

Cheshire East Council

Macclesfield Supported Living Network

Inspection report

7 Warwick Mews
Warwick Road
Macclesfield
Cheshire
SK11 8SW

Tel: 01625378277

Website: www.cheshireeast.gov.uk

Date of inspection visit:

18 March 2016

22 March 2016

Date of publication:

06 May 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 inspection was announced and took place on the 18 March 2016. Three home visits to people receiving support from Macclesfield Supported Living Network took place on the 22 March.

Macclesfield Supported Living Network is part of Cheshire East Council's Care4CE and provides support with personal care to adults with learning disabilities who live in bungalows and flats grouped together in Warwick Mews, Macclesfield. Support is also provided to a number of people who live locally in the wider community. The network is managed during normal office hours and provides a service 24 hours a day for 365 days a year. At the time of the inspection 38 people were receiving a service. Within the network they are referred to as customers.

Macclesfield Supported Living Network had a registered manager. 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 registered manager, (their job title within the organisation was resource manager) was based in the office and had oversight of the service. Day to day management in the settings where support was provided was undertaken by six supervisory support workers who each had responsibility for a number of properties.

Because of their communication needs we were unable to ask all of the people receiving a service about whether they thought the staff members supporting them were caring. Those who did comment were positive about the staff members.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked 10 staff members about training and they confirmed that they were receiving regular training and that it was up to date.

We looked at a total of six support files and five medication files in the office and during the home visits that were undertaken. The files we saw explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about the service and during the three home visits we observed them interacting with the people they were supporting in a professional, caring and friendly manner. The staff members we spoke with were positive about the quality of the support being provided.

We found that the provider used a variety of methods in order to assess the quality of the service they were providing to people. These included asking the people themselves what they thought and regular audits on areas such as the support and medication files, including risk assessments and medication. The records we looked at during the inspection were being appropriately maintained.

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.

We observed that there were relaxed and friendly relationships between the people using the service and the staff members supporting them.

Staff members confirmed that they had received training in protecting vulnerable adults.

Policies and procedures were in place to help ensure that if necessary people's medicines would be managed appropriately.

Is the service effective?

Good ●

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the MCA and staff members had an understanding of the MCA.

Is the service caring?

Good ●

The service was caring.

The people we visited were positive about the staff members and their ability to support them.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people using the service and where

applicable their family members or other relevant people such as their social worker.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. No complaints had been made.

Is the service well-led?

Good ●

The service was well- led

There was a registered manager in place.

Information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had appropriate systems in place to audit the quality of service being provided by Macclesfield Supported Living Network.

Macclesfield 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 checked 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 was announced and took place on the 18 March 2016. Three home visits to people receiving support from Macclesfield Supported Living Network took place on the 22 March. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about Macclesfield Supported Living Network. We looked at any notifications received and reviewed any other information we held prior to visiting.

During our inspection we saw how nine people were being supported. We were able to ask the majority of the people we spoke with what they thought of the staff members that were working with them. Those people who did comment were positive about the staff members and the quality of care being provided by the network.

The registered address was appropriately equipped to deliver the service and contained offices, meeting rooms and training facilities. Cheshire East Council had its own training and HR departments and they undertook any training and recruitment for all of the services, including Macclesfield Supported Living Network. During the inspection we looked at a sample of support plans in both the office and during the home visits. All of the other documentation we inspected, including recruitment files, training records, complaints and audit materials were reviewed in the office.

Is the service safe?

Our findings

We were able to ask the majority of the people we visited during the home visits directly whether they liked the staff members supporting them and did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between them and the staff members supporting them. Comments included, "I feel safe here and get on fine with the staff", "Very nice, I feel safe here" and "I feel safe and get on with the staff".

Macclesfield Supported Living Network had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The resource manager was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Services such as Macclesfield Supported Living Network are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had only been minor safeguarding incidents requiring notification since the previous inspection took place. The most recent incident that occurred in October 2015 was dealt with appropriately at the time.

The staff members we asked during the two days of the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. Those people we asked were also familiar with the term 'whistle blowing' and would report any concerns regarding poor practice they had to senior staff. This demonstrated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who were receiving a service were safeguarded from unnecessary hazards. We could see during the home visits that staff were working closely with people and, where appropriate, their family members to keep people safe. This ensured that they were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments for each person, for example, bathing/showering or taking part in community activities were kept in the support files.

The resource manager also showed us a number of laminated picture guides for staff members to use. These included guides for staff members to use when supporting a wheelchair user to get in or out of one of the network's vehicles and guidance. The guide was a 'step by step' manual using photographs showing, for example how to safely secure the wheelchair. Other guides had also been produced to help staff members when completing finance sheets or monitoring medication.

There was a staffing rota for each of the houses where support was being provided. We looked at a sample of these and could see that the rota depended upon the level of support the people living there needed. A house where people required 24 hour care was more detailed than one that only required a drop in visit. In addition to the rotas there was a large wall board in the office that was updated on a daily basis, we

observed staff who were coming on duty checking this on arrival. Although we did not identify any issues of concern regarding staffing levels generally or the rotas we looked at during the inspection the resource manager did tell us that they were dealing with some issues at the moment. This related to staff recruitment and is detailed below.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We asked the resource manager about the staff recruitment process carried out by Macclesfield Supported Living Network. She explained that any appointments for permanent staff would be carried out by the human resources team within Cheshire East council. Any appointments for casual staff members were appointed by the network. The resource manager went on to explain that because the council were closing a number of their services for older people no permanent staff members had been appointed recently and this would continue until any redeployments from the services that were closing had been completed. Given this fact we were not able to examine any files for newly appointed permanent staff members. We examined the file for one recently appointed casual staff member and found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. A check had been completed by the Disclosure and Barring Service (DBS). This check aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from this file that the network required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. The file held a photograph of the employee as well as suitable proof of identity. We did look at the recruitment files for two staff members who had been re-deployed and saw that they had worked for the council for a considerable time. We were not therefore able to comment on the appropriateness of their recruitment at the time of their appointment. In order to ensure that recruitment processes were robust and that all the pre-employment checks required by the relevant regulations were in place we discussed the process further with the resource manager. She was able to confirm that the process used by the human resources team was the same as that used by the network so we have no reason to doubt that the process was robust.

We saw that policies and procedures were in place to help ensure that people's medicines were being managed appropriately. Medicines were either administered by staff members who had received the appropriate training or people took their own. Where appropriate a support plan and risk assessment for medicines was in place. We checked the medication arrangements during two of the home visits and did not identify any concerns regarding the processes used. The staff members we asked confirmed that they had received medicine training and that as part of the supervision system senior staff members undertook observations of staff when they were administering any medicines.

Is the service effective?

Our findings

All new staff members, including those that have been re-deployed were expected to undertake an induction programme. As part of this process they were all assigned a mentor who would provide support and assistance to the person throughout the induction period and beyond if needed. After taking in to account the needs of the people using the service a location would be identified where an introduction to the work they would be doing could be undertaken. The person remained in this location and would not be allowed to work alone until they were considered confident and capable enough to work elsewhere within the network. The length of time this took varied depending on the person's previous experience. In addition to the above the new staff member had an induction record that was completed as their induction progressed. We looked at a completed record for one person and could see that it covered, personal care and support, information about the houses the network provided support to, administration, legislation, supported living, standards expected, policies and procedures, health and safety, supervision, communication, tenant finances and structure and organisation. The record enabled the mentor and the new employee to make notes so that additional work could be undertaken if needed. Whilst the new staff member would work in one location when they started it was expected that they would have to work in a variety of locations. Before doing so however they undertook a specific house induction that provided details of the people living there and what specific needs they had. If additional training, for example the use of a specific piece of equipment was needed the staff member would be trained how to use it before they were allowed to work there. The staff members we asked during the inspection confirmed that they had undertaken an appropriate induction when they had started working for the network.

In addition to the above all new staff members were also enrolled on to Cheshire East's mandatory training programme that was delivered by the training development team.

One of the supervisory support workers was responsible for ensuring that the staff members were appropriately trained. She maintained the computerised training matrix that showed what training each staff member had done and when. She was responsible for booking the training, amending the rota's so that they are able to attend and informing the staff about the forthcoming training. The training was delivered by the council's training development team or in-house, for example, moving and handling training and medication. We looked at the notice board in the office and could see that the network had arranged Midazolam training for eight staff [this medicine is used for the treatment of epilepsy] and a health and safety awareness course that 10 staff members were attending. The training team provided the mandatory training which in Cheshire East was called, 'Blended Learning'. Until recently this was carried out over five full days and staff had to attend every three years. This has now changed and whilst the frequency of attendance and the content is the same rather than having to attend for a full day staff now attend specific sessions. The blended learning covered a variety of topics including statutory safety issues such as health and safety, infection control and safeguarding. Standards of professionalism and behaviour such as confidentiality and dignity. Personalisation including assessment and support planning. Social care including learning disabilities and epilepsy. The Mental Capacity Act and DoLS was also included in the blended learning programme.

The supervisory support worker responsible for training told us that she was currently updating the matrix and adding the staff members details who had been re-deployed to the network. If there were any gaps in training she was then arranging the appropriate training for them.

All staff within the network have recently been given a new Care4CE staff handbook, subtitled 'putting residents first'. We looked at this and could see that it contained a wealth of useful information for staff members such as values, information about the Care Quality Commission including regulations and standards we look at, policies and procedure including the mental capacity act, health and safety information and guidance for staff working in the community.

The staff members we asked about training all said that the training provided to them by the Network was good and that it was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We looked at a sample of the records maintained and could see that a number of areas were being discussed. These included customer areas such as, finances, medicines and care needs as well as personal areas such as general well-being, personal safety, reflective practice, training and personal development. Issues affecting the network, for example staff and team matters were also discussed. The records being maintained also had two questions, 'Do you have any concerns about the standards and quality of support and secondly 'Do you have any concerns about the way you are treated at work'. These questions were asked in order to try and ensure any potential issues were identified and addressed. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this often includes the areas mentioned above. Staff members also had a performance development plan that was completed annually; this was the council's appraisal system and is a review of the employees performance over the previous year. One of the staff members we spoke with told us that supervision was, "A two-way process".

Where applicable some of the team meetings held were classed as group supervision sessions; these were being held monthly. We looked at the last one for the staff members working in the flats within Warwick Mews held on the 17 March 2016 and could see that general issues such as ensuring any food needs to be covered and the date it was opened was recorded. Customer issues including any risks and any staff or team matters were also discussed. The minutes we saw also contained a statement that staff could request an additional individual supervision session at any time and to 'feel free' to discuss with the senior any concerns that the person may wish to discuss confidentially.

In addition to the above senior staff members also undertook direct observation of the staff members, this included checks that medicines were being administered correctly. We saw a number of these records within the staff files we looked at.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. One of the people we visited said they were fully involved in their care and signed all of the support plans and risk assessments.

During the home visits we observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

People were supported by staff members visits to community health care professionals, such as GPs and district nurses as and when needed. We saw that these were recorded in the support files so staff members would know when these visits had taken place and why.

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.

We checked whether the service was working within the principles of the MCA and found that policies and procedures had been developed by Cheshire East council to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA).

We saw that mental capacity assessments had been completed if necessary and where needed a best interest meeting had been held, for example, a best interest meeting had been held to discuss one person who at the time of the inspection had moved from their own bungalow and was receiving care in a nursing home. The purpose of the meeting was to discuss the future care needs for this person.

The staff members we spoke with all confirmed they had received training on the Mental Capacity Act as part of their blended learning.

Is the service caring?

Our findings

We were able to ask the majority of the people receiving a service about whether they thought the staff members supporting them were caring. Those we spoke to who did say were very positive about the staff members and their attitude. Comments included, "Staff are very good, they treat me kindly and cannot fault them" and "Staff are very good".

The ten staff members we spoke with in the office or those we observed during the home visits demonstrated that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were aware of each person's individual communication styles and what these meant. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. During the whole inspection we saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support from them. The relationships between the people being supported and the staff members were warm, respectful, dignified and with plenty of smiles. One of the staff members we spoke with said, "I love it here".

Some people went to stay with their families on a regular basis and the staff members kept them informed about the support that had been provided. There were also systems in place to make sure the visit went well for example ensuring the appropriate medicines were taken home.

We saw in all of the support plans we looked at that everyone had a 'one page profile' that explained what was important to the person. This was unique to the individual.

Cheshire East council had developed a range of information, including an easy read service user guide for the people using the service. This gave people relevant information on such areas such as how to make a complaint. This document also had a feedback form for people to use should they wish to do so.

Two people using the service were being supported by an independent advocate at the time of the inspection visit. This is a flexible process and the service would request support from an advocate as and when required. At the time of the inspection visit two referrals for advocacy services had been made.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

We did not see any pre-admission paperwork for the people using the service at the time of our visit because there had been no new customers for approximately four years. We are aware though that the provider does have an assessment process in place should this be required in the future. We have discussed this with the resource manager since the inspection and she has confirmed this. The process would start on receipt of an initial enquiry that would be followed by an assessment to confirm the network could meet the person's needs. For example if someone needed the support of a waking staff member during the night they would not be able to move in to one of the flats because there are no night staff employed. If considered necessary as part of the assessment process the service would also ask the person's family, social worker or other professionals, who may be involved to add to the assessment. Following the assessment and if the person's needs could be met the resource manager would make a recommendation to the landlord of the property that the person wanted to move in to. If the landlord agreed then a gradual introduction into the property would commence. This could involve; a visit for a meal, spending a few hours there, having an overnight stay so that if the placement became permanent it would have a better chance of being successful for all parties.

The people using the service had two files, the first of these was the support file that contained a variety of documents including the support plans and risk assessments. If a person had any allergies then a red file was used to draw attention to it. The second file was for medication and other relevant information such as their personal details and the support the person would need if they needed to go to the hospital. Some of the information in this file was duplicated from the support file, for example the support plan and risk assessment for medicines was in both files. We asked about this and were told that the medication file would go with the person if they ever needed to go in to hospital.

We looked at the support files for three people and the medication files for two people whilst in the office during the first day of the inspection. We looked at a further three support files and three medication files during the home visits we undertook. Taken together both files covered all areas of care including health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The files we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. All of the files that we looked at were tidy, well maintained and were up to date. They were being reviewed regularly so staff knew what changes, if any, had been made.

If people needed help in a particular area, for example if they needed assistance with mobility then staff would be provided with specialist training in this area to enable them to fully support the person. A care plan and risk assessment to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection. We also saw that the staff members working in a particular house were expected to sign each care plan and risk assessment to confirm they had read and understood it.

Everyone being supported by the network had their own weekly timetable which provided the staff members with guidance on what needed to be done and when. This had been agreed with each person and included in house activities such as shopping for food, cooking and housework as well as other activities such as attendance at day services or going out to the pub for a meal.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the person receiving a service and where applicable their family member or other people involved such as their social worker.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There have not been any complaints made since the previous inspection took place. People were made aware of the process to follow in the service user guide and in an easy read booklet containing the compliments and complaints procedure. This was called, 'Is the council doing things right? Tell us what you think about your service'.

Is the service well-led?

Our findings

The resource manager visits all of the properties where support is provided as part of her auditing processes. She speaks with the people receiving a service and the staff members supporting them. Following each visit a report with any actions needed would be produced. We looked at the report of one visit that had been undertaken in January 2016 and could see that it had been divided into headings. These were, good practices, what could be done better, actions from previous visits, tenant specific issues covering medication, finances, support folders and risk assessments and general issues such as housekeeping.

The supervisory support workers also have responsibility for monitoring the quality of the service being provided. They checked the support and medication folders on a monthly basis and also carried out a quality audit in each of the properties they were responsible for on a monthly basis. We looked at the most recent visit for one of the bungalows located in Warwick Mews on the 13 March 2016 and saw that it contained the following checks; issues arising from/since the last visit. How did you find out about the experience of people working in the service and what did they tell you. How did you find out about the experience of people working in the service and what did they tell you. Fire records. Service documentation checked. Customer documentation/recording checked. Staff records/information checked. Actions required as a result of this visit. When this was completed a copy was then given to the resource manager who in turn audited them to ensure that any actions identified were being dealt with.

The processes above helped to ensure that information about the quality of service provided was gathered on a continuous and on-going basis.

During the three home visits we observed staff members interacting with the people they were supporting in a professional and caring manner. We asked the staff if they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns.

We asked the resource manager about quality assurance and she explained that in order to gather feedback about the service being provided Cheshire East sent out questionnaires directly to the people receiving a service every year. The questionnaires were collated centrally and the resource manager would be contacted if there were any queries or questions. It was only when this process was completed that feedback would be provided to her. She explained that the last survey was done at the end of 2015 and she had not had the results yet but that when everything was completed she would receive a graph, with percentages of questionnaires returned and a breakdown of how people have answered the questions asked.

We saw that there were regular tenants meetings being held in each property. These meetings were an opportunity for people receiving support from Macclesfield Supported Living Network to comment on how the service was being run. We looked at a sample of the records being maintained for two of the bungalows and the flats all located within Warwick Mews and could see that the meetings were being held monthly. The people living in the bungalows needed more support so the agenda's for the meetings held on the 6

March in one bungalow and the 14 March in the other covered topics such as what activities they would like to take part in and what food choices they preferred. The minutes for the flats held on the 17 March contained similar information but had more practical tasks such as discussing any repairs that were needed.

The staff members told us that regular staff meetings took place in the services where they worked and that these enabled managers and staff to share information and / or raise concerns about the services they worked in. We looked at the minutes from the most recent staff meeting held for the staff working in the flats within Warwick Mews and could see that a variety of practical topics such as reminding staff to ensure food in any fridges needed to be covered and a record of the date it was opened needed to be made. Customer issues such as risk assessments and finances as well as staff and team matters had been discussed. The minutes also had a section identifying any actions needed and who would complete it and by when.

Representatives from Cheshire East also visited the service and spoke to the people using the service on a regular basis. This helped to ensure any issues were identified and addressed quickly. We looked at the record of the most recent visit undertaken on the 20 January 2016. This included a section on issues arising from/since the last visit and then asked the same five questions the Care Quality Commission asks when carrying out an inspection. Is the service Safe, Effective, Caring, Responsive and Well Led. This was a well thought out document and highlighted evidence of good practice whilst still recognising that improvements could still be made, for example one of the actions identified as needing addressing following the visit was, 'Continue to develop the Improvement plan with a focus on key areas of service development'.