

Cheshire Care Services Ltd

# Cheshire Care Services Ltd t/a Independent Living Support

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Cheshire Care Services provides personal care to up to 14 people who live within 10 separate supported living properties. The service provides support for older people and younger adults and those with physical disability, mental health needs, dementia or learning disabilities or autism. At the time of the inspection there were six people using the service.

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

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

Care plans lacked background information about people however staff members were knowledgeable about people's backgrounds. We found some people's care plans referred to a staff room being located in people's homes. People who live in supported living properties should have access to all rooms within their homes.

People felt safe and their needs were being met. Relatives told us people were safe and raised no concerns over how staff supported people. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. New staff received induction and shadowing. Staff received regular training, supervision and appraisals.

People felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People could maintain friendships and contact with families, and when needed had access to advocates.

People felt staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments. People were supported in the least restrictive way possible and in their best interests.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and

happy in their role.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection: The last rating for this service was Good (published 14 June 2017).

Why we inspected: This was a planned comprehensive inspection based on the rating of good at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Cheshire Care Services Ltd t/a Independent Living Support

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was undertaken by one Inspector.

### Service and service type

This service provides care and support to 14 people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable on the day of the inspection.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection-

We spoke with four care staff, the director and assistant manager. We reviewed a range of documents and records including the care records for four people and two medicine records. We also looked at records that related to the management and quality assurance of the service. We spoke to two people who used the service and three relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support. One person told us, "[Name] is much safer with Cheshire than he was at the previous care provider. They know how to meet his needs and the care is of a high standard".
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "Abuse can be financial, emotional, verbal and physical".
- Staff were aware of their responsibilities to report safeguarding concerns. One staff member told us, "Any concerns I would inform the manager, if the manager was not available I would contact the local authority safeguarding team or CQC".
- People and their relatives explained to us how the staff maintained their safety. One relative said, "The staff are very knowledgeable about [Name] needs, they know how to make sure he is safe".
- We saw that safeguarding concerns had been reported and actions taken to reduce risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. One staff member told us, "[Name] can be unsteady on his feet, we ensure the walkways are clear and [Name] has the support he needs".
- Personal safety had been considered when supporting people in the community. One staff member said, "[Name] can become agitated in large crowds, when out in the community we are always observant of the surroundings and will take [Name] to a quiet location if required".

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- Staffing rotas were planned and contingency plans in place for staff absences.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

### Using medicines safely

- People needed support or reminding to take their medicines. When staff supported people in this task medicines records were completed by staff.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors, which we saw were followed up, for example a missing signature being discussed with a staff member.
- Where staff were responsible for the storage of people's medicines, we saw this was secure.

### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People and their relatives told us staff practiced good infection control measures.
- We viewed one supported housing accommodation and found this was clean and protective clothing available for staff members to use.

### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. Management discussed accidents/incidents with staff as a learning opportunity. For example, a person using the service had a number of falls, the manager arranged for a referral to made to the Occupational Therapy team.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Staff understood people's methods of communication and supported them to make their needs known.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included face to face and competency assessments. Staff told us they have recently completed safeguarding, medicine administration and mental capacity.
- We found that staff completed the care certificate as part of their initial training. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction which included shadowing opportunities

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

- People and their relatives were happy with the support they had with meals and accessing drinks. One relative told us, "The staff will try and promote healthy options, I can't fault them".
- People were actively involved in planning and choosing their meals.
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies or risk of choking.

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

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "They keep me

updated, I'm made aware of any changes".

- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- Relatives told us people were supported to attend routine health appointments such as GP, optician and dental visits.

Adapting service, design, decoration to meet people's needs

- Some people had care and support provided that was separate from the housing provider. Staff told us they supported people to liaise with the housing provider for repairs to the accommodation.
- The accommodation we visited was in good condition, people and relatives. Relatives told us people could decorate the property if they wanted to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One person told us, "I like them staff, they help me with things". One relative told us, "I can't fault the staff they are fantastic, very caring and thoughtful". Another relative told us, "They are brilliant with [Name], always encouraging him and ensuring he is happy".

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

- People, relatives and staff told us how they were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their care to be delivered. People had access to advocacy services.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. One staff member said, "[Name] uses certain phrases to facial expressions when they are unhappy with something, I will then give alternative options".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us they assisted people to promote their independence. One staff member said, "[Name] likes to do cooking and making his bed, we know what he can do and what he needs support or encouragement with".

## Is the service responsive?

### Our findings

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

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

- Care plans recorded details about each person's specific needs and how they liked to be supported.
- Care was personalised to meet the needs of people. One relative said, "They know exactly how to meet the needs of [Name], he couldn't settle under the previous care company, he has blossomed under Cheshire".
- People were empowered to have as much control and independence as possible, including in developing care, support plans.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- We found care plans lacked background information about people however staff members were knowledgeable about people's backgrounds.
- Care plans contained instructions for staff members to follow if people were displaying distressing behaviour. The instructions informed staff to lock themselves in a room if they believed their safety was at risk. We raised this issue with staff members, they informed us that they only on a rare occasion would they lock themselves in a room and instead they would use other deescalating techniques.
- Some people's care plans referred to a staff room being located in people's homes. The property we visited had a spare room that was being used as a staff room. Staff members would leave their belongings in this room and lock the door. The person's home telephone was located in this room. The staff member told us they would unlock the room if the person wanted access. When we discussed these issues with the staff member and management they agreed that all rooms should be accessible by the person and should not be referred to as a staff room. In addition, they confirmed that all care plans would be updated, and staff were no longer to lock any rooms and they would need to keep their belongings in a lockable cabinet.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. Care plans were available in different formats such as large print and easy read format.
- Information on people's communication needs was identified in initial assessments and care plans.

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

- People told us they enjoyed being supported by staff to achieve meaningful participation in their chosen

activities, one person told us, "I get to do things I want to do, like going shopping, playing games or going to the cinema".

- Staff spoke with us about how they helped people to celebrate birthdays and special days.
- Relatives told us that they were always welcomed by staff when they visited their loved ones and had positive relationships with staff members.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection.

End of life care and support

- No one using the service was receiving end of life care, however the registered manager informed us that staff knew people well enough to be able to put a specific plan together anytime one may be needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found a lack of systems to monitor care records. For example, care plans lacked background information about people. New staff members could potentially miss out of key information to support people. In addition, care plans referred to staff rooms being in people's homes. People who live in a supported living property should be free to access all rooms in their property. We also found care plans contained instructions for staff members to follow such as locking themselves in a room if they felt unsafe. We found staff members were not following these instructions and would use other deescalating techniques. A new staff member potentially would follow the instructions contained in the care plans. These issues were raised with the management who confirmed they would update care plans and ensure people's rooms were no longer referred to as staff rooms.
- Staff understood their roles and responsibilities and were able to describe them to us. They informed us that the registered manager was open when supporting them to carry out their responsibilities and provided support and direction.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- The director and assistant manager told us although they had not received any concerns they would ensure if they did, these would be listened to and acted on to help improve and shape the service and culture.

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

- Staff told us they felt the registered manager was responsive and open to them and provided support where it was needed.

- Relatives and staff expressed confidence in the management team. One relative told us, "The management team are very good, always willing to listen and get things done".
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member said, "I can talk to any of the management at any time I don't have to wait for supervision".
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm. Staff understood the need to raise concerns and issues and one staff member told us, "Yes I would whistle-blow if I felt the need to". A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and that this was shared with staff, so they were aware of any actions they needed to take.

Working in partnership with others

- The registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.