and expectations of their role.
- The management team completed a full range of detailed quality audits and we saw that actions were identified and addressed to make improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of areas within the service where they needed to focus, such as staffing, promoting person centred care and was supporting the staff to achieve this, especially in the newer parts of the service.
- The registered manager told us they worked in an open and proactive way and encouraged staff to raise any concerns or issues.
- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their line manager. Appropriate action had been taken by the registered manager if there were any concerns relating to staff performance.
- Staff felt well supported and told us, "They are brilliant [Managers]" ; "All the team coordinators work well as a team" and "The team work is amazing."
- Key workers were allocated for each person to provide specific support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke with knew the registered manager and felt the service was well managed.

- The management team demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- People's views were regularly sought through meetings, tenants forums and a yearly questionnaire.

Continuous learning and improving care; Working in partnership with others

- There was a culture of continuous learning and improving the care to people. In one example, there were initial concerns about whether supported living was appropriate for a person. However, the provider and staff concentrated their attentions to learn lessons and provide the right staff team and strategies, which supported the person more effectively and led to a positive outcome.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager took part in local manager meetings and training provided by the local authority to promote ongoing learning.

The provider supported staff to develop their leadership skills through ongoing training and support.