

Cheshire East Council

Heather Brae Supported Living Network

Inspection report

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Date of inspection visit:
20 July 2016

Date of publication:
16 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 20 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

Heather Brae Supported Living Network is registered to provide personal care to people in their own homes. The service is located within a residential area of Congleton and is made up of 5 mews houses which are all adjoining. Each house can accommodate four people. At the time of inspection there were 16 people receiving a service from the supported living network. Eighty staff were employed to provide personal care within the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in February 2014. We identified no concerns and found the registered provider was meeting all standards we assessed.

At this inspection carried out in July 2016, observations demonstrated people who used the service were happy with the service provided. Relatives confirmed people were happy living at Heather Brae Supported Living Network.

Staff told us staffing levels were sufficient and allowed them to carry out their roles effectively. We observed staff taking time out to communicate with people.

Suitable recruitment procedures meant staff were correctly vetted before starting employment. Staff retention was good and staff said people benefited from staff who knew them well.

People were protected from risk of abuse. Procedures were in place to monitor incidents which had the potential to cause harm. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable arrangements were in place for managing and administering medicines. Regular audits took place to ensure safe practices were maintained. There was an open and transparent culture for reporting medicines errors.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment which led to positive outcomes for people.

The registered provider had established links with health professionals to enable people to maintain good health. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

People were supported to live active lives that were meaningful to them. Relationships with families were encouraged.

The registered manager monitored and managed risk to promote people's safety. Good practice guidelines were considered when developing risk assessments.

Staff told us they were provided with training which allowed them to carry out their tasks effectively. Ongoing training was provided for staff to enable them to carry out their tasks proficiently. However documentation relating to staff training was difficult to access and understand.

Records demonstrated people who required support with eating and drinking were given appropriate assistance. Strategies were developed with relevant health professional and were implemented to promote nutrition where appropriate.

The registered provider had a range of assurance systems to monitor quality and effectiveness of the service provided. Feedback was gained from all parties as a means to develop and improve the service.

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.

A person who used the service and relatives told us people were safe.

Processes for reporting safeguarding concerns protected people from abuse. Staff were aware of their responsibilities in responding to and reporting abuse.

The provider had robust recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

People with diet and nutritional needs had their needs assessed and met.

Staff told us they had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service and relatives were positive about the staff.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

We observed staff treating people with patience, warmth and compassion and respected people's rights to privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

The registered provider worked to ensure people could be included in community activities.

Is the service well-led?

Good ●

The service was well led.

The management team had good working relationships with staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care.

The management team sought feedback from relevant parties to improve service delivery.

Heather Brae Supported Living Network

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 inspection took place on 20 July 2016 and was announced.

The inspection was carried out by a team of two adult social care inspectors.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We also contacted the commissioning bodies at the local authority to find out their views on the service provided.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six members of staff. This included the registered manager, the senior supervisory support worker and four members of staff who provided direct care.

We visited three people at their home (with their consent) to seek their opinion of the service. Not everyone who lived at the home was able to speak with us due to their learning disabilities. We spoke with one person who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home. We were unable to speak to any other people who used the service as they were out when the inspection took place.

We also spoke with two relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to three people who used the service and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

Both relatives we spoke with told us they were confident people were safe at Heather Brae Supported Living Network. One relative told us, "It's a very safe place; there is always a member of staff there to deal with any problems."

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff told us they had received safeguarding training and were able to describe different forms of abuse. They told us information and guidance for reporting safeguarding concerns was readily available in the houses and administrative office to assist them if they had concerns. Staff were confident if they reported any concerns to management they would be dealt with immediately. Feedback from staff included, "I would go to our house manager to report any concerns and then to the registered manager. I would record it all down and go above the registered manager if I had to. There is always the internet as a point of contact to report."

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The registered manager told us they had experienced some difficulties in recruiting staff in the past eighteen months but had now managed to recruit enough staff to meet the needs of the service. They said one of their achievements since the last inspection had been managing the staffing levels to ensure they were safe. One relative told us, "There is always a member of staff on duty who knows my relative well."

The registered manager said staffing levels were determined by people's individual support requirements and personal budgets.

Staff told us turn-over was low. The registered manager said once staff were recruited they tended to remain at Heather Brae Supported Living Network. Staff said this low turn-over contributed to positive outcomes for people as they were supported by staff who knew them well.

Staff contracts were predominantly part time, this allowed for flexibility when organising staff rotas. Because the majority of staff were on part time contracts, staff were willing to cover extra shifts when other staff were absent from work. This resulted in a low usage of agency staff and promoted consistency of care.

The registered provider had an out of hours on call system. Staff said they were happy with the on call system and were confident the management team would support them if required. Staff said if they had any queries in regards to supporting people they could phone up the management team and request further guidance. This helped to promote safe working practices as guidance could be sought when staff were unsure.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Full employment checks were carried out prior to staff starting work. Two references were sought and stored on file prior to an individual commencing work; one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. The registered provider checked this documentation prior to confirming a person's employment. The registered manager said the administrator of the service was planning to refresh people's DBS certificates in the near future.

We looked at how the registered provider managed medicines. The registered provider had a comprehensive system for ordering and managing medicines. One member of staff in each house was designated to order medicines. This was over seen by the registered manager. Medicine record sheets (MAR) were supplied by the pharmacy and detailed all medicines to be administered along with the dose and required times for administration. Medicines were stored securely when not in use. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. PRN medicines were kept in original boxes and were measured out by staff prior to administration. PRN medicines are prescribed to be used on an "as and when basis."

Staff were provided with training prior to being authorised to administer medicines. Competency checks were carried out to ensure staff were knowledgeable about safe working practices. This minimised any risk of medicines errors occurring. The registered manager fostered an open and transparent culture in relation to reporting of medicines errors. Staff were encouraged to report all medicines discrepancies when they had occurred. Records of all medicines errors were documented and investigated in a timely manner.

The registered provider had systems to assess risk and promote safety. Some of the people who lived at Heather Brae Supported Living Network displayed behaviours which at times challenged the service. In order to address this risk the registered provider had a system for managing the risk. This included summoning assistance from back up staff in a timely manner. We noted clear protocols were developed so staff were aware of their responsibilities. Staff received training to ensure they had the skills and knowledge to respond in emergencies. Staff that were not trained in procedures were unable to provide direct assistance.

The registered manager told us they "Took health and safety seriously." We saw a variety of risk assessments including manual handling assessments, assessments for moving and handling and malnutrition were used when risk was identified.

The registered provider had a system for reporting accidents. Records were detailed, concise and up to date.

Is the service effective?

Our findings

Relatives we spoke with told us they were confident people were cared for by staff who knew them well. Feedback included, "The care is good." And, "We are reassured people are looked after by well trained staff."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. Staff told us they were provided with training which enabled them to carry out their roles effectively. Feedback included, "We receive regular training." And, "I have just completed some refresher training."

The registered manager told us new staff were provided with induction training to prepare them for their role. Induction training included mandatory training of safeguarding of vulnerable adults, management of medicines and moving and handling. Staff were expected to document their progress in a staff induction handbook. As part of the induction process new staff did not work unsupervised until they had shadowed a senior member of staff. New staff members were observed in their role. The registered provider did this to ensure staff were competent and working safely.

Staff said training was regularly refreshed to keep them updated. They told us the registered manager regularly reviewed the training needs of staff and ensured on-going support was provided. Senior members of staff had completed a training certificate that enabled them to train staff. This allowed for in-house training to take place. External agencies were brought in to provide training where appropriate. For example, a pharmacist visited the service and provided medicines management training for staff.

The registered manager responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge. For example, we saw one health professional had made a recommendation staff were trained in a particular area of health. The registered manager made arrangements for another health professional to provide the suggested training. This promoted more effective care.

Although staff told us regular training was provided, the registered manager told us a change in procedures for booking and organising training had occurred and there had been some confusion in which training staff had attended. The registered manager said training had previously been managed by an internal training department within Cheshire East Council. Training responsibilities had now been transferred to individual registered managers. The registered manager acknowledged records for staff training were not up to date and certificates of attendance were not always maintained by the registered provider. The registered manager said they were working hard to ensure improvements were made to training processes so accurate records could be maintained. At the time of the inspection however the registered manager was unable to provide up to date accurate information regarding staff training. We noted this was being addressed by the registered manager as part of their development plan.

We spoke with staff about supervision. Staff confirmed they received regular supervision. Supervision is a one to one meeting with a manager to discuss individual development and any issues of concern.

Supervisions took place on both an individual and group basis. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions. Staff said they felt supervision processes were sufficient to meet their needs. They told us managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. Staff said they could approach any senior manager in the absence of their line manager.

Relatives were happy with the way in which people's health needs were addressed and monitored. Both relatives told us they were consulted with when there were any changes to their relative's health. One relative told us they were routinely invited to attend health appointments alongside staff. The relative said, "They are brilliant, they have regular dental check-ups and GP appointments. The staff help them with all that."

Individual care records showed health care needs were monitored and action was taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs.

The registered provider worked closely to identify health needs and responded in a timely manner. We noted staff had completed an anticipatory care calendar for one person who had complex care needs. The anticipatory care calendar is a daily assessment of a person's health. The calendar aims to identify changes in people's health so access to health care can be quickly accessed. Staff monitored the person's health and completed the anticipatory care calendar on a daily basis. We also noted on another occasion a person had been referred to their doctor for further tests when staff noted a change in the person's behaviours. This prompted a review of the person's medicines. This showed the registered provider was committed to promoting good health.

We looked at how diet and nutritional needs were met by the registered provider. One person who used the service told us the food was good and said the staff were good cooks. A relative said the staff provided, 'Lovely food' for people who used the service. They said, "My [Relative] enjoys their meals." Staff told us people were encouraged to be involved in choosing what they wanted to eat and to shop for food items. We noted people's personal choice was respected. One person wanted to lose weight. Staff worked with the person to develop low fat alternative foods to support them with their weight loss.

We looked at care records relating to a person who had specific dietary needs. Records clearly documented the person's likes and dislikes and preferred foods. There was evidence of multi-disciplinary working to develop the dietary care plan. The person's care plan was comprehensive and gave clear instruction as to how to support the person to keep them safe. Staff had signed to show they had read and understood the guidelines.

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.

The registered manager said staff who worked for Heather Brae Supported Living Network had undertaken MCA awareness training to enable them to promote good practice guidelines. We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when

people lacked capacity. Records maintained by the registered provider showed mental capacity assessments were carried out when people were deemed as lacking capacity. Best interests meetings were held and records of all meetings were documented when decisions were made on behalf of a person. For example, we noted a best interests meeting was held to make a decision for one person regarding hiding the person's medicines in food. The meeting considered the person's human rights and mental capacity and ensured the decision outcome was made in the best interests of the person.

Is the service caring?

Our findings

People were complimentary about staff providing care. Feedback included, "Staff are kind and caring." And, "I have no concerns about staff they are respectful and caring." And, "Staff work hard to make sure people are happy."

The registered manager told us the importance of privacy and dignity was discussed with new staff at induction. It was reinforced through team meetings and staff supervisions.

Privacy and dignity was promoted by staff at all times. We observed staff knocking on doors before entering and seeking permission to enter people's private spaces. Staff were able to give practical examples of how dignity was maintained and recognised the importance of doing so. One staff member told us, "When giving care, it is important we respect people's dignity."

The registered manager told us they were committed to ensuring people's voice was heard. When people could not advocate for themselves they said they would engage with family or advocacy services. We looked at care records and noted this was the case. When people could not communicate for themselves families or advocates had been involved.

Observations showed staff demonstrated patience and compassion. One person who used the service had difficulties communicating their needs. Staff gave the person space and time to allow them to communicate. Staff did not rush the person and spoke in a gentle manner. They apologised for not being able to fully understand the person. The gentle interactions promoted communication.

We noted compliments had been received from various people about the way in which staff had worked with people. Staff were praised by a health professional for their dedication in supporting a person through a difficult time. Another person praised the positivity of staff and said, "A weight had been lifted from their shoulders."

Staff knew people's likes and dislikes and worked to ensure people's choices and preferences were met. One person liked being outside. This was documented in the person's care plan. On the day of inspection we visited the person at their home. The staff member on duty said, "It's important for [service user] to be outside. They like to sit outside." This demonstrated staff were committed to providing personalised care to people.

We observed staff working in one home. Staff did not rush and had time to sit with people and chat. People were offered choices as to how they wanted to spend their day. When some choices could not be fulfilled staff apologised and agreed to make arrangements for them to carry out the activity on another day. We observed people laughing and joking with staff. People looked comfortable in the presence of staff.

Staff showed a genuine interest in the people they supported. One staff member said, "I am proud of all the achievements we have made in people's lives." Staff spoke fondly about how they have promoted people's

independence and enabled people to accomplish goals. One person had a love of gardening; staff had successfully submitted a funding bid to raise money for the person to have their own garden project. Staff said the gardening project had contributed to the person's well-being.

Is the service responsive?

Our findings

Relatives told us care provided was personalised and responsive to individual need. Feedback included, "I wouldn't want [person who used the service] to live anywhere else. This is as near as you will get to living at home." And, "My [relative] gets all the care they need. We are over the moon with the service."

Pre-admission assessments were carried out by the management team prior to a person being offered a service. This allowed the management team to collect information about a person to ensure they had the necessary skills to support the person. It allowed opportunity to collect information about a person's preferences and routines. This promoted responsive care as support could be designed around a person's needs prior to a service starting.

We looked at care records belonging to three people who used the service. Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed and updated at least annually. We saw evidence records were updated when people's needs changed.

Staff were aware of the importance of referring to care plans and the supporting information to enable them to provide appropriate care. Staff signed care plans to show they had read and understood them. The registered manager said they were in the process of reviewing files to condense information so files would be more accessible and easier to understand.

We noted the registered manager referred to good practice guidelines and research to develop support plans for people with specific conditions. For example, we saw one person's care record referred to research carried out by an association which related to their health condition.

We noted some of the people who lived at Heather Brae Supported Living Network sometimes demonstrated behaviours which challenged the service. In order to provide responsive care these people had physical intervention plans. These plans promoted safety of the person and staff members. The registered provider had systems for recording and monitoring all physical intervention incidents. This meant interventions were audited to ensure they were appropriate for the situation. The registered provider used this information to look for any trends or triggers which may have caused the behaviour to be expressed. Staff told us physical intervention was only used in emergency situations and incidents had recently decreased as behaviours were appropriately managed through other techniques which did not require physical intervention.

Peoples consent was sought throughout the care planning process. When people did not have the capacity

to consent we noted relatives were communicated with.

Consent for other aspects of care were innovatively sought. This was aided by the use of pictorial, easy read communication. For example, we noted people had an easy read form in their files giving staff consent to have a key to their home. This showed the registered manager worked in an innovative way to include people to gain consent.

The registered provider encouraged and supported people to be active. On the day of inspection we were only able to visit one house as other people had gone out for the day. One person we spoke with told us they visited their family weekly and liked to go out for picnics. Staff told us staffing levels enabled people to carry out activities of their choosing. We noted from daily records people had been on boat trips and shopping trips. The registered manager said one person who used the service loved horse-riding. They were supported to attend horse riding sessions and were preparing to compete in a competition.

Staff spoke with people to gauge their satisfaction about the activities on offer. We noted people were asked routinely asked if there was any activities they would like to try out. These conversations were documented in peoples care records. Staff told us they tried to meet people's requests and arranged staffing around people's needs.

As part of an auditing system, staff routinely spoke with people to see if they were happy with their care. We looked at audits and records demonstrated people were happy. Feedback included, "Nice staff." And, "[Service user] is happy at Heather Brae." And, "[Service user] is looking forward to going to parents but will miss house mates."

People were encouraged to speak out if they were unhappy with their care. The registered manager had developed a pictorial complaints procedure for people. This included photographs of staff members and reminded people they could complain to any of the staff. This was signed by people to show it had been explained to them. The registered provider acknowledged vulnerable people making complaints may need extra support in making complaints. The complaints procedure signposted people to advocates and independent people if they required support in making a complaint.

People and relatives we spoke with had no complaints about the service. One relative said when they had highlighted concerns in the past they had been listened to and action was taken accordingly. Another relative said, "We have never had to make any complaints. The registered manager insists we make contact at any opportunity to discuss any concerns."

When formal complaints had been raised we noted they were dealt with in a timely manner, in line with the organisations complaints procedure. Letters of explanation and apology (where appropriate) were sent to people following investigation.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained.

Is the service well-led?

Our findings

Relatives told us the service was well managed. Feedback included, "The manager is friendly and supportive." And, "The service is well organised. It has an approachable manager."

Staff praised the skills of the registered manager. Feedback included, "[Registered Manager] is lovely. Not only are they a good manager they are a people person." And, "They are proactive to change."

The registered manager told us they had been in post since 2014. As part of their role they had analysed the strengths and weaknesses of the service and had developed an action plan to improve the service. We looked at the improvement plan and noted some of the improvements identified had been completed and others were ongoing. For example, we noted a medication discrepancy log had been introduced and was being updated monthly. Improvements had commenced to improve training opportunities for staff. This demonstrated the registered manager was committed to making improvements to the service.

Staff described an open and transparent culture where they could make suggestions and were listened to. One member of the management team said they encouraged staff to come forward with ideas as a means to improve the service. The house manager said they listened to all suggestions and implemented many of the suggestions. If they felt suggestions would not work they explained clearly to the staff member why their suggestion was not taken on board. The house manager recognised the need to communicate clearly with staff in order to prevent them from becoming frustrated and dissatisfied.

Staff said teamwork within the service was good and this contributed to positive outcomes for people who lived at the service. Because of the positive culture staff told us staff retention was good and there was a low turn-over of staff.

Communication with staff occurred through a variety of channels. Staff described communication as good. They said they had daily handovers at the start and end of each shift. They also had the opportunity to talk with other staff and the management team at regular team meetings.

During the course of inspection we noted feedback was sought annually from people who used the service. The registered manager said previously an internal department within Cheshire East Council held responsibility for engaging with people to seek feedback. However, they noted response rates from the surveys were very low. The registered manager said they had therefore carried out their own pictorial survey in 2015 to see if people were satisfied with the service. Staff within the houses had spent time with people completing the questionnaires. Feedback was positive. People said they were happy with the service they were receiving. The registered manager said they were extending the questionnaires this year and were planning on sending them to relatives and advocates of people who received a service.

The registered provider had a range of quality assurance systems. These included health and safety audits, medication and documentation. Audits were carried out by staff who provided personal care and by members of the management team. Actions were set when there was a need for improvement.

