PossAbilities C.I.C

Cherwell Centre

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The service consists of an Outreach Team, Shared Lives Scheme and a Supported Living Scheme. The Outreach Team provide care and support to adults with learning disabilities in their own homes or with their families and enables them to maintain their own independence and lifestyle. The Shared Lives Scheme offers people with a learning disability the opportunity to live in a family home either on a long term or short-term basis. They also offer respite care for people with a learning disability or people living with a dementia.

The Supported Living Scheme provides 24 hour personal and domestic support to people who live in their own home and who have a learning disability. Support is provided on a long-term basis in tenanted housing. A total of 150 people were being supported throughout the service during our inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

The service was rated as outstanding at the last inspection of October 2015. The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance; these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

Safeguarding policies, procedures and staff training helped protect people from abuse. People who used the service were given information and training to help protect themselves from harm. Safeguarding policies and procedures were developed in formats people could understand. The service liaised with other organisations to develop better practices to keep people safe.

The administration of medicines was safe. The service worked with other professionals to ensure people's medicines were administered in line with current guidance and took part in research to help improve the health and welfare of people who used the service.

People who used the service helped choose the staff who worked at the service and management conducted robust checks to ensure they were safe to work with vulnerable people. People told us they were looked after by a reliable staff team.

There were sufficient staff to meet people's needs. Where possible people had the same staff team to care for them which ensured the continuity of care.

There were systems and checks to ensure the Cherwell Centre was a safe place for staff to work in and

people who used the service to enjoy. We saw these checks covered all aspects of the service and were conducted in a researched way using up to date guidelines. People who used the service were trained and supported to help with health and safety assessments.

People had a health action plan which showed that their health care needs were met. There were risk assessments for the environment, health and social care needs to help keep them safe. The service liaised with other organisations and professionals to help promote good care for people who used the service.

The principles of the mental capacity act were followed to protect people's rights. We saw that where required best interest meetings were held with associated professionals to ensure any decisions were made on a persons behalf and were the least restrictive.

People were supported to take a nutritious diet to help maintain their well-being. The service encouraged people to plan and prepare their own meals to follow a healthy lifestyle. We saw that the service took part in research to improve people's health.

Staff received an induction. Training and supervision was ongoing and staff received competency checks to provide quality care. Staff were encouraged to participate in further training and support to gain promotion. Training was developed to be person centred because staff were encouraged to appreciate what people who used the service had to face in daily life.

People we spoke with thought staff were kind, caring and supportive. Staff encouraged people to be independent and to exercise their rights by lobbying MP's or joining known support groups.

The service was aware of equality and diversity and ensured any support people needed with their gender, sexuality, ethnicity, religion and culture was provided with empathy. We saw many examples of how the service supported people to meet their diverse needs.

People's communication needs were tailored to each person to ensure their wishes were known. The service embraced technology to aid communication to assist people who communicated in a non verbal way.

People who used the service and family members could have their say in how the service was run. People and their families attended forums and we saw that action was taken from the meetings to improve people's lives.

There were meaningful activities and events to help people lead a fulfilling life. The service initiated and led events that involved the local community. People were supported in employment to help them feel valued.

People were assessed prior to joining the service. Plans of care were developed from the assessment and gaining information from relevant others. People were able to help develop and encouraged to maintain their involvement in the plans of care. The new electronic system gave people who used the service a chance to add their comments and we saw staff responded to their needs.

People's end of life plans showed us their known choices were recorded and staff told us they had followed the plans in the past. There was support for any person who wanted to plan their end of life care and for any person or staff member who needed help during the grieving process.

The management system was structured so that staff and people who used the service knew who to go to if they wished to raise a concern. There were easy read procedures for people to follow and meetings where

people could talk through any concerns they may have.

Audits and quality assurance surveys helped the service maintain and improve standards. We saw the audits were comprehensive and how the service responded in a positive manner for any areas that highlighted where improvements could be made.

Staff were given incentives to help improve their performance and encouraged to put forward their ideas to help improve the quality of service provision. Staff were valued and we saw that many ideas staff had discussed at meetings were implemented. This included activities and improvements to people's support.

The service liaised with many organisations, professionals and the community to help promote the care of people with a learning disability and autism. This included being involved in ways to improve people's health and well-being.

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.

Staff were trained and aware of the need to report any signs of abuse. People who used the service were also given training and information to keep themselves safe. The service liaised with other organisations to maintain and develop safeguarding procedures.

The administration of medicines was safe. The service were proactive in researching medicines to ensure the treatment was what was best for people who used the service, which had led to a reduction in medicines that sedate people.

Recruitment was robust and included the involvement of people who used the service in choosing new staff to ensure it was someone they could relate to.

Is the service effective?

Good

The service was effective.

Staff were well trained and supported to fulfil their roles. Training was designed to give staff the knowledge to look after people who used the service but also encouraged staff to deliver person centred care.

People were supported where possible to take a healthy diet. Staff were trained in nutrition and safe food hygiene. The service were involved in initiatives and research to help people maintain a healthy lifestyle.

The service followed the principles of the Mental Capacity Act 2005 (MCA) to help protect people's rights. We saw examples of how best interest meetings had had a positive impact on the lives of people who used the service.

Is the service caring?

Outstanding ☆

The service was caring.

We saw that people were encouraged to maintain and improve

their life skills. This gave people the confidence to lead a more independent lifestyle. People were given choices in the way they ran their lives.

People's culture, religion, age, gender and ethnicity were supported at the Cherwell Centre. We saw many examples of how people's equality and diversity needs were met.

The service had developed ways to ensure each individual had a means to communicate their wishes. We saw examples of how technology and other methods were used and how the service produced many documents in versions people with a learning disability could understand.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were able to access a wide range of activities, including support to work at the Cherwell Centre and other organisations. Some of the activities led by the service included the whole community, which promoted a positive aspect of people with a learning disability or autism.

People's end of life wishes were recorded and supported to ensure their choices were carried out at the end of their lives. The service gave people information on bereavement, what a funeral was and how they may feel. We saw staff supported people when they were grieving and how management supported staff with empathy when someone had passed on.

The electronic plans of care gave staff the details they needed to care for people who used the service and were updated when required. People who used the service were able to access the plans and add their own comments or record any activities they attended. We saw their wishes were noted and where necessary the plan changed to reflect what the person wanted.

Is the service well-led?

Outstanding ☆

The service was well-led.

Staff and people who used the service thought managers were approachable and supportive. There was a management structure people who used the service and staff were aware of. The staff incentive to work towards promotion meant that when a position became available people did not have to get used to someone new.

The service had good quality assurance systems to ensure the service was maintained or improved. This included meetings and forums where we saw action was taken to improve the service and surveys where people gave their view of the service.

The service were involved with local authorities, the police, research and development organisations and the local community. This showed the service were committed to looking at best practice in their care of people who used the service.

Staff were given many opportunities and incentives to improve their performance and be involved in the management of the service. Staff told us they thought managers were supportive and encouraged them to go above and beyond what was expected of them. Many of the good ideas the service utilised were from staff meetings.

Cherwell Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and was conducted by two adult social care inspectors and an assistant inspector on the 10 and 11 October 2018.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views of the service and they did not have any concerns.

We spoke with ten people who used the service, three relatives, the registered manager, the business and development manager, a supported living service coordinator, the quality and performance manager, two shared lives placement officers and eight support staff members of various grades and from all parts of the service.

During our inspection we observed the support provided by staff in communal areas of the service which included meeting rooms, the farm and social lounge. We looked at the care records of ten people and medicines administration records for five people who used the service. We also looked at the recruitment, training and supervision records for seven members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and made comments such as, "I feel safe, the staff make sure I'm ok" and "I feel safe at home, we know not to open the door for strangers and who to call if we need help." Staff we spoke with said, "I'd tell my manager if there was a safeguarding or any other concern, they are really approachable at the office too" and "We ensure people are safe when they go out independently, we carry out risk assessments and we do travel training with them. Some people had a mobile phone and carry cards in their wallets relating to any support they may require, like epilepsy. We know people really well and know if they are upset. They feel safe to tell us anything and I think they would share any worries with us. It's a no locked door policy. Everyone has their own set of keys to the house and keys to their own room."

The service had a safeguarding and whistleblowing policy available for staff to follow good practice. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on and advised staff to contact the registered manager or person on call if they had any concerns. Some staff members (called champions) had further training in protecting people from abuse and were available to all staff for advice. The whistle blowing policy was also available within the staff handbook. Staff we spoke with were aware of the need to protect people and gave us a good insight into how they would report any possible abuse. At team meetings there were team tests to check that staff were aware of safeguarding issues in between the training sessions which were held two yearly. Safeguarding items were standard item agendas in team meetings and supervision.

We saw that where people who used the service were able they attended training about what abuse was and how to report any safeguarding incidents on the services web site. People were also provided with an easy read booklet on how to keep safe. Some people carried a booklet which would give other organisations such as the police simple details of their condition. This was regarded as particularly useful for people with an autism related condition to help explain their behaviours. People who used the shared lives service were regularly met away from their 'family' carers to raise any concerns they may have.

Some staff received further training in moving and positioning topics (champions). Part of their role was to complete moving and positioning risk assessments and to provide training, advice and support to other staff members. Champions also showed staff how to use and moving and positioning equipment safely. Staff competencies for moving and handling were checked six monthly by their line manager.

We saw there were safe systems for protecting people's finances. This included retaining receipts for all transactions and managers auditing people's monies regularly. Whilst staff did support some people's money management it was the service's policy that where possible people took control of their own finances.

The registered manager said all safeguarding referrals were reviewed at board level to look at ways to try to learn from any incidents. Managers attended the local authority safeguarding group which looked at best practice in protecting people from possible abuse. The service had also worked with one local authority to

audit a safeguarding tool. This had resulted in better information being provided to the local authority safeguarding team. We saw the service had more involvement with other organisations to improve the protection of vulnerable people, including the provider group forum. The policies, procedures, training and auditing showed the service were committed to protecting people from harm.

People who used the service were involved in recruiting staff. Staff asked them for the personal specifications of the staff they want. This meant people felt empowered to make the decisions of what staff they wanted. This has resulted in staff being aware of what the person wants and the registered manger says staff are working longer with the service users. One person spoke on behalf of the people accommodated at a supported living service and told us, "We interviewed staff ourselves and wrote a job description so staff knew what we wanted from them. We worked out what was important to us." We looked at seven staff files during the inspection. We saw that all the necessary checks had been completed to ensure staff employed at the service were safe to work with vulnerable adults.

All the people we spoke with were satisfied with their staff team who were reliable. One person commented "I have regular staff that support me which means they know me and I know them. This makes me feel safe." A staff member said, "Staffing levels are good. We don't use any agency. We have casual relief register staff that we use to ensure continuity for the people we support." This comment was iterated by other staff which showed there were sufficient staff to meet the needs of people who used the service. We also saw that where we spoke with a person who was accompanied by a staff member they knew each other well.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service and these had been completed. All records were analysed by management to spot trends and reduce risks.

We saw that all necessary checks to ensure the safety of staff and people who used the service was undertaken at the centre. This included fire drills and the maintenance of equipment. There was an emergency evacuation plan and business continuity plan which showed how the service would respond to any critical disruption of the service. People who lived in supported houses had a personal emergency evacuation plan (PEEP) which informed staff and other organisations such as the fire service what needs a person may have to evacuate a building.

Following the Grenfell fire disaster, the service had met with the local fire service to check that the PEEP's and evacuation plans were fit for purpose. Following the discussion's, it arose that it was possible there would be more than one person for a staff member to assist and therefore arrangements were made to take people directly to their neighbours in an emergency to prevent anyone with a learning disability get lost in the confusion.

One person who used the service told us, "I'm a quality checker, I go out and do a health and safety checklist at outreach and shared lives places. It makes me feel like I am serving the community and giving a bit back." People who used the service were trained and supported to check on health and safety in people's homes. The houses of people in supported living were risk assessed for safety. Staff completed a health and safety audit of the premises. This was to ensure the building and equipment was safe to use. A suitably qualified member of staff visited the premises regularly to ensure all equipment had been maintained and checked any required certificates were in place. This safe system was also used for people who were accommodated in the shared lives service. We saw the audits management completed to check that people's home environments remained safe and how the service responded to any problems the service may have. People had been moved to another house whilst work was undertaken to improve security and prevent burglary.

The service used the National Institute of Health and Clinical Excellence (NICE) guidelines for the safe administration of medicines, which is considered to be best practice. We saw that the medicines policies and procedures had been developed around this guidance. The policies and procedures reflected medicines given in each branch of the service. The service also liaised with local authority care staff to develop the best way to administer medicines to people who used the service.

All staff who administered medicines were suitably trained and regularly had their competence to administer medicines safely checked by managers. Staff had to complete the training and three competence assessments before they could administer medicines. The records were audited regularly to spot any errors. The six records we looked at were well developed with a pen picture which told us what support a person needed and how they best liked to take their medicines. There was a 'taking my medicines document' provided in an easy read format to help people understand why they were taking their medicines. There was a documentary record that staff had talked to a person about medicines administration and people signed their consent agreement to items of safety such as keeping their medicines locked away.

People were encouraged to self-medicate and a competency assessment was undertaken to ensure people had the capabilities to do so. Any person who needed assistance with taking their medicines had to sign their consent for staff to administer for them. Where people may not understand why they were taking medicines a best interest meeting was held with the individual, staff from the service, family members if appropriate and external professionals involved in the person's care. Where people did not have any family members to support them an advocate was provided. An advocate is a professional who acts upon a person's best interests. This ensured people's rights were protected.

The service was involved in a national public health initiative, stopping the over-medication of people with a learning disability or autism (STOMP) to reduce the amount of medicines that may affect a person's functional abilities. The service monitored the reduction and administration of this type of medicine. We were told this had had a good impact on people when it was done in a controlled way with medical support and had made improvements to people's lives such as being more alert and able to do more for themselves.

The medicines administration records (MAR) we looked at were kept up to date and did not contain any errors or omissions. There was a photograph on the front of each MAR to prevent identification errors. We saw that there were protocols in place for 'as required' medicines which met current guidance, the use of body maps to show staff where to apply any creams and how any short shelf life or medicines that had to be used by a certain time were dated to ensure they were used in time and remained effective. We also saw there was guidance for staff around specific medicines such as those for epilepsy to ensure this was administered correctly and safely.

If a person required medicines to be given covertly we saw this was recorded in detail in a person's MAR records. If necessary this had been completed following a best interest meeting and showed how staff had looked at the person's values and beliefs. The meetings involved external professionals such as the person's GP and pharmacist. The records showed who was involved in the meeting, why it was required, what were the alternatives, a GP assessment and who would administer the medicines. The decision was regularly reviewed to ensure it remained what was best for the person concerned.

We saw there were person centred risk assessments to help keep people safe in their activities or living with support. The risk assessments we saw, for example attending a specific activity or going on holiday were completed in a manner which ensured people took identified risks safely but did not restrict their lifestyle. There was a positive-risk-taking policy describing people's rights to citizenship, inclusion and support in

balancing their safety, wellbeing and happiness.

People who used the service lived in their own homes with family, in supported housing and the shared lives scheme. Although people were mostly responsible for their own infection prevention and control safety we saw that all staff and shared lives carers had received training in this area and provided advice and support when required. The service used the NICE guidelines for infection prevention and control but tailored them to the needs of the services provided and how they fit with the CQC regulations.

Cleanliness and household chores was audited by staff at the home and by management. We saw there was a system for ensuring staff had sufficient supplies for ensuring staff had personal protective equipment such as gloves and aprons where required. People we spoke with told us staff supported them to keep their homes clean and tidy and had learned how to perform the tasks they were capable of. Training staff in infection control and teaching people how to safely care for themselves helped prevent the spread of bacteria in their respective living environment.

We asked the registered manager if any lessons had been learned since the last inspection. They told us the complaints procedure had been amended to include talking to the complainant at an early stage which helped reassure them that the concern was being looked in to. This was not part of the policy previously.

We saw that where necessary the service used their disciplinary procedures to help protect people. This included further training for any errors detected or where it was thought it would provide better support for both the staff member and the person using the service.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who used this service lived in their own homes, with family or staff or shared a house with care staff and are not usually subject to a DoLS. However, the service had developed a discussion group that was formed with members of the community and other organisations to discuss the grey areas of people's mental capacity in the community such as shared lives. We saw that best interest meetings were held to ensure that any restrictions on a person's life was the least restrictive. One example was the use of a harness when people were being transported by car. The use of the harness was assessed and only used if it was the least restrictive and safe action. Other examples included assessing access to medical support when a person did not want it and looking for other options or being more independent in their lifestyles by reducing staff support. We saw the service always acted in the best interest of people who used the service and by meetings and monitoring this gave people a better quality of life.

We saw examples where the best interest meetings had included health and social care professionals, staff from the service and family members if appropriate. The registered manager said they saw the meetings as a way to discuss good practice which could be passed on to all staff.

People living in their own homes were supported to plan their diet, shop and cook. Cherwell Centre provided workshops in relation to healthy eating and exercises which people who used the service were able to attend. One person told us, "I learnt to check the dates on food so we don't eat things that aren't good for us."

There were 30 health and well-being champions. These are staff members who have had more training around maintaining a healthy lifestyle. Staff encouraged people to be active and sugar smart, eat well, reduce stress and take some relaxation which are recommended as the five ways to well-being. Staff also had access to a food and nutrition policy to follow good practice and were also trained in these topics.

Plans of care we looked at showed that people's nutritional likes and dislikes were documented along with any foods that needed to be avoided, for example allergies. We saw records contained photographs of

people making meals, baking and shopping. One person who
used the service had previously engaged in a trial to lessen the frequency of epileptic episodes. Staff had taken advice from a nutritional scientist in relation to their diet and it was noted the frequency of epileptic seizures had decreased. The service continued with the research and worked with service users around other issues such as weight reduction and control of diabetes. We saw that from the evidence based research and advice this had helped people lose weight or have a better understanding of how to life better with diabetes, including more acceptance from taking guidance from professionals.

We saw that food served in the social lounge met people's diverse needs. We saw there were options such as for vegans or people from an ethnic background. We were also told people were provided with food in the home according to their needs and records in the plans of care showed us people's families were also involved in providing advice and where they wished food which was suitable to their needs. If people wanted they could attend cookery classes and dependent upon people's abilities were encouraged to cook for themselves.

A staff member told us, "My induction lasted a few weeks. Medication training and mandatory training prepared me for the role. I also did safeguarding and moving and positioning training. The other staff supported me also, and I shadowed alongside staff until I felt confident." From looking at staff files and the training records we saw that new staff received an induction when they commenced work, which covered all aspects of care and support staff needed to learn. Staff new to the care industry were also enrolled onto the care certificate which is a nationally recognised training program. We saw completed certificates for these staff members. New staff attended a probation and support meeting every month during the first six months of employment. This recorded staff progress and their own comments about working at the service. Staff competencies were checked six monthly for medicines administration and the care and support they provided every six months. Staff were also encouraged to complete a person centred approach questionnaire which was analysed and used to identify training needs. New staff were fully supported to gain the skills and confidence to support people who used the service.

Relatives and people we spoke with thought staff were well trained. Comments included, "I believe they are well trained" and "They always seem to know what my relative wants." All the staff we spoke with said they thought the training provided by the service was excellent. The training records and staff files also showed us staff received training in all aspects of care and support. This included mandatory training such as first aid, moving and positioning, safeguarding vulnerable adults and the MCA and DoLS. Further training included positive behaviour management, equality, diversity and inclusion, the care of people with epilepsy or a dementia and autism. We saw that most staff had completed a course in health and social care such as a diploma. The service encouraged staff to join the 'succession plan'. Staff could aim for promotion to a job they wanted and were given additional training and one-to-one support from the management team to help achieve their goals when a position became available. Staff also used the plan to encourage staff they felt had good potential. This ensured the service had a well-trained staff team because staff were already trained to take up a post when someone left.

The service encouraged staff to become 'training champions' (staff with enhanced knowledge in specific areas) in areas such as safeguarding, communication and moving and positioning. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service. The champions were available to provide support to people who used the service and staff who may need help in the care of people with specific needs, for example communication.

We asked staff if they felt supported. They told us, "I have regular formal and informal supervision. There is always someone to speak to, any time of day and night. I feel so well supported" and "Brilliant, really good

support. We have one-to-one support, they (management) will sit with you and train you." The records showed staff received regular supervision and appraisal. We saw staff could bring up their own training needs or topics they wanted to talk to management about. The supervision and support available helped staff feel confident they could discuss their roles to improve the support they provided to people who used the service.

The service had produced a document called making health and social care accessible. This informed people in an easy read format how they could expect information to be provided, and included who the service can share information with, a commitment to provide information in a way people can access and understand it, people's rights to contact the organisation and other organisations, make sure any communication was recorded and get professional support if required. The service then provided information in an easy read format, by the use of computers and other communication aids specific to the person. One person used symbols to express their wishes and other people used a computer screen to point to what they wanted. This helped ensure people had access to and understood their rights around communication and data protection.

Shared lives carers were assessed prior to joining the service. This was to match people who used the service to a suitable carer. Details were taken of their backgrounds to look at their interests and hobbies, culture, religion and any other need such as ethnicity. If social services identified a person who required support they provided the service with their details. The details were taken into consideration and a meeting was arranged between carer and the person who needed support. A trial period could consist of taking people out or going to a shared lives carer's home for visits. The visits were monitored and if all worked well people were offered support they were comfortable with. Staff provided backup and met with people who used the service and carers to monitor how the placement was progressing.

Records we looked at showed that people who used the different services had health action plans in place. These were detailed and looked at people's health needs such as teeth and mouth care, skin, mobility and sexual health. Records also showed that external professionals were involved in people's care such as epilepsy nurses and speech and language therapists. This ensured that any health identified issues were addressed.

All three parts of the service worked from the Cherwell Centre. We toured the offices during the inspection and saw that there were separate offices for each branch of the services manned by staff during office hours and there was an on-call system for out of hours contact. The offices were modern and well equipped to provide a good service and there was a range of rooms for uses such as teaching or privacy. There was a large map in the hallway of the local area, which highlighted areas of interest. A computer tablet was located by the map and people could enter an activity they were interested in or another organisation and this would be highlighted on the tablet with a corresponding simple grid reference on the map. This helped enable people to access information independently if they wished and inform people what opportunities were available in the community.

There were also separate areas such as the social lounge, florists room, a sensory garden and pond for educational as well as recreational purposes and a petting farm with small animals. People were fully engaged in all aspects of these services to include looking after animals, and maintaining the gardens. People were involved in working to achieve educational accreditation in animal care named ASDAN which is a curriculum development and awarding body providing skills for learning and work and life.

The service liaised closely with other organisations to ensure any person joining or leaving the service had a smooth transition. We saw evidence the service worked closely with the local authority when planning an

admission and had contacts with many organisations such as the learning disability action forum, GP's and other health related staff skills for care, the police and local colleges. The service was able to take guidance and advice on all aspects of care and support from other organisations.

The effective cancer treatment of people with a learning disability was presented to members of the houses of parliament by people who used the service with staff support to help promote consistent care. The service actively promoted the good health of people who used the service and we saw evidence that the treatment of people with a learning disability was high on the agenda.

Outstanding ☆

Is the service caring?

Our findings

People who used the service told us, "I am happy with my staff team. They are kind to me."; "Staff support me to have good relationships with my family and keep them up to date." "Staff help me calm down and reassure me."; "Staff support us a few days a week to go food shopping and with our finances. We get on really well with them. They are very caring." and "I sometimes worry about things. My staff give me lots of reassurance so I am able to stop worrying so much. The team are lovely, they know me really well and how to make me feel better if I am a bit down or anxious." People thought staff were kind and supported them.

We asked people if they felt they were encouraged to be independent. Comments included "I do lots to keep busy, I am independent and do all my personal care myself."; "Staff encourage me to do jobs around the house. I have just learnt to use the washing machine. I also get involved in cooking and cleaning." And "We do most things for ourselves and the staff are teaching us new skills. I learnt to check the dates on food so we don't eat things that aren't good for us." A relative said "[Name] put together his flat pack furniture in his new room with support from staff and chose it all himself. He likes to show everyone his achievement." We saw photographs of people completing personal tasks around the house.

Staff we spoke of were aware of the importance to help people learn and retain life skills. They told us, "We encourage people to do what they can for themselves, one person does their own packed lunches at night."; "The people we support make their own choices. We are currently working to active support plans that are leading towards total independence in self-medicating." and "Some people we have supported have moved on to more independent living as a result of the work we have done with them." People were supported to remain independent and given the opportunity to learn new skills.

People's sexuality was respected at the Cherwell Centre. We saw that people had relationships according to their sexual preference. Thirty four people and staff took part in the gay pride event in Manchester. This event was used to help team building and show support for the LGBTQ community. This an organisation for lesbian, gay, bisexual, transsexual and people who question their sexuality. Staff held discussions around sexuality and how to stay safe within a relationship. We were told this was also to help build confidence in relationships and also told of how people had relationships where they hoped to get married. The service liaised with families and other organisations to ensure any relationships were monitored and where possible in agreement with them.

We looked at how people were treated with equality and diversity. We were shown photographs of how people were supported to follow a lifestyle they wished. This was based on an ancient civilisation. Other people who used the service were encouraged to follow their chosen religion. We saw people had access to choose to practice their faith in the way they wished and staff made arrangements for them to attend services. This included people from an ethnic background.

There were special events in the social lounge to celebrate and inform people and staff of the cultural differences of people. The events were themed to a particular nationality and any food served was prepared according to the tradition of the country chosen.

A person who used the service said, "I make all my own choices, we have separate meals and I pick my clothes out and activities that I like to do." We saw that people were involved in their plans of care and their wishes and choices taken into account. The plans showed that people were able to follow their chosen lifestyle and retain their individuality. People's mental capacity was assessed for some of the decisions they made involving the person, family members and staff at the service. Following assessments, we saw that people were able to make decisions to have a tattoo, go on holiday, have fulfilling relationships and attend groups of likeminded adults in a secure environment. Another person who used the service said, "Having support from PossAbilities means I can live in my own home with confidence. Life would be very different if I didn't have them."

The service provided information in easy read formats to help people understand all aspects of care and support. The documents included how to remain well, how to remain safe, whistle blowing, human rights and how to complain. People and family members were also included in group meetings to discuss issues relating to their care and support, for example mental capacity, sexuality, well-being, health and welfare. The meetings gave managers the opportunity to pass information to people in a way they could understand it. This gave people the opportunity to have a say in how they were cared for, for example the learning disability health action forum developed a document for hospital admissions. This looked at any reasonable adjustments people needed for a stay in hospital, to have a better experience and for hospital staff to have a greater understanding of an individual with learning disability.

Following another family and service user forum the use of public transport was discussed with a general feeling of annoyance that drivers were inconsiderate. An official from the transport company came to talk to the group and improved the service by training the drivers in disability awareness. We were told drivers were now less likely to refuse wheelchair users from getting on a bus.

We looked at how people were able to communicate their wishes. We saw the people used computer tablets, including a system where people could point a cursor on a specific object for the visually impaired, talking mats (people can draw a picture of what they want or how they feel) to make their wishes known, notepads and individual dictionaries. The service worked closely with the Oldham speech and language therapy team (SALT) to ensure symbols used in communication were evidenced based and easy to understand. People who used the service were invited to the meetings to advise on what worked for them. The SALT team went to different service users houses to show them how the system worked.

We saw all records were stored confidentially and staff were taught about how to protect data such as the sharing of information. People who used the service were also taught about data protection and confidentiality.

We saw that some people had access to the advocacy service if required. An advocate is a professional who acts independently on a person's behalf to ensure their rights are protected. They also ensure any decisions taken on a person's behalf are the least restrictive.

The service was a centre for hate crime. The service liaised with the police service who regularly came in to talk to people who used the service about how to keep safe. Videos were also shown about hate crime and what it was. We saw action was taken if a person with a learning disability was subject to harassment or any other anti-social behaviour against them.

We observed care in the communal areas of the centre. We saw there was a good atmosphere with staff and people who used the service mixing together. There was a good rapport people who used the service who had the confidence to laugh and joke with staff. People came and went as they liked into the garden or

smoking area. We did not see any breaches of privacy for any person who required personal care. Staff were sat talking to people or assisting them to join in activities and we saw they took time to ensure whatever people were doing was beneficial to them.

Relatives told us, "[Name] was so shy and quiet when he moved to the service. Now they are in the show and helping on the farm, their confidence has increased so much" and "Since being at the home [Name's] literacy has improved. He fills in the staff board every day in the kitchen so everyone knows who is on duty. This makes him really proud." People's abilities and confidence grew due to the care and support of staff.

The service had a 'welcome values approach' in place. This was developed by the provider in order to improve services for people they supported. Staff members from across different services spent time with a person they were supporting, the aim being to experience whatever people who used the service experienced. From this people had found work in the shop or activities they wanted to do, for example go on holiday.

People who used the supported living service were expected to sign a care and support contract. This set out the responsibilities of the service for providing care and support such as staffing, person-centred plans, complaints, and tenant's meetings. It also set out the responsibilities of the person using the service had in relation to things such as personal property insurance, fees, bills (rent and utilities) and repairs. Shared lives carers had to sign an agreement which covered all aspects of a person's care tailored to each individual and included any religious or cultural needs.

A person who used the service said, "Staff support me to have good relationships with my family and keep them up to date." Families were encouraged to participate in running the service and had various forums and meetings they could attend. People were encouraged to remain in contact with their families and friends.

The service had signed up to the disability confident employer scheme which recognises the service are committed to equality and diversity and making sure staff are suitable and committed.

The registered manager said, "As our duty of care extends to staff, we purchase an employment assistant programme (EAP) for all staff to access counselling and other support and is utilised, for example, in times of bereavement."

Outstanding ☆

Is the service responsive?

Our findings

We saw there was a range of activities people could join in with at the centre. The service initiated and led big events which involved the local community. The service is based in Heywood which is known locally as monkey town. The service organised a three mile ape trail which involved artists, people who used the service, local schools and staff in designing apes and distributing them around the town. The community were encouraged to complete the trail and take brass rubbings of each of the nine apes. The town became involved and carnival type floats joined in the fun on the day. The trail finished at the centre where one thousand people congregated to enjoy a party. The event was so well supported it was reported in the press.

A person who used the service said, "I took part in the 'pride' celebrations, it was a really good day and I made lots of new friends." As well as the gay pride involvement a group went to a music concert, individuals went on holiday in the UK and abroad and an inclusive world cup event was held. This was for able bodied and disabled people from either gender. The service had raised some of the money from the proceeds of crime fund to put on the event. The games were tailored to people's abilities such as football darts and creative craft competitions around football related themes. Again, the community, family and friends were involved. A summer fair was held at the end of the tournament where each person who had participated received a medal and shirt. The registered manager said this was good for teamwork and integration with the community.

The service employed a florist to provide a flower arranging service for the community. People from the service assisted in making flower arrangements and wreaths. We saw a group at work and how much they enjoyed the session. The flower shop is open to the local community who could come in and order arrangements or there was a telephone line to contact the service to place orders. Another initiative was a gardening service. People who used the service were trained and supported to go out to maintain the gardens of people in the community. The service provided a van and equipment for people to learn gardening skills. This helped people get work experience. We spoke with several people who were working on the farm or gardening and they said they enjoyed the work and for people on the farm they told us which animals they liked working with best.

The service liaised with other organisations such as colleges to help people find useful employment or attend courses. Currently people worked in gardening, a café, office based work and on the farm.

The centre had a social lounge and we saw lots of activities being completed. Some people were playing pool, others were engaged in arts and crafts. People could get a drink or meal in the lounge. Other activities included drama, bingo, movie nights and pamper sessions. There was a large list of what people could attend and we saw photographs of people participating in them. Activities could also help improve people's lives by reducing isolation. There were life skill sessions such as cooking or information sessions around topics like mental health issues.

The service had recently developed a sensory garden with raised beds for flowers, vegetables and herbs. There was a pond for attracting wildlife which was used for education and recreational activities such as

pond dipping. The farm had separate areas for usual small breed animals such as pigs and geese but also other species such as parrots, spiders and rodents. The farm was used as an educational tool but also to help people build up their confidence and self-esteem. Local schools attended educational sessions and met people who used the service.

The service had bought a holiday lodge in the countryside and took people who used the service on holiday with staff support. Staff could use the lodge at a reduced rate as an incentive if it was not being used for people who used the service. Other people went on holidays further afield and abroad. Some people had been on a cruise. Management asked for feedback from any holidays taken. Comments were all positive including, "It was fabulous" and "I loved going around the shops. I loved it all."

People who used the service told us, "Being able to take part in the shows gives me confidence and I love performing for my family and friends. It makes me proud." and "I'm involved with the shows at the centre, I get butterflies and I'm a bit nervous, but I love it." The service was holding a gala evening in a local arena. It had taken several months of rehearsals and involved many people who used the service, staff and family members. The inspection team were invited to attend and went one evening to a very entertaining show. We could see that a great deal of time, effort and enthusiasm had been put into the show.

A person who used the service told us, "I have a pro-wise computer which is touch screen so I can watch YouTube and go online." The service had developed the use of technology to make running the service and people's lives better. This included an electronic care plan system, specialised equipment such as motion detectors and devices to alert staff if someone was having an epileptic seizure, robotic animals to enable a person to have a pet, computers for communication or remaining in touch with family and friends and pendants which people could use to raise the alarm in an emergency.

Two people who used the service said, "Some people can't speak out like I can, so I like to make sure they are getting proper care at home." and "I know where to go for help and how to make a complaint. I have not had to complain though." There was a complaints procedure which was produced in easy read and other formats for people to raise any concerns. Each person received a copy of the procedure in a format which best suited them. The complaints procedure gave people advice on how and who to complain to and a card to complete if they wished which could be anonymous. Nobody we spoke with during the inspection had any concerns and said they were happy with the way they were supported. We saw there had been two complaints made to the service and both had been concluded with a satisfactory resolution.

Staff were trained in positive behaviour support. Two staff members told us, "[Name] came to us, their behaviours often challenged us and they isolated themselves to feel safe. Now they go to college on public transport. They had anxieties but now sit in a class. The support they have means they lead a more fulfilled life." and "Name used to isolate themselves at a previous home, but now lives with four other people and gets on really well with them. The person is looking forward to his birthday party in a few weeks." We also saw that detailed behaviour support plans were in place for those people whose behaviour may be challenging. We found that these contained information regarding factors that may influence a persons' behaviour, external factors such as noise, what the behaviours are and who they can affect. Staff looked at the triggers and developed strategies for dealing with behaviours that challenged and de-escalation techniques. The service provided support which helped people who felt socially isolated and were person centred in their approach to behaviours that may challenge.

A family member had written to the service to say. "At first a staff member came to see us to talk about care and support for my relative. It felt very strange being offered this help as we had never had any. We decided to take the help and what an amazing thing to accept and allow into our lives. My relative has received so

much care, support and equipment since we joined the service. I am eternally grateful." Prior to each person using any of the services, a pre-admission assessment was completed by a member of staff. Social services also supplied information about the person's support needs. The assessment covered all aspects of a person's health and social care needs and helped to form the care plans the service put in place. The assessment process ensured that the service they had been referred to could meet the needs of the person.

A relative told us, "If there are any changes with my relative staff ring me to let me know. I am invited to the twelve month assessment to see how my relative is doing and to see if I have any issues." Plans of care had been computerised to encourage greater participation from people who used the service. People could add photographs or video of activities and make comments if they wished in their section. This could influence the care they received, for example we saw that one person had a reduction in staff support at night. The care planning side was accessible to staff only. Plans of care were personalised to each individual. Each of the ten we looked at showed us people's wishes and choices had been taken into account, as had people's likes and dislikes. Plans had been produced with people who used the service and where necessary families or other professionals had been involved to ensure people got the care they wanted and needed.

The service followed the ethos of active support. An example of this is how the service broke down into easy stages a task such as preparing a packed lunch. The first task was to open the bread bin and then was broken down in stages until the task was completed. The tasks were supported by staff until the person could complete them. Staff used photographs of the person completing the task to record the progress people made and also completed a report of the stages people had reached in the plans of care. This helped staff decide on the level of support a person needed. This showed the service were committed to providing care and support to help people achieve independence and feel valued.

There were pen pictures for medicines administration and nutrition (using SALT guidelines). This ensured people received individualised and personal care in these areas. The plans were reviewed and updated regularly by staff and managers could easily access the plans and audit them for their quality. This kept people's health and social care needs up to date.

People who used the service had end of life plans called 'celebrating my life'. These involved the person, their families and on occasions where necessary an advocate. We saw that people were supported to attend funeral directors where they could gain further information and support in choosing their own funeral arrangements. Some people had and others were encouraged to have funeral plans which also took account of their wishes. The 'this is me document' we saw in the plans covered all aspects of a person's last wishes.

A member of staff related the details of how the service had followed an end of life pathway for a person. The staff member told us staff from the service and other organisations held best interest meetings around any care decisions that affected the person. The person was supported by their shared lives carer, a specialist nursing team and staff from Cherwell Centre. The staff member said, "I had the support from management to get through this very difficult time for me. We all ensured the funeral took place as the person would have wanted and lots of people and staff from the scheme attended."

The service had also developed a booklet on coping with grief that they used when they were supporting people who experienced a loss. This was produced in an easy to read format and included pictures of items such as a coffin and emotive pictures of feelings people may have. Staff worked through the booklet with people and it was something they could refer to themselves. The aim of this was to help the person come to terms with their loss and offer support throughout their grieving process, whilst showing that people deal with grief in many different ways. This was good practice and showed the service was committed to

supporting people during emotional times.

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The manager had been registered since 2014.

The registered manager was responsible for overseeing all the services of the Cherwell Centre and there were supporting managers for the shared lives scheme and outreach/supported living provision. We saw there was a system of support workers, line managers and senior management people and their families could relate to. During the inspection we observed that people who used the service were familiar with the registered manager and management team.

All the people we spoke with thought all grades of management was approachable and available to talk to. There was a regular opportunity to 'meet the CEO' which was an opportunity to discuss the aims and objectives of the service and any other topic people wished. Staff we spoke with were highly motivated to work at the service and the positive comments included, "I was a support worker and they asked me if I wanted to step up to the position of 'senior'. It feels good to be recognised for my commitment and hard work and I hope to progress further within the organisation."; "The service has gone from strength to strength, we have lots of new plans and we have expanded into different areas. It's a nice place to work and a good environment." and "Team leader is great, we are well supported. Changes are handled sensitively. We are kept informed at regular supervision and team meetings."

Staff were given incentives and support to progress within the service. Besides the succession plan there were awards for staff who had shown promise or exceeded expectations. The awards were given for categories such as best team, newcomer, innovation or unsung hero. The registered manager said the scheme had boosted morale and made staff feel more valued. Other incentives were on offer which included a 'duvet day', which was an extra day off as a reward for good attendance. Staff who had gone above and beyond expectations were given a 'WOW' card for their achievement.

Staff were able also to access the 'perk box'. This gave staff an opportunity to get discounts on products which the company subsided. There was support for the good mental health of staff. Some staff had signed up to the time to change initiative and hold events such as world mental health days and were available for staff support. This helped staff cope with stress in the work place and had resulted in staff talking about mental health topics and some had elected to use the newsletter to discuss their past mental health experiences.

The service issued staff with a handbook. This contained detailed information in areas such as key policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medicines administration and assessing risks. All of which were underpinned by the values of the service – integrity, creativity, happiness, person-centred care and passion. We looked at some policies and procedures that were in place within the service. Policies were regularly updated and provided staff with the relevant information they

needed to provide safe and effective care.

Records we looked at showed that staff meetings within shared lives, outreach and supported living, were held on a regular basis. An agenda was made available for staff, which they could add too if they wished. Topics included upcoming events, health and safety, safeguarding and training. Staff we spoke with thought the meetings were inclusive of their ideas and feelings. There were house meetings which involved people who used the service to help drive the way they wanted to live and meetings with different levels of staff such as senior staff meetings to discuss management topics. Staff produced the agenda in an easy read format or their known communication preferences. We saw recommendations were made such as some people became involved in fire procedures and others had their room redecorated.

Staff were also encouraged to make suggestions for the 'big idea'. This was designed as a way to encourage staff to be involved in driving up quality within the service. Staff had a form to complete in order to present their ideas for improvement detailing the benefits to people who used the service and company, and the resources that would be required. These ideas would then be taken to the board for initial discussion and to progress or reject the idea. Entering the gay pride event developed from a staff members big idea and helped promote equality for both staff and people who used the service. Another 'big idea' was geo-caching. This is finding and adding to items in secret locations using satellite navigation or maps. This showed the service was actively seeking ways to provide more diverse and inclusive support and take on board the suggestions that staff made to improve the lives of people who used the Cherwell Centre.

There were many different forums provided by the service. The forums included the family carers advisory group, staff advisory and service user advisory group. We saw that where action was needed this was taken to reach a good resolution. For example, the service user advisory group had raised concerns that the local dial a ride service had a history of being late or not showing up. The company was contacted and told of the concerns and has since shown improvement. This showed us the service would respond to these groups to attain positive results.

Other forums included stakeholders, including Rochdale Metropolitan Borough Council, Oldham MBC, Greater Manchester Council, a provider's forum and had meetings or ongoing collaboration with professionals such as SALT's and national organisations such as Skills for Care. The service had participated in various initiatives, for example trying to get more males into care, improvement in people's health and well-being, improving safeguarding reporting and eating more healthily. We saw the service were investing time and money with other stakeholders to improve the lives of people with a learning disability or Autism.

One current initiative was supporting Chester University to develop an easy read police caution. It was thought that people with learning disabilities do not always understand what is being said to them if they are arrested by the police. The project is working to create a caution to be used by the police specifically for people with learning disabilities. This professional told us, "Everyone seems to have really enjoyed it. To help make it interesting we provide a certificate and £10 voucher to spend in shops. It is an opportunity for service users to be involved in change. 24 service users have been involved. People seem to be getting a lot of enjoyment out of it. It is super challenging getting access to special groups so the fact that they (PossAbilities) have been so interested to learn about what we are doing is really welcoming. The service users here have a real sense of purpose."

A further collaboration was with a group of innovative entrepreneurs (ARC) who wanted to develop and use technology to help people gain or remain in employment. The service looked at people's needs to see if there were ways technology could find a solution in the work place to help them achieve their goals.

The service had a business plan which provided details of the aims, objectives and goals of the service and was available for anyone connected to the service. There was a statement of purpose which gave details of the registered provider, their values and a mission statement. It also informed us what the service provided, the location details, main staff details including the registered manager and other advice such as how to complain. As required by the CQC the last inspection rating was displayed on the website and at the service.

The service conducted many audits of the services they provided. One audit was called the 'driving up quality code'. The service had trained some people who used the service to be 'quality checkers'. They went to see other service users in their tenancies to check if people had been given a choice of where they live, involvement in the community, if they are happy with the home, the tenancy agreement, who they live with, keeping safe and health matters like attending appointments. A report was published and any action taken was recorded. We saw from the records that one person was helped to understand the complaints procedure and another was issued with an easy read tenancy agreement. The Cherwell Centre involved people who used the service to ensure standards were maintained or improved.

Staff at supported living services completed daily audits for the environment, cleanliness, activities and household chores. Further weekly checks were completed for health and safety issues, for example the safe temperature of water outlets and efficacy of equipment. Senior staff completed extensive audits, including visits to the service. We saw an action plan was produced if necessary which was followed up to ensure it had been completed. We saw an example from one audit that staff had been reminded to complete paperwork in a timely and accurate manner. During the audit visits people were asked for their views about the service and if they were happy. We saw from the records that the answers were very positive.

Management conducted monthly and quarterly audits. We saw the records and that every month management checked health and safety, accident and incident records, staff safety, care plans and any reviews of people who used the service. There was a financial audit which was completed by staff involved in the transaction and by managers to ensure people's money was safe. The quarterly audit we saw was extensive and covered all aspects of the running of the business and the quality of the service provided. We saw where any action was highlighted it was done, for example the complaints and compliments procedure was put in more accessible places, fire protection records were maintained more frequently and another being the updating of some risk assessments. The service self-regulated the quality of service provision and acted when necessary to maintain and improve standards.

People who used the service and family members were asked to complete annual quality assurance questionnaires. We saw the results were positive for the surveys from July 2018. People were asked questions around staff support, respect, reliability, independence and support if things went wrong. Comments included, "The staff are nice"; "My staff are fantastic." and "The staff I have are good."

The new garden had been awarded a Britain in Bloom outstanding award for the community garden and best new landscape garden. They were also included in the skills for care good and outstanding services guide. The service had been entered in the social enterprise of the year competition and had been highly commended by the organisers for behaviour support leadership.

We saw the service were involved with local schools, police, social services department, health authority (CCG), businesses and the wider community. We saw photographs of people enjoying many of the activities where they mixed with the community. The service encouraged people who used the service to get involved in all events and where possible put forward people with a learning disability or Autism in a positive light.

The service was committed to staff training and staff who had a special interest in a topic were given extra

training and support to be champions. There were champions for Autism, health and well-being, dementia, safeguarding, moving and handling, mental health, equality and diversity, food and nutrition and communication. This showed the service provided staff with responsibilities for key areas of the care they provided, which had a positive effect upon staff support and better knowledge of the people they supported.

The service produced newsletters for staff and people who used the service. We saw items reported with the use of photographs included activities, future plans, records of achievements such as who won the in-house world cup, the holiday lodge, the show, meeting the health minister, learning disability events and use of the flower lounge. People were also kept up to date with staff and their achievements. Newsletters helped people celebrate their achievements and informed them of events they could attend.

The service was working with the local authority to provide individual accommodation for people with a learning disability or autism. The local authority had researched and highlighted a need for this accommodation which will be built on the grounds next to the Cherwell Centre who will provide support for people who use the apartments if required.

A further development which was very near completion was an immersive room. This technology will provide people with a 360-degree view of a room with associated smells and sounds. The registered manager said they will use the room to help people overcome their phobias. An example used was a trip to the dentist where they can gradually introduce a person to a dentist by showing them the entrance, then go inside the waiting room and gradually build up a person's confidence until they will accept an appointment to go to the dentist.