

Trafford Council

# Waterside House

## Inspection report

Sale Waterside

Sale

Manchester

Cheshire

M33 7ZF

Tel: 01619122810

Date of inspection visit:

02 May 2017

03 May 2017

04 May 2017

Date of publication:

19 May 2017

## 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 inspection was announced and took place on the on 02, 03 and 04 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to ensure the registered manager would be available for our inspection.

When we last inspected the service on 05, 06 and 09 September 2016 we found the service was not meeting the required standards. At that time we rated the service as inadequate for well-led, with an overall rating requires improvement. At this inspection we found a number of improvements had been made by the provider.

Waterside House consists of two distinct service types: reablement service and supported living service provided by Trafford Metropolitan Borough Council. The delivery of the service was split into four geographical areas: Stretford and Old Trafford (north). Urmston, Flixton and Partington (west). Altrincham, Bowden, Timperley and Hale (south). Sale, Sale Moor and Ashton-on- Mersey (central).

The reablement service is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. At the time of our inspection 12 people were receiving the reablement service. The provider was in the process of closing the reablement service and no new admissions were being taken at the time of our inspection.

The supported living service provides supported accommodation to adults with a learning disability who require access to 24 hour support. 17 people received this service in six supported accommodation properties.

At the last inspection there had been no registered manager for approximately twelve months. We found there were no clear arrangements in place to determine who had overall responsibility for ensuring effective systems to assess, monitor and drive improvement in the quality and safety of the service. At this inspection we found vast improvements had been made, a registered manager was now in place and had a clear overview of the reablement and supported living service.

A registered manager is a person who has registered with the Care Quality Commission (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 registered provider was now working within the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS). Staff sought consent to care from people they supported. Staff were now aware of the principles of the MCA and DoLSiDS. and how to support people effectively.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning.

There were appropriate procedures to safeguard people and the staff were aware of these. During discussions with the registered manager they were conducting a full disciplinary investigation, due to an allegation made towards a staff members conduct. We will review this safeguarding outcome once this has been investigated.

Staff were extremely caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person receiving the supported living service. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere.

Staff expressed confidence in the management team and in each other. There were regular staff meetings where staff could contribute their views.

Records showed the service acted upon the written complaints it had received in accordance with their complaints policy.

Information was available to staff about how to support people with their medicines and all staff had been trained in how to administer medication. Checks had been carried out to ensure people had received their prescribed medicines safely.

There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed and care was planned to meet these needs. People's needs were reviewed throughout the time they received the service so future plans could be made if necessary if the person required longer term support and care.

Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work. This meant staff employed were suitable to work with vulnerable people.

The provider had arrangements in place to receive feedback from people who used the service and their relatives about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service. Records showed people had access to GPs, chiropodists and other health care professionals (subject to individual need).

## 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.

People were protected from avoidable harm, and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

### Is the service effective?

Good ●

The service was effective.

Staff received suitable training to ensure that they could appropriately support people.

The service was meeting the legal requirements relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS) and staff knowledge of the legislation was much better at this inspection.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop individualised care and support plans for people.

People were encouraged to take part in activities that interested

them.

People were supported to raise concerns or complaints and people were confident the registered manager would act upon them.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a good structure to support and assist the registered manager.

There were systems in place to monitor the quality of the service and to drive further improvements.

# Waterside House

## **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.

The inspection took place on 02, 03 and 04 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector.

We sought feedback prior to the inspection from the local authority commissioning as well as the local Healthwatch board. No one raised any concerns about Waterside House.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the provider. Before the inspection, the provider completed 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 improvements they plan to make.

On the first day of our inspection we made eight phone calls with people's permission who received the reablement service. On the second day we visited one of the provider's offices and spoke to the registered manager, interim service manager, deputy manager, three senior reablement staff and one business support officer. Additionally, we telephoned six reablement support workers.

On the second and third day of our inspection we visited two supported living accommodations and spoke to five people who received this service. Additionally, we spoke to six support workers and two senior support workers.

We reviewed the care records of three people who received the reablement service, along with two care records for people who received the supported living service. We also spent time looking at records, which included a detailed review of the training matrix, minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who received the service if they found the service provided by Waterside House to be safe.

We spoke with eight people who received the reablement service. Comments we received included; "I do feel safe, the staff assist me with all my care needs", "Yes, with staff support I am safe" and "The staff always remind me to wear my pendant, this keeps me safe."

We also spoke with five people who received the supported living service. Comments we received included: "The staff are always around if I need them, yes I feel safe" and "The staff know me well, and this keeps me safe."

We checked the safeguarding records in place at Waterside House. We noted a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents. During discussions with the registered manager they were conducting a full disciplinary investigation, due to an allegation made towards a staff members conduct. We will review this safeguarding outcome once this has been investigated.

People were safeguarded from the risk of abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to report poor practice. Records confirmed all staff had received training in safeguarding adults.

All staff had been trained in the management of medicines. Staff told us they also received regular observations from senior staff and team co-ordinators to ensure they managed medicines safely in people's homes; we saw evidence of these observations. This meant staff from the reablement and supported living service were safely trained to support people with taking their medicines.

Self-administration was encouraged for everyone using the service as part of their reablement programme and staff said they only occasionally needed to support people with medicines when this was an identified need. When speaking with staff and people using the service we found generally people were able to manage their own medicines

At our last inspection we found some of the information recorded on the medicines assessments tool for the reablement service was misleading. For example, we noted on one person's assessment stated they required full support for the administering of medicines. However, the assessment also stated staff were to prompt medicines. This wording could cause confusion between the reablement staff on duty potentially resulting in this person not receiving their medicines correctly. At this inspection we found improvements in this area had been made. Robust medicines risk assessments were undertaken before people's support

commenced. This information was then clearly recorded on the person's care plan stating if they received support with their medicines of whether this was prompt only.

We looked at the medicine management for one of the supported living services during our inspection. Medicines were stored securely. The Medication Administration Records (MARs) were fully completed, records were kept of medicines received and disposed of and clear written guidelines were in place for any 'as required' medication to inform staff of when they should be administered. All stores of medicines were kept in a locked room and medicines cabinets were secured to the wall. Controlled drugs were not being used at the time of our inspection. We looked at how medicines were monitored and checked by management to make sure they were being handled properly and systems were safe. The senior support workers completed a monthly audit of medicine at the six supported accommodations.

Systems for reviewing accidents and incidents were in place for both services. For the reablement service team leaders recorded all accidents and incidents. This record captured the information, and provided evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. We found accidents and incidents systems were recorded separately for the supported living service. We noted all accidents and incidents for both services were monitored by the registered manager to ensure any trends were identified. We saw incidents were thoroughly investigated and appropriate action had been taken including making referrals to safeguarding agencies where needed.

People who received the reablement service were appropriately assessed to keep them safe. Risk assessments were detailed and identified each area of risk to a person and the action to be taken to minimise them. For example, risks associated with moving and handling and medicines management were available for people receiving this service. There was also a section for people's property including a household safety hazard checklist, so the environment was also assessed for risks. Staff described the care and support people needed to improve and ultimately maximise their independence whilst maintaining their safety. They said if they identified any risks following the initial risk assessment they would inform the team leader or senior supported workers who would come back to review the risk, for example, a loose mat or step up into a shower and the risk assessment would be updated.

We also viewed the risk assessment documentation for the people who received the supported living service. We looked at the risk assessments in place for two people. For example risk assessments were in place for moving and handling and behaviours that challenge others. We found these risk assessments had also been created in an easy read format to allow the person to be fully involved in understanding their risks to others. 'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often used as an aid for communication for people who have difficulty reading and processing long words and sentences, but also supports individuals to maximise their independence and participate in decision about their current and future care.

There were appropriate numbers of staff employed to meet people's needs for the reablement service. This service had been reduced over the past five months due to plans to decommission the reablement service. The majority of the staff worked at a different location connected to Trafford Metropolitan Borough Council while these changes were taking place. The service had a stable staff team, most of whom had worked for the local authority for many years. People confirmed they received the help and support they needed and staff always attended and stayed for the full time they were scheduled for. Staff felt there were enough of them to cover all the people using the service and people were provided with a regular team of support workers for the time they used the service. Comments from staff included, "We are a reliable service, it is a pity this service is going", "We are a specialised service we can always provide that bit extra care due to no time constraints", and "We are passionate about our jobs, we provide an excellent service in my opinion."

We viewed the rotas in the supported living service and found there was sufficient staff on duty to meet people's individual needs safely. Where people required one-to-one support from staff this was provided. The registered manager confirmed on occasions the service would use agency staff if, for some reason, they were short staffed. The registered manager explained the service only used regular experienced agency staff when needed. Staff confirmed this with one commenting, "If we use agency staff, we always know them very well and this reassures our clients."

At the last inspection we were informed by the management team the service had not externally recruited for a number of years. At that time we looked at the recruitment records of four staff to check they had been safely recruited. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. Photographs of each member of staff employed by the service were taken and staff were issued with identity badges which they wore when attending people's homes. At this inspection we did not review any additional staff records as these were viewed during the last inspection and we were satisfied safe recruitment checks had taken place. Furthermore, the provider had not recruited any new staff since 2014, and we had already viewed these recruitment records at our last inspection in September 2016.

Procedures were in place for medical emergencies. The reablement and supporting living staff were able to describe the action to be taken, including contacting the emergency services and recording and reporting events to the registered manager. The local authority had a business continuity plan for the two designated services and a plan of action to be taken in the event of an emergency situation and to ensure people still received the service they needed. The service had an on call system so people and care staff could contact them outside office hours should an issue arise that needed to be addressed, for example, a member of staff being unwell and needing cover to be arranged for a visit. This meant continuity of care was planned in so people received the care and support they required.

The two supported living service accommodations we visited were clean and tidy throughout with no malodour. Our observations during the inspection showed staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. This means people are protected from the risk of infections.

Staff members we spoke with told us they had received fire safety training. Each person living at the supported living service had a Personal Emergency Evacuation Plan or PEEP in the evacuation folder; it listed their name, age, any mobility issues and room number. PEEPs also outlined the level of support each person would need to leave the building in the event that evacuation was necessary. This meant people could be safely evacuated in the event of an emergency.

Records we reviewed showed the equipment within the two supported living service accommodations we visited were serviced and maintained in accordance with the manufacturers' instructions. This included the fire alarm, call bell and emergency lighting systems. Records we looked at showed regular checks were carried out on gas and electrical items and the water system. This helped to ensure people were kept safe.

# 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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People who live with conditions such as dementia or those with learning disabilities may have a variable ability to make decisions; for example, one person may be able to decide what to eat or wear, but may not be able to decide how their financial affairs are managed.

Some people can make decisions with the support of others. If people are unable to make their own decisions, they can be made for them under the MCA in their best interests. The MCA states we should assume all people have the ability to make their own decisions; only when it is thought a person may lack capacity are assessments required to establish if this is the case. Other people, including next of kin, cannot legally make decisions on someone's behalf unless they have a lasting power of attorney.

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 community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS).

At the last inspection we found staff working in the supported living service had a limited understanding of the requirements of the MCA due to a lack of training being provided. We found people who received the service had restrictions in place, such as doors being locked to keep people safe, so people had to ask staff if they wanted to leave. We found no capacity assessments, best interest meetings and DoLSiDS applications had been undertaken by the service.

At this inspection we found a number of improvements had been made. Staff had been provided with MCA and DoLSiDS training. Discussion with staff showed they now had a clearer understanding of the principles of the MCA and DoLSiDS, and we saw that if it was considered people were being deprived of their liberty, the correct authorisations had been applied for.

The provider worked alongside the community learning disability team (CLDT) who assisted the service to undertake mental capacity assessments and best interest meetings. We found a number of DoLSiDS applications were currently being considered by the court of protection. We discussed the progress with a social worker who was involved in this process with the service, they commented, "We completed the mental capacity assessments together, I found the staff were extremely knowledgeable about the support people required." The service was now working within the principles of the MCA.

The reablement service was not equipped to provide support for people living with advanced dementia, as it

was felt they would not benefit from the service. The registered manager told us where necessary other professionals involved in people's care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us people and their families were involved in discussions about their care. We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding. The service had also ensured people's care plan and risk assessment were agreed and signed with them. One person told us; "I have read my care plan, and I was happy to sign it."

At our last inspection we identified a breach of Regulation 18, the service had not ensured all staff employed received the appropriate training and support necessary for them to carry out their duties. At this inspection we found the provider had made a number of positive changes and had a better overview of the key training staff required.

We saw staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people.

We viewed the training matrix for the staff connected to the reablement service. Examination of training records confirmed staff had completed key training in subjects such as: moving and handling; food hygiene; safeguarding; medication; control of substances hazardous to health; and health and safety.

We also viewed the training matrix for the supported living service. We found staff had completed key training in subjects such as: MCA and DoLSiDS, moving and handling; food hygiene; safeguarding; medication; control of substances hazardous to health; and health and safety. The service also enrolled staff to undertake classroom training arranged by the CLDT for autism awareness and dysphagia training.

At the last inspection we noted the registered provider did not have systems in place for new staff to complete the Care Certificate. Further discussion with the registered manager confirmed the service has not recruited new staff for a number of years due to a freeze on recruitment, so the enrolment of the Care Certificate has not applied to the current staff. However, the registered manager was keen to introduce the Care Certificate to enhance the skills and knowledge of the current staff team. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The registered manager had introduced a supervision file. Staff were responsible to bring to the supervision file to their one to one meetings. This file recorded the staff member's roles and responsibilities, training updates, updates of people receiving the service, and personal development reviews. We noted staff for the reablement service received regular supervisions with some being at least bi-monthly, along with two performance development reviews. The supported living staff received an annual supervision, along with two performance development reviews. Supported living staff also received an annual medicines and skills performance competency check. Skill performance competency checks were carried out by senior staff who observed staff completing a number of tasks such as cooking, dealing with people's finances and carrying out people's personal care when appropriate to ensure staff were competent at their role.

Staff we spoke with during the inspection told us they felt well supported. Comments from staff included, "I do feel supported, the team leaders and managers are great", "The supervisions have been great, this helps me keep up to date with all the changes" and "I have always felt well supported."

The reablement service held regular team meetings, these were usually coordinated by the team coordinators or senior support workers. One staff member commented, "The communication in this service is key, we do this very well."

Staff working for the supported living service received monthly team meetings that were held individually at each supported accommodation. Senior support worker meetings were held every six weeks, these were chaired by the registered manager.

The registered manager implemented a newsletter that was available for the staff connected to supported living service every quarter. This newsletter provided the latest news on the service and helpful information on the provider's whistleblowing policy and how to respond to complaints. Further discussion with the registered manager confirmed she was looking to introduce a newsletter for the people who received the supported living service.

The reablement service gave people the appropriate support to meet their healthcare needs. Reablement support workers and other staff worked with healthcare professionals to monitor people's conditions and ensure people health needs were being met. There was input from the occupational therapist and physiotherapist along with support if needed from the sensory team and GP. We saw any communication between professionals was documented to ensure staff supporting people knew of any changes or issues.

People receiving the supported living service had a specific health care plan that detailed any health concerns, and promoted their well-being. People told us they received timely health care including regular optician's appointments and hearing assessments and attended well man and well woman clinics. Health action plans were looked at with people at their monthly keyworker meetings to make sure people had regular health and well-being reviews. We saw the service worked closely with other professionals and agencies in order to meet people's individual health care requirements.

Easy read hospital passports were in place if the person needed to go to hospital, to help hospital staff understand the person and their needs. When people went to hospital they were always accompanied by a member of staff. Hospital passports include lists of what the person likes or dislikes, from the amount of physical contact to their favourite type of drink, as well as their interests. This would help all the hospital staff know how to make them feel comfortable and ensure a continuity of care.

All the people we spoke with were happy about the choice and availability of food and drink. In houses that were shared by a small number of people weekly meetings were held to discuss the food choices for that week. People told us they were supported to make their own choices and advised of healthy eating options.

We looked at how the service supported people with a healthy diet and found people were supported appropriately.

## Is the service caring?

### Our findings

People told us they felt very well cared for. During the inspection we saw people and staff together and we observed staff interacting with people with compassion and humour.

People receiving the supported living service commented, "I am very happy and the staff are great", "The staff are all very caring" and "I am happy."

People receiving the reablement service were also positive about the care they have received. Comments included, "This service is superb, the girls [care staff] are very caring and diligent", "There is a caring culture about the staff", and "I feel that the council should be very proud to employ these fantastic workers who deliver the statutory obligations of providing urgent care in the Trafford community."

Staff spoke with kindness and compassion and were highly committed about the people they supported. Despite the quick intervention and short term nature of the service, staff told us they did build relationships with people. One staff told us; "We feel we provide a valuable and caring service to people, we want people to succeed."

Staff we spoke with understood their obligations with respect to people's choices. Staff told us people and their families were involved in discussions about their care. People told us they felt involved in making decisions relating to their rehabilitation. For example, if possible prior to using the service, people were visited in hospital by the coordinator or social care assessor for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female member of staff. We were told and saw records to confirm each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation had taken place and to determine if any changes needed to be made.

People's diversity, values and human rights were respected. One staff member told us they have often supported people from different cultures and are always respectful of people's wishes. Staff had developed caring relationships with people and demonstrated they knew people's routines and preferences well. People told us they were offered choices and these were respected which helped people to feel they still retained their independence. For example people were able to say whether they wanted to have breakfast first then be assisted with personal care or what they wanted to eat and drink and what clothes they wanted to wear.

During our inspection we visited two supported living service accommodations. We again observed positive interactions between the staff and the people. Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. During one visit we observed a person asking staff questions about a new property they were potentially moving to. Staff were on hand to discuss this person's options and keep them well informed. We noted another person had had a number of health concerns over the last six months. We observed staff supporting this person in a

caring and reassuring manner. Staff were passionate about ensuring this person's health needs were fully met and provided clear accurate evidence of healthcare appointments for this person.

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. They could also tell us about people's preferred routines and how they could reduce any behaviour that could challenge others from occurring through following them.

We found a key working system was used in the supported living service to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, as well as supporting them with changes in health, social and emotional needs. Keyworkers at the service supported people to hold keyworker meetings where they reviewed what the person liked and didn't like about their support and where they lived. Staff we spoke with told us the keyworker also met with people to review their support plan and discuss their goals and what they would like to achieve.

## Is the service responsive?

### Our findings

People were referred to the reablement service after they had been assessed by a social worker, social care assessor or other healthcare professional. Referrals came from Accident and Emergency, hospital social workers following elective surgery or community referrals. The reablement service is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks.

During our visit we reviewed the care and rehabilitation records of three people. Each person had an assessment, which highlighted their needs and was written by the social care assessor. Two of the three care records we looked at during the inspection were detailed and person centred care. However, we found one care plan was not as detailed, and only captured the support the person required. The registered manager confirmed this care plan would be fully updated to ensure this was person centred and provided clear guidance for the reablement team.

The service provided flexible care and support to people between the hours of 8am and 10pm. Each week the person's rehabilitation was reviewed to monitor their progress, set goals and plan discharge. At the end of six weeks people were reassessed by the social care assessors with a meeting they and their family attended to determine their progress and any future care needs. During one of our home visits we found a person was moving on to a new care agency. Within the six weeks rehabilitation service this person had received, it was clear the support needs this person would need going forward to maximise their independence had been identified.

People's journey through the service was recorded on a computerised system. The computerised system showed each person's journey through the service to the conclusion of their reablement experience. We saw documented evidence of people's care being adjusted where necessary. Regular reviews documented changes in need, such as the need for additional equipment or support. Care plans were updated and forwarded to social workers to ensure information was shared in a timely, consistent way.

During the inspection of the supported living service we viewed two care plans. We found these care plans were up to date, regularly reviewed and contained person centred information about people and their preferences.

Care planning documentation was completed in an easy read format to help people receiving the service when accessing their files. We looked at one person's care plan which contained a positive behaviour support plan. This plan was a detailed strategy created to help manage behaviour which others may find challenging. The behaviour support plan provided the staff with step by step guidance on supporting the person to enjoy their life whilst enabling staff to understand when they needed to intervene to prevent an episode of challenging behaviour escalating. We discussed this person's behaviour support plan with one of the senior staff members who completed the majority of the plan, they commented, "This plan is essential to keep [person's name] safe. As a result of clear communication between staff, incidents have reduced massively over the years."

At the last inspection we found the provider did not have a clear overview of the complaints received at the service. At this inspection we found improvements had been made.

We saw a complaints policy was in place. This detailed who to contact with a complaint and the process and timescales would be followed to assess the complaint. An easy read complaint policy was also available to assist people who received the supported living service to assist with making a complaint.

The provider now had separate complaint logs for the reablement and supported living service. The reablement service had received three formal complaints in the last 12 months. The supported living service had received one formal complaint. We viewed the complaints and the documentation relating to each investigation and resolution and compared the procedure taken to the service's complaints policy. It was clear the registered manager had resolved each complaint in a timely fashion in accordance with the policy.

We asked people and their relatives if they had ever made a complaint about the service. One person commented they had made a complaint in the past, "I complained recently about one carer who I didn't like, the manager resolved this complaint straight away and she never returned again."

People receiving the supported living service were encouraged to participate in the wider community. Staff knew the activities people enjoyed and we noted staff supported people to choose what they did each day. Records showed people had engaged in activities they said they liked. The service had a wide range of activities available for people to take part in if they wanted to. One staff member commented, "During keyworker sessions we sit down with the people and discuss what they would like to do. We then put any suggestions forward, for example [person's name] said they wanted to visit Chester Zoo, we hired a car and visited Chester Zoo yesterday, and it was brilliant for [person's name]. This meant people's wishes were respected and people were encouraged to participate in activities in the community."

# Is the service well-led?

## Our findings

During the last inspection we found the service did not have a registered manager and the registered provider had failed to notify CQC the previous registered manager had left the service. At this inspection we found improvements had been made and the service now had a registered manager in place.

The registered manager was experienced and had been managing the supported living service for a number of years. The registered manager had a clear overview for both services. At the time of our inspection the registered manager was supported by a deputy manager who was on a secondment for a period of time at the service. The service also provisioned an interim manager to manage the closure of the reablement service.

Both the registered and deputy managers engaged positively with the inspection process. Staff spoken with confirmed the managers and team coordinators are friendly, approachable and supportive. Comments included, "We are going through a number of changes at the moment as a service, but I cannot fault the manager, she has kept us all informed of any changes", "Clear leadership at this service, I certainly feel supported" and "The manager has been very supportive, it has been very stressful waiting to hear about our jobs, but she has been great."

At the last inspection we found systems were not in place to monitor the service and identify where improvements could be made. At this inspection we saw a number of systems and audits had been introduced to allow the registered manager to effectively monitor the quality and safety of the service.

A governance checklist was in place which the senior management team used on an on-going basis to assess and appraise the overall performance of key aspects and functions of the service. This covered areas such as: health and safety; staffing; medications; quality action plans; regulatory requirements; complaints and compliments; safeguarding; care plans; communication; feedback and outstanding works. Upon completion of the governance checklist, a detailed action plan was completed which included details of the action required, person responsible and target dates. Progress was monitored closely by the registered manager to ensure scrutiny and accountability.

We viewed documentation of weekly checks carried out by the senior support workers. We found the seniors looked at the following areas, finances, 24 hour reports, medicines, health and safety, policies and procedures, support plans, profiles, benefits, weekly analysis and handover sheets. Once these checks had been completed they were signed off by the registered manager.

The provider had established a quality assurance system which was based upon seeking the views of people who use the service or their representatives. The registered manager confirmed during the inspection once all survey questionnaires had been received they put the results into an easy read format for the people receiving the supported living service. We were informed people receiving the supported living service had regular house meetings and one-to-one key worker sessions to enable people the opportunity to give their opinions of the service, records viewed confirmed this.

We asked the registered manager about the arrangements for obtaining feedback from people who received the reablement service. They told us every person who used the service was asked to complete a survey prior to discharge from the service to gather feedback on the care and service provided. Surveys asked people about any concerns, staff punctuality and how the service could be improved. We viewed four surveys and found all to be positive, with one survey stating, "I was very pleased with the level of care I received even though it was only for a short period of time, but it met my needs. Many thanks to the carers they were great with me and my daughters."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so we can check that appropriate action has been taken. We noted that the registered manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant the manager was aware of and had complied with the legal obligations attached to her role.