Cheshire East Council

Congleton Supported Living Network

Inspection report

Carter House
48 Lawton Street
Congleton
Cheshire
CW12 1RS

Tel: 01260375581
Website:
www.cheshireeast.gov.uk/social_care_and_health/adult_social_care/care4ce.aspx

Date of inspection visit:
20 November 2019

Date of publication:
24 December 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Congleton Supported Living Network is a supported living service providing personal care to people with a learning disability. Care is provided to people in their own homes and communities. At the time of the inspection 18 people were receiving shared care in eight houses. Each house was staffed between 4:00 pm and 10:00 am. A member of staff provided sleep-in cover overnight. Each house had basic facilities for administration purposes.

The service has not been developed and designed in line with all of 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 did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service didn't always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; the staff rotas were based on regular attendance at a day centre and did not always offer the flexibility or responsiveness to allow people choice and control.

Staff did not receive training in accordance with the provider's schedule. Some training considered essential by the provider was significantly overdue.

You can see what action we have asked the provider to take at the end of this full report.

Safety and quality were managed through the application of audit systems. However, these systems were not effective in identifying and correcting issues relating to staff training, risk assessment and care planning found during this inspection. The provider failed to adequately respond to the issues identified at the previous inspection.

You can see what action we have asked the provider to take at the end of this full report.

People using the service were involved in discussions about their care. Staff used alternative forms of communication to help people understand important information. However, the service did not routinely seek feedback from people and relatives through surveys or questionnaires.

People's needs and choices were not always met in accordance with best-practice guidance for supported living services. We made a recommendation regarding this.

Risk assessments had been completed in sufficient detail. However, they had not been regularly reviewed which meant the service could not be certain they remained accurate or relevant. We made a recommendation regarding this.

Some care plans had not been reviewed regularly which meant the service could not be certain they remained valid and reflective of people's needs and wishes.

There was regular contact with community health services and referrals were made in a timely manner. Contact was maintained with GPs, community nurses and dentists.

People were asked for consent and given choices in relation to their care and other important decisions. However, it was not clear if people were offered meaningful alternatives to attendance at the day service.

Relatives spoke positively about the caring nature of staff. Interactions between staff and people receiving care were kind, positive and respectful. Important information was made available in different formats to help people understand what was being discussed.

Safe recruitment practices were followed, and sufficient staff were deployed in accordance with people's needs. Medicines were managed safely in accordance with best-practice guidance.

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 31 May 2017). The service has deteriorated to Requires Improvement.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Congleton Supported Living Network

Detailed findings

Background to this inspection

Start this section with the following heading:

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 conducted by one inspector.

This service provides care and support to people living in eight '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 the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), registered manager, three senior support workers and three support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals associated with the service.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• People were not always protected against risk of avoidable harm.
• Risk assessments had been completed in sufficient detail. However, they had not been regularly reviewed which meant the service could not be certain they remained accurate or relevant. For example, risk assessments for two people had not been reviewed for over two years.
• The registered manager provided an assurance that all risk assessments would be reviewed as a priority.
• The service reviewed accidents, incidents and feedback. However, it was not clear how risk assessments had been reviewed following some incidents.
• Staff understood the importance of reporting incidents and accidents.
• Documentation included sufficient detail to aid analysis and to identify patterns or trends.
• The service sought support from social and healthcare professionals to improve practice.

We recommend the service reviews its approach to the recording and management of risk to ensure information is current and accurate.

Systems and processes to safeguard people from the risk of abuse
• People were safeguarded from the risk of abuse and neglect.
• Some staff had not completed recent training in adult safeguarding.
• The people we spoke with told us they felt safe. One person said, "I feel safe at my house."
• The relatives we spoke with were positive staff acted in the best-interests of their family member and kept them safe. Comments included; "Oh, yes (relative is safe). I've no concerns" and "No (concerns), none at all."

Staffing and recruitment
• Safe recruitment practices were followed and sufficient staff were deployed in accordance with people's needs.
• People using the service had specific care needs in relation to their health and behaviours. This was considered during the recruitment process.
• When agency staff or staff from other services were used, they were given an induction and worked alongside permanent staff.

Using medicines safely
• Medicines were managed safely in accordance with best-practice guidance.
• Staff were trained in safe administration and their competency was assessed.
• Records of administration were completed accurately.

• The management of medicines was subject to frequent audits.

Preventing and controlling infection
• Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
• Staff made use of personal protective equipment (PPE) and completed regular cleaning of people's homes.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• Staff did not receive training in accordance with the provider's schedule.
• After the last inspection we made at recommendation to improve practice in relation to the management of staff training.
• Some training considered essential by the provider had not been completed in accordance with the provider's own schedule.
• There were a significant number of gaps in the training data provided.
• Training completion was not routinely evaluated by managers.
• An e-learning (on-line) training package had been developed by the provider. However, the registered manager told us completion rates were low.

Although there was no evidence of impact, the service failed to ensure staff were adequately trained to safely meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff were supported through regular supervision and attendance at team meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and choices were not always met in accordance with best-practice guidance for supported living services and building the right support for people living with a learning disability.
• We received negative comments from healthcare professionals regarding the service's ability to provide support flexibly when required.
• Following the inspection, the registered manager shared evidence the service provided additional hours to meet people's needs. For example, in the event of sickness.
• People's needs were subject to a thorough assessment prior to a service being offered.
• The needs and compatibility of other people receiving care were considered as part of the assessment process.

We recommend the service reviews its provision to ensure best-practice in supported living and the requirements of Registering the Right Support are fully embedded.

Supporting people to live healthier lives, access healthcare services and support
• There was regular contact with community health services and referrals for input into people's care were

made in a timely manner.
• Contact was maintained with GPs, community nurses and dentists. People's oral health was considered as part of the care planning process and people were encouraged to maintain their oral health through regular brushing of their teeth.

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 when this is in their best interests and legally authorised under the MCA. 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 service was working in accordance with the principles of the MCA.
• Most staff had completed training in relation to the MCA. However, the majority of this training was last completed before 2015. Some members of staff had no recorded training in the MCA.
• People were asked for consent and given choices in relation to their care and other important decisions. However, it was not clear if people were offered meaningful alternatives to attendance at the day service.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink in accordance with their personal preferences.
• Staff supported people to make choices and to shop for ingredients.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other health and social care agencies to ensure people's needs were met.
• Care records contained evidence of regular contact with external agencies in relation to; accommodation, benefits and specialist support.

Adapting service, design, decoration to meet people's needs
• People's houses had been decorated in a way which was age-appropriate and was noticeably homely.
• The décor in bedrooms was individualised and reflected people's personalities.
• Requirements relating to regulation and safety had been discretely accommodated which helped maintain the feeling of an ordinary home.

Good

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 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
• People were treated with kindness and respect.
• Relatives spoke positively about the caring nature of staff. One person told us, "The staff are lovely." While another said, "We haven't had any issues. They treat [relative] well."
• Interactions between staff and people receiving care were kind, positive and respectful. For example, when staff took time to support a person to use sign language to speak with us, they regularly checked the person's responses before sharing them.

Supporting people to express their views and be involved in making decisions about their care
• People were able to comment on the provision of care and were involved in the decision-making process through discussions with staff.
• Important information was made available in different formats to help people understand what was being discussed.
• Where people were unable to fully contribute family members were included in the discussions.
• Important decisions were recorded in care records.

Respecting and promoting people's privacy, dignity and independence
• People's rights to privacy and dignity were maintained at all times.
• Support with personal care was given in a discrete and sensitive manner.

Requires Improvement

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 has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's individual needs and preferences were not always considered as part of the care planning process.
• Some care plans had not been reviewed regularly which meant the service could not be certain they remained valid and reflective of people's needs and wishes.
• Following the inspection the registered manager confirmed all care plans had been reviewed.
• Staff knew people's personal histories and their likes and dislikes and used this information to personalise care and support.

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.
• People were supported to enjoy activities in their own homes and the wider community.
• Support was not usually provided between 10:00 am and 4:00 pm as most people attended a day service four days per week. However, people were provided with support on the other three days.
• The service supported people to develop and maintain important relationships. Regular contact was maintained with families and they were free to visit at any time.

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.
• Staff understood the need for effective communication and met the requirements of the AIS.
• Most communication was verbal. Staff understood the need to allow people time to process information and waited for them to respond before continuing conversations.
• Important information was also made available in a range of accessible formats to help people understand and to promote their involvement in decision-making.

Improving care quality in response to complaints or concerns
• The service dealt with complaints in accordance with their own policy and best-practice guidance.
• None of the people we spoke with said they had made a recent formal complaint. They each said they would feel comfortable raising any issues with any member of staff.
• Relatives told us how the service had responded positively when concerns were shared.

End of life care and support

• The service did not routinely support people receiving end of life care. However, people's end of life wishes were discussed with them or their relatives and recorded in care files.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff understood their roles and responsibilities within the service.
• The registered manager understood their role and had submitted notifications to the CQC as required.
• Safety and quality were managed through the application of audit systems. However, these systems were not effective in identifying and correcting issues relating to staff training, risk assessment and care planning found during this inspection.
• Records were not reviewed regularly.
• The provider failed to adequately respond to the issues identified at the previous inspection.

The service's systems and processes were not sufficiently developed to ensure safety and quality. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People living at the home were involved in discussions about their care. Staff used alternative forms of communication to help people understand important information. However, the service did not routinely seek feedback from people and relatives through surveys or questionnaires. We discussed this with the registered manager who confirmed the situation would be reviewed.
• Staff were supported to express their views and contribute to the development of the home at team meetings and supervisions. The staff we spoke with said they could approach the registered manager, or the senior staff at any time.

Continuous learning and improving care; Working in partnership with others
• Systems did not consistently promote continuous learning and improvement.
• Opportunities to train and develop staff had not been maximised.
• The service did not always work effectively in partnership with other professionals.
• We received mixed feedback from social and healthcare professionals regarding the quality of engagement with the service.

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

outcomes for people
• The service did not consistently reflect best-practice in supported living.
• Managers and staff demonstrated a commitment to delivering person-centred care. However, the lack of flexibility and failure to review risk and care needs limited people's ability to establish and achieve good outcomes.
• Staff demonstrated an understanding of their responsibilities in relation to the people using the service and the need to act with honesty and integrity.

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
• Following significant incidents, the provider acted with integrity and communicated effectively with families and professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not responded effectively to the findings of the previous inspection. Audit systems were not effective in identifying and correcting issues relating to staff training, risk assessment and care planning found during this inspection.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received training in accordance with the provider's own requirements. Some training was incomplete while other training was significantly out of date. The provider could not be assured staff were adequately trained to complete their duties in a safe, effective manner.