

Mrs Anna Marie Carey

# The Old Chapel

## Inspection report

Prestbury Road  
Macclesfield  
Cheshire  
SK10 3LY

Tel: 07980647114

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

This inspection visit took place at The Old Chapel on 17 August 2016 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

The Old Chapel t/a Honnette Services provide support with personal care to adults with learning disabilities who live in four houses within the Macclesfield area. The office base is within the grounds of Macclesfield Crematorium. At the time of the inspection the service supported 14 people in four houses.

There was 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.

At the last inspection in January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

People were kept safe and secure in the supported houses. There were appropriate numbers of staff deployed in the houses to meet people's needs and provide a flexible service.

We looked at the recruitment procedures followed by the service for two appointed staff members. We found checks had been undertaken including a Disclosure and Barring Service check (DBS), and references. However the applicant had not provided a full employment history on their application form. They had discussed this with the applicants at interview but had failed to record a written explanation of the gaps. This meant the service didn't have satisfactory information about the person's previous employment. Also written references were obtained after the commencement of employment date. The provider had received telephone assurances of the employee's character but had not recorded this.

We recommend the registered provider reviews the services recruitment procedures to ensure all checks for employment were completed before staff commenced work.

People were approached with a supportive and compassionate manner and staff had a good understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful and caring towards individuals.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. We saw training records that confirmed staff administering medication had received training.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People who lived in the supported houses were encouraged to attend to their own dietary requirements as much as possible. Support and guidance was always available at mealtimes. One person who lived in one of the houses said, "I enjoy shopping for my own food and cooking it."

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who lived in the supported houses were provided with support and guidance to meet their aims and goals. For example staff provided support for people who wished to achieve education or gain employment. One person who lived in one of the houses said, "I wanted to attend college and do some gardening. Everybody has helped me to do that."

People who used the service knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived in the supported tenancy houses and their relatives.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff had a good understanding of protecting people from abuse or potential harm. People said they felt safe when supported.

Recruitment procedures were not always followed to ensure suitable checks for potential staff had been carried out, prior to commencement of employment.

Staffing levels were sufficient to ensure people received a reliable and flexible service.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

People who received a service told us they felt safe whilst being prompted to take their medicines.

### Is the service effective?

**Good** ●

The service was effective.

The registered manager provided staff with training to underpin their role and responsibilities. They also guided staff to the principles related to the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

### Is the service caring?

**Good** ●

The service was caring.

People who lived in the supported houses told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

People confirmed they were involved in their care planning, which was evidenced in care records.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

We observed staff engaged with people in a meaningful way and discussed various activities within the community to promote independence and provided people with choices in their social life.

The registered manager had a variety of systems to check and manage people's complaints and concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

# The Old Chapel

## **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 checked 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 visit took place on 17 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors.

Before our inspection on the 17 August 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we visited two supported houses and spoke with five people who lived there and four staff members who supported them. We also visited the offices of The Old Chapel and spoke with the senior support worker and administrator about the service.

We looked at the care records of three people, recruitment records of two support workers, training records for staff and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced who were supported by the service.

# Is the service safe?

## Our findings

We spoke with people who lived at the supported houses about the service they received and whether they felt safe in the care of staff who supported them. Comments we received were all positive and included, "Yes I feel safe here we all get along." Also, "This is my home, its nice being small with people around its safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. One staff member explained the process of their safeguarding policy. They were aware of action to take to ensure people were kept safe. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns. There was also pictorial information should people who lived at the houses choose to look at. This information explained safeguarding processes and the types of abuse in picture form so people could understand better.

Accident and incident reports were kept in care records. They included, where necessary, body maps of associated injuries. For example we found documentation referred to the details of an incident, immediate action taken and a follow-up review by senior staff.

We looked at how people who lived in the houses were supported by staff. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members, staffing levels were suitable to meet the needs of people who lived in the houses. There was an appropriate skill mix to meet the needs of people who lived in the supported houses. One person who lived in one of the houses said, "I do my own thing but someone is always here to help." A staff member said, "We all help each other out and are never short staffed."

Care plans looked at both in the office base and in the supported houses had risk assessments completed. This was to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members when supporting people. For example a number of people who lived in the houses independently went out in the local community to work or social meetings. Risks had been identified of potential hazards and what to do in case of emergencies. A staff member said, "We have plans in place to support people whilst they are out in the community."

We looked at the recruitment procedures followed by the service for two appointed staff members. We found checks had been undertaken including a Disclosure and Barring Service check (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. However the applicant had not provided a full employment history on their application form. They had discussed this with the applicants at interview but had failed to record a written explanation of the gaps. This meant the service didn't have satisfactory information about the person's previous employment. Also written references were obtained after the commencement of employment date. The senior staff member explained they had received telephone assurances of references but failed to record this. Since the inspection visit the registered manager/owner had provided CQC with written assurance the process had

been updated. This was to ensure all checks for employment had been undertaken prior to staff starting their employment at the service.

We recommend the registered provider reviews the services recruitment procedures to ensure all checks for employment were completed before staff commenced work. Employment.

Staff employed by the service received medication training to ensure they were competent to administer medicines. Discussion with staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. Training records looked at confirmed staff had received medication training.

We checked to see if medicines were managed safely. We saw care plans contained information to ensure the responsibilities of family, staff and people who received care and support were clear. This helped ensure people were supported to take their medicines safely. However people who self-administered their own medication had not signed a declaration that they chose to. Therefore there was no evidence people managed their own medication with guidance from staff. The registered manager informed us following the inspection visit care records now contained a document to identify people who wished to administer their own medication.

We looked at how medicines were prepared and administered. The medicines administration record (MAR). The MAR sheets were legible and did not contain any gaps. Boxed and bottled medications were seen to be in date, clean and dry with all names and dosage clear and legible.

# Is the service effective?

## Our findings

People who lived in supported houses received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff knew them and understood the support and guidance each individual required. For example comments from people who lived in the houses included, "They know me so well all the staff, I like that." Also, "I know they are always going on training. When I get up sometimes and ask where [staff member] is they always say training."

Individual training programmes had been developed for each staff member. We found training events/courses were relevant to the needs of people who lived in supported houses. For example training consisted of safeguarding vulnerable adults, food and hygiene, health and safety and medication. This was confirmed by talking with staff. Individual training programmes had been identified and ticked off when completed. However no dates to identify when the training had been completed had been written down. This meant when training required updating there was no reference when they last completed the training identified. The senior support worker told us they would ensure individual staff programmes for training would be dated in future.

Staff had achieved professional qualifications. For example records showed some staff had completed a National Vocational Qualification (NVQ). This demonstrated the service previously supported staff to develop their professional skills.

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.

Staff demonstrated an understanding of the legislation as laid down by the MCA. We spoke with the senior support worker to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled staff to assess people's ability to make decisions for themselves. We did not observe people being restricted or deprived of their liberty during our inspection visit.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service.

Care records looked at in supported houses contained people's dietary needs. They showed they had been assessed and any support required was documented. Food shopping and preparation of meals was mainly done by people who lived in the supported houses. One staff member said, "It is part of supporting people

to be more independent. We help out when necessary." Each individual was responsible for their own shopping and staff assisted when needed. One person who lived in one of the houses said, "I enjoy shopping for my own food and cooking it."

The kitchen areas were clean and tidy in the two houses we visited. Cleaning schedules were available for staff and people who lived there to follow to ensure the kitchen area was cleaned daily. When we visited the houses we observed people helped themselves to drinks and breakfast. We found people who lived in the houses were encouraged to help themselves to drinks and snacks. There were biscuits, snacks and fresh fruit stocks available in the houses.

Staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in shopping for some of the food. For example one person's care records documented a 'healthy living' programme. The person told us they had lost a lot of weight keeping to the healthy eating options and had been supported by staff. We spoke with the person who said, "I have lost lots of weight and feel much better."

People's care records included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People also received visits from learning disability nurses and physiotherapists. Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members and records we looked at.

## Is the service caring?

### Our findings

We visited two supported houses and people we spoke with told us staff who supported and guided them were kind, and treated them well. For instance we observed a staff member going through the routine of the day with a person who lived at the house. The person was apprehensive about their days work ahead and travel arrangements. The staff reassured them of the route and discussed timetables. The person went out happy and said, "I do look forward to going to [place of work] and going on my own. [Staff member] is so kind and helps me out a lot."

When we visited the houses, we observed people were relaxed, treated with respect and interacted with staff members on duty. One person who lived in one of the houses said, "I agree they are all kind to me every one of them." People were not left without support and staff were attentive, responding to any requests for assistance promptly.

We looked at care records of three people and found a person centred culture which encouraged people to express their views. They were documented in picture format to ensure all people understood the content of care files. We saw evidence people had been involved in developing their care plans. For example people's wishes and choices had been written in their own hand writing. Also people had signed to say they agreed with their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered.

Care records of individuals contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

Staff we spoke with demonstrated a good knowledge about people's support needs and care requirements. One staff member said, "We are like a family and everyone gets to know one another." We saw an example of a staff member reminding a person who lived at the house their birthday was coming up soon.

We observed examples of staff showing respect, patience and kindness when we visited supported houses. For example we observed staff knocking on doors before entering and always letting the person know who they were. A staff member said, "Respecting people is part and parcel of the job and we have had training around respect and dignity."

We found people were supported to lead active and full lives based on what was important to them. For example care plans of people who lived in the supported houses contained people's preferences in terms of food, social preferences education and employment. We spoke with staff and it was evident they were aware of how to use a care approach that supported people with a learning disability to encourage them to be independent. For example one person was employed at a local retailer. Care plans detailed what support they required such as transport and shadowing to support the person at work. A staff member said, "It is important to promote independence and [person who lived at the house] enjoys going to work and making their own way there." We spoke with the person who was on their way to work who said, "Yes I love it I go on

my own all the time."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. We found in care records we looked at where the advocacy service had been used to support a person. A staff member said, "We do use the service if people choose to."

## Is the service responsive?

### Our findings

We spoke with people who lived in supported houses about their experiences of guidance and support from the service. People told us that they felt they were encouraged to make decisions themselves and be responsible to make choices with staff support when requested. For example one person enjoyed working at a local store. They said, "I love it and the staff have helped me. I have been here working now for years."

When people moved into one of the supported houses they had their social, health needs, and also communication preferences discussed with them. Staff told us people were assessed to ensure they were aware of individual aims and goals each person wanted to achieve. For example staff told us people wanted to find employment or further their education and they supported them to achieve that. One person who lived at the home said, "I wanted to attend college and do some gardening. Everybody has helped me to do that. We grow our vegetables and look after the chickens I love it." One staff member said, "It is important to find out so much about each individual and aim for them to live life as independently as possible with our guidance and help."

We looked at care records of three people. Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives and achieve their aims as much as possible.

Care plans were person centred and clearly showed input from the individual. For example written in the person's voice they had recorded their, wishes and interests. The level of detail showed there was an appreciation of the person as an individual and an action plan signed by the person who lived in the supported house. The action plan detailed what social, educational and employment opportunities each individual would choose to pursue.

We found staff we spoke with had a good awareness of the needs and wishes of people they supported. For example one person who lived in one of the houses had found employment independently. However needed support to attend work and at times staff spent large parts of the day supporting the person. A Staff member said, "We know [resident in one of the houses] so well and when they need one to one support at work. We are a small group and know each person so well."

When we visited one of the houses people who lived there were getting ready for the day ahead. For example one person told us they were going to the leisure centre for the day and had booked a taxi to take them their independently. The person said, "I love the gym and the centre."

We found the complaints policy the service had in place was current and had been made available to all people who lived in supported houses. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. A handbook had been given to each person that included a section entitled 'empowerment, speaking up and being involved'. This included how to make a complaint and how the service would respond. The document was also in pictorial form.

Staff told us constant engagement with people developed relationships and encouraged people to discuss any complaints they had. We found one complaint from a tenant at one of the houses was about broken furniture. The outcome was clearly written down of how they dealt with the complaint and what action would be taken to prevent any repeat. For example in this case to act in a timely manner to remove broken furniture and replace with new.

# Is the service well-led?

## Our findings

The registered manager was not available at the time of the inspection visit however the senior support worker and staff promoted a positive culture that was person centred and open. For example one person who lived at one of the houses said, "The staff are brilliant and help me manage my employment on my own."

Staff spoke positively about the support they received from the registered manager and we received good comments about the way the service was run. Comments included, "The way in which the care is organised by [registered manager] is excellent it runs well." Also when we asked about support from the management team one staff member said, "Yes 100% support always from the manager." An example of support provided to staff from the registered manager was explained by a staff member. They told us they had some personal issues and the registered manager was supportive in ways that helped personally. The staff member said, "I would not have managed but for the support [registered manager] gave me they were brilliant."

People who lived in the supported tenancy houses told us the management team were supportive and visited the homes regularly. For example when we visited the home with the senior support worker the tenants were pleased to see them. We observed a good relationship between the senior staff member and people at the house. We observed two people excited and greeted the senior support worker in a friendly way. One person who lived at the house said, "We are always pleased to see [senior support worker] and [registered manager], they call a lot."

We found that each house had a structured staff team in place. There were clear lines of responsibility and accountability within the staff team. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. This was confirmed by staff we spoke with. One staff member said, "We have a good structure and work together well."

Staff meetings were held approximately every month, the last one was July 12 and involved staff from the houses. Staff we spoke with told us they were productive and useful. Staff told us it gave people a chance to discuss any concerns or issues. One staff member said, "It is a good chance to improve things and discuss any changes that might help people."

Tenant meetings in each individual house were held regularly and minutes of meetings kept. Staff we spoke with told us they were productive and useful. Tenant meetings held had been completed in picture form to ensure all people understood the meeting. Staff told us any issues, concerns or suggestions raised had been discussed and action taken where appropriate.

We spoke with staff about the people who lived at the supported houses. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the people who they supported.

Regular audits were completed in key areas. These included medication, care records, safeguarding and the

environment. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service continued to be monitored and developed.

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager had taken the appropriate action.