

Trafford Council

Waterside House

Inspection report

Sale Waterside
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20 November 2019

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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

Waterside House is a supported living service providing personal care to people aged 18 and over with learning disabilities and/or autism provided by Trafford Metropolitan Borough Council. The supported living service provides supported accommodation to 18 people in five supported living accommodation properties.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service supported people with learning disabilities and/or autism in line with these principles.

People lived in a houses that were situated in a residential area close to the town centre. The house fitted into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

The registered manager had a clear vision for the service to deliver individualised care and support. They were supported by an experienced staff team who were appreciated by people who used the service and their relatives

Risks were minimised and risks to people were identified and when needed a risk plan was in place. Staffing numbers were sufficient to meet people's needs. This meant people were supported safely. People told us they felt safe living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect and kindness and their privacy and dignity was upheld. People were involved in the planning and review of their care. Care and support plans were being reviewed to ensure they were reflective of people's needs.

There were systems in place to assess, monitor and improve the quality and safety of the service. The provider had recognised the need to make the medication audit more robust. Staff described the registered manager and other senior staff as supportive and approachable.

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

Rating at last inspection

The last rating for this service was Good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous 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 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 findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Waterside House

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. 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.

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

This inspection was announced. We gave 48 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 18 November 2019 and ended on 21 November 2019. During our inspection we visited three supported living services. We spoke with people's relatives on the telephone on 21 November 2019 and visited the office location on 18 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with 11 people who used the service and three relatives. We spoke with the registered manager, three senior support workers and three support workers. We reviewed a range of records. This included three people's care records and multiple 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service had sufficient staffing numbers to meet people's needs. The senior support workers informed us that the staffing requirements were predominately arranged by them and the registered manager. Any additional cover would be reviewed by the registered manager who also had access to bank staff to cover unforeseen absences.
- Recruitment processes were safe. Relevant checks were carried out when new staff were employed. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.

Using medicines safely

- During our inspection we reviewed the medicines systems at two of the supported living services and found the medicines were being managed safely in line with national guidance. Records showed people had been appropriately assisted with their medicines. This included making sure medicines were taken before the staff member left the person's flat.
- Staff had received training in the safe management of medicines, and their competency had been assessed. Information about the safe administration of medicines was available for staff reference, as required. One staff member said, "The medication procedures changed recently and to be honest they are much better."

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

- There was a positive approach to risk taking, which balanced risk and independence. People had a range of risk assessments including falls, cooking, accessing the community, mobility, medicines and personal care.
- Risks were considered and discussed with people. The risk assessments were documented, and action was taken to enhance safety where required.
- The registered manager and staff had a positive attitude towards managing risk. Staff managed risks to individuals well; protecting people whilst supporting and respecting their freedom.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were aware of their responsibilities to identify and report potential abuse or poor practice. One staff member told us, "As a staff team we are aware of our duty to inform the manager or safeguarding authority if we suspect abuse."
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.
- Staff told us that incidents or issues were dealt with promptly. A support worker said, "The service is proactive and will always put things right if we highlight them."

Preventing and controlling infection

- Support workers were trained in infection control. Staff had access to gloves, aprons and antibacterial gel when appropriate in people's homes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional needs were assessed, and professional advice and support was obtained for people when needed.
- People enjoyed the meals on offer and assisted with meal preparation. One person told, "I like the food the staff cook me. I will help the staff with some of my meal."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff understood the signs and symptoms of people's illnesses, and promptly obtained the support of medical professionals when required. For example, one person who doesn't verbally communicate had been observed by staff that something was not quite right. Staff made a timely health appointment, which picked up they needed further health checks that were still ongoing.
- People were encouraged to maintain good health and well-being. One person showed an interest in attending the gym; staff had arranged for the person to attend the gym to ensure the environment was suitable for the person.
- People accessed annual health checks and health action plans were looked at with people at their monthly keyworker meetings to make sure people had regular health and well-being reviews.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS).

- All staff received training in MCA and we observed staff supporting people to make decisions and choices throughout the inspection. Records showed that capacity assessments were decision specific. One person required a medical procedure and records showed that the appropriate people such as the person's relatives and social worker were involved in a best interest decision meeting.

- The provider continued to work alongside the community learning disability team who assisted the service to undertake mental capacity assessments and best interest meetings. We found a number of DoLSiDS applications were currently being considered by the court of protection.

Staff support: induction, training, skills and experience

- Staff were competent and skilled. They received an induction and ongoing programme of training. Since our last inspection a new competency assessment framework had been introduced. This meant staff practices were observed to ensure staff continued to have the skills and knowledge to effectively support people.
- Staff told us they were thorough and felt well supported by the service. Staff gained support informally on a day to day basis and had one-to-one meetings with the registered manager or senior support workers. This gave staff the opportunity to discuss their performance, training needs and any concerns they might have.

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

- A pre-assessment of people's needs and abilities was carried out to determine if the service could support them appropriately.
- Assessments of their health, communication, disabilities, levels of independence and nutritional needs were undertaken.
- The staff worked closely with the housing associations to ensure the properties remained fit for purpose and well-maintained. However, during a visit to one house we observed a potential trip hazard. We were assured by the registered manager this matter had been escalated to the housing association concerned.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were consistently positive about the caring attitude of the registered manager and staff. One person's relative told us, "Since (registered managers name) has arrived I feel standards have improved. He is a very approachable guy and has people's best interest at heart."
- Staff had received training on equality and diversity and the registered manager was clear about their responsibilities in this respect.
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People were treated in a caring way by staff who used a warm, friendly and patient approach. Staff checked if people were happy for us to visit them. We observed staff were attentive to people needs and had a caring attitude.

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

- People were pro-actively supported to express their views. Monthly house meetings took place and people also benefited from one to one key worker meetings.
- Relatives were also involved and were consulted about their family member's care and support plan. One relative said, "The manager or staff are great at keeping me informed. We had a review for [person's name] a few weeks ago."

Respecting and promoting people's privacy, dignity and independence

- Staff told us maintaining and increasing independence for people was paramount. People had set goals in their keyworker meetings, such as volunteer work, increasing their social activity, accessing a holiday with another provider, road safety and money management.
- We found examples of people increasing their independence around daily activities. One person continued to work twice a week, they were able to access public transport independently and staff would praise the person on their progress. Another person had learnt to do their own laundry and household tasks after moving from a service where they did not have the choice to do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that was tailored to their needs. Staff were provided with guidance within people's care records of the importance to respect people's individual choices and how people wished to be supported by them. Personal goals were discussed, and action taken to address these.
- Support plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation.
- Staff told us they enjoyed the ethos of supporting living. They said it enabled people to live their lives as they wanted to, with any support they needed. One member of staff told us, "Its brilliant that we can now support people on their holidays, this is what it is all about. Sharing new experiences with our clients."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as pictures of food on the menu.
- Some people were not able to communicate verbally. We saw staff communicate with people in a way they understood and responded to. We found the use of pictorial cards was used to support one person to effectively communicate.
- Information including surveys and the complaint procedure were available in "easy read" formats. This included large text and pictorial forms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff were in regular contact with relatives where appropriate. Staff had built a positive relationship with people important to the people using the service.
- People had several hours each week, funded as part of their support, to meet their social needs. People were able to choose how they used this time.
- Some social activities were arranged in the service and people were encouraged to follow their hobbies. One person for example, liked to play snooker and would enter competitions at their local snooker hall.

Improving care quality in response to complaints or concerns

- Information on how to complain was provided to people in an accessible way. People had access to pictorial postcards to support them in expressing their complaint to the provider.
- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. However, the registered manager was in the process of having sensitive discussions with people or their relatives to develop end of life care plans which would inform staff of how the person wanted to be supported.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 registered manager demonstrated a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality.
- The registered manager and the senior support workers undertook audits in areas such as health and safety, care plans and medicines. We noted the audits connected to medicines had been revamped to make the process much more thorough. These checks helped the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the relevant authorities.
- The management team consisted of a registered manager and four senior support workers. The manager was also supported by an experienced business support officer oversee the staff teams training requirements along with other tasks.
- Staff told us they enjoyed working at the service and felt the management team were supportive. Comments included, "I love what I do. [Registered managers name] is brilliant, he has made lots of changes and for the better" and "[Registered managers name] is the best manager we have ever had, he is very passionate about his work."

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

- People were supported by an approachable management team. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

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

- The management team carried out regular spot checks on the service. This included regularly visiting the supported living services and getting people's views on their care.
- The registered manager had implemented surveys for people and their relatives in February 2019. They had analysed the responses and produced a graph containing the data. The graph recorded that 15 questionnaires were sent out and nine responses were received. The service received 100% positive

feedback regarding the quality of services Waterside House provided.

- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas. A staff survey also took place in October 2019 with 17 surveys out of 40 were returned. The response received indicated that front line staff were confident in the management of the service.
- The provider had developed effective working relationships with other professionals and agencies involved in people's care.
- The registered manager told us they worked with other departments and managers within the organisation, to share ideas and gain support. The service had received support from another registered manager at a Trafford Council service to review the medicines systems.