

Cheshire East Council

Wilmslow Supported Living Network

Inspection report

Redesmere Centre
Redesmere Road
Handforth
Cheshire
SK9 3RX

Tel: 01625374072

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19 June 2019

26 June 2019

28 June 2019

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Wilmslow Supported Living Network is managed by Cheshire East Council and is registered to provide personal care to people living in supported living accommodation. The registered provider supports adults with learning disabilities or autistic spectrum disorders and supports them to live as independently as possible as tenants in their own homes.

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's experience of using this service and what we found

People using the service received planned and co-ordinated person-centred care and support that met their needs and helped them to live a fulfilled lifestyle. People told us how they enjoyed opportunities to gain new skills and become more independent and we could see how this had resulted in positive outcomes for them.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Improvements were made during the inspection regarding consent to care to ensure peoples' rights are always upheld in accordance with the law.

People were safe. Risk was managed proportionately, enabling people to live as independent lives as possible. Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse. Safeguarding concerns were responded to and managed effectively.

There was enough suitably trained and experienced staff who had good relationships with the people who used the service.

New staff were recruited safely and received induction training before they could provide care and support. Staff benefited from ongoing training including the nationally recognised care certificate which had been introduced since our last inspection.

Managers and staff knew the people who used the service well. They understood and respected their needs, wishes and worked effectively to enable them to live healthy lifestyles and achieve their goals and aspirations.

People received appropriate levels of support with their medication to ensure they were safe and their independence promoted. Medicines were managed safely and only given by staff who were trained to do so.

People were supported to maintain a balanced diet and were able to access health care services as and

when needed.

Morale amongst the staff team was high. Staff told us that they appreciated support, guidance and direction of the management team and all without exception said they were proud to be associated with the service and the standard of care and support provided.

The management team had worked effectively to make improvements in the service identified at our last inspection. They demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders. A range quality audits we carried out and we saw that actions were identified and addressed to make continuous improvements.

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 June 2018) and there was a breaches of regulation on Good Governance . The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have found evidence that the provider needs to make improvements regarding consent to care. We found no evidence during this inspection that people were at risk of harm from this concern. You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was safe.

Details are in our safe findings below.

Wilmslow Supported Living Network

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a number of 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.

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.

The inspection activity started on 14 June 2019 and ended on 28 June 2019. We visited the office location on 14 June 2019.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection.

During the inspection we spoke with six people who used the service and with two relatives over the telephone. We also spoke with several staff including the registered manager, the operations manager, three senior workers and five support staff.

We looked at documentation relating to the management of the service, including four care plans of people using the service, two staff personnel files, staff training and supervision records, complaints, accidents and incidents, policies and procedures, and safeguarding records.

After the inspection

We continued to seek clarification from the registered manager who provided additional information including staff training data.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the registered provider consults best practice in relation to PRN medication and protocols which need to be in place. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines on an as and when required basis.

Assessing risk, safety monitoring and management

- People were safe and protected from avoidable harm. People who used the service told us that they were safe. Two relatives spoken with on the telephone told us that they were confident that their relatives were safe and well cared for.
- People's care and support plans contained a wide range of assessments identifying potential risks. Where appropriate measures were in place to reduce risk and ensure people were safe.
- We identified that some risk assessments had not been reviewed when circumstances had changed. We discussed this with a member of the management team who took immediate action to ensure the records were brought up to date.
- We could see from the records and discussion with the people who used the service that risk was managed proportionately, enabling people to live as independent lives as possible. Where appropriate people were able to administer their one medicines, engage in activities, pursue hobbies or venture out into the community unescorted. For example, staff had assisted one person to use innovative technology to go out into the community alone.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse.
- All staff had received training and were knowledgeable about safeguarding people who are vulnerable because of their circumstances
- People who used the service told us that they were safe, and staff responded effectively when one person raised a concern.

Staffing and recruitment

- Staff were recruited safely by the service using appropriate employment checks.

Preventing and controlling infection

- Staff understood the need for effective hygiene standards to reduce the risk of infection.

- Staff were provided with personal protective equipment (PPE) and used it appropriately when providing personal care.

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were recorded, reported and reviewed regularly by the management team which enabled them to analyse trends and act on their findings to keep people safe where necessary.

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 Requires Improvement. At this inspection remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- We found that the service was not always working within the principles of the MCA and a condition on an authorisation was not met.
- An authorisation given by the Court of Protection to deprive a person of their liberty had lapsed 10 months prior to our inspection. Whilst there could be no doubt that this person's liberty was being deprived to keep them safe the service did not have legal authority to deprive them of their liberty and therefore their rights to self determination were not upheld.
- We checked four care files and found that there was no record of any of the people giving consent to care. The registered manager told us that there were doubts that a number of the people who used the service had capacity to give consent to care, but no MCA assessments had been completed on consent to care and there was no record of best interests' decisions being made on their behalf.
- The provider responded immediately during and after the inspection. They confirmed that an appropriate application had been to the court of protection for legal authority to deprive a person of their liberty and consent to care would be sought and recorded for all people who used the service. Quality assurance processes were reviewed to ensure there were no further oversights.
- Staff had received training on MCA and Dols and mental capacity assessments and best interest decisions were in place that addressed a range of issues with the exception of consent to care.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the registered provider reviews their training practice

procedures and consults best practice in relation to the 'Care Certificate' and standards which staff should be encouraged to complete. This recommendation had been met.

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised. Staff who did not have an appropriate National Vocational Qualification (NVQ) were encouraged and supported to complete the care certificate. The 'Care Certificate' is an identified set of standards for health and social care workers
- All staff spoken with presented as skilled and knowledgeable. The training matrix showed that staff received training in a variety of appropriate and specialist topics to guide them in their role
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular group and individual supervision.

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

- Care and support was planned and delivered in accordance with current standards and best practice. Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the person's needs had changed.
- People were involved in discussions about their care and their outcomes were good. One person told us how the service had helped them become the person they wanted to be. A relative of a person who was unable to express their own views told us that they had been involved in the development of their relative's care and support plans which met their needs.

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

- People were supported to maintain a healthy diet in accordance with their needs and preferences.
- Staff knew each person's likes and dislikes and supported them to shop for and prepare meals of their own choosing.

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

- People told us how they were supported with any external appointments including doctors, dentists and physiotherapists to maintain their health and wellbeing. Future appointments with health and social care professionals were scheduled in anticipatory care calendars.
- Managers and staff worked closely with social workers and other health and social care professionals to provide care which had a positive impact on people's health and wellbeing.
- When people were unwell staff acted promptly supporting them and where appropriate advocating for them to ensure they received medical treatment when needed. One relative said the "staff, were excellent when it came to health care, they acted promptly and always kept me informed and up to date, I have every confidence in them".

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 Respecting and promoting people's privacy, dignity and independence

- Staff continued to be consistently caring. People and their relatives spoke very highly about the standard of care and support provided. People told us that they were treated with respect, involved in decisions and about their care, were valued and always listened to.
- People were relaxed and at ease in the presence of staff and we could see that they enjoyed good relationships. There was evidence of mutual respect. Interactions were always positive but there was also light-hearted banter, which people enjoyed.
- Staff had received training on equality and diversity and were keenly aware of people's rights and promoted them.
- Staff had a good understanding of each person's individual needs and personal preferences. They understood and supported people's communication needs and choices. They showed skill in their interactions with people.
- Staff knew how to respond to people when they were upset, unsure or needed reassurance. They provided support according to the person's needs and showed genuine care and understanding.
- Records relating to people's care were secure and confidential in the person's own rooms.

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

- People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.
- People, along with family members, were encouraged to share their views about the care provided in care and support plan reviews, surveys and meetings with the manager and staff.
- The contact details for a local advocacy service could be made available. An advocate is someone who can support and assist with decisions in relation to the day to day care people receive. This meant that every person who was being supported by registered provider had the opportunity to request advocate support when and if they needed to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs and preferences were consistently considered and reviewed as part of the care planning process and reflected in the care provided. People told us how they were involved in developing their support plans, they owned them and kept them in their rooms.
- Two people showed us their support plans which clearly reflected their needs, preferences and individual aspirations and life goals. For example, one person told us how they wanted to work and do something rewarding and how staff had helped them to get a job as a volunteer in a charity shop.
- People told how they benefited from review meetings where they were involved in reviewing and where required revising their care and support plans to ensure their needs were met.

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.

- Important information was made available in different ways to help people understand and to promote their involvement. For example, some support plans were illustrated with symbols and pictograms to make them easier to read.
- The complaints procedure was also illustrated with pictograms which made it accessible to people who were unable to read. We looked at the complaint's procedure with one of the people who used the service and they spoke with insight about the difference between making a complaint and giving feedback.

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 engaged in a wide range of activities in their own homes and in the local community. Staff responded with commitment and dedication when people expressed a desire to engage in an activity or achieve a life goal.
- Staff clearly understood the importance of supporting people to develop and maintain relationships and where appropriate involved families, friends and advocates to support people with their decision making.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- None of the people had made a complaint but all said that they would feel comfortable raising any issues with any member of staff.
- Tenants meeting where held where people living in the same bungalow would come together to discuss

things that were important to them such as staffing issues, how the availability of staff affected what they wanted to do and what activities and hobbies they wanted support with.

End of life care and support

- The service did not routinely support people receiving end of life care. However, the registered manager confirmed they would support people approaching end of life, working closely with other health and social care professionals and record people's end of life wishes in support plans as appropriate.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not have suitable quality assurance systems and processes in place to continually assess, monitor and improve the standard and quality of care being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The registered provider had comprehensive policies and quality assurance procedures in place that were being used effectively to ensure that people received high-quality person-centred care.
- The registered manager and provider completed regular safety and quality audits to measure performance and drive improvement, where needed.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- Support plans were not routinely being quality checked at the time of the inspection. There was no indication that any person had come to harm because of this oversight and the registered manager instigated a programme of routine quality checks for all support plans and risk assessment before the end of this inspection.
- The registered managers had shared information with the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Working in partnership with others

- The registered manager, senior support workers and support workers understood their roles and responsibilities and demonstrated commitment to the provision of a high-quality person-centred service.
- There had been significant changes in the management team in the last 18 months with three new senior support workers coming into post. The management team were clear as to what needed to be done to ensure the service continued to grow and develop and learn from experience. The standard of recording had significantly improved with positive outcomes for the people who used the service.
- Risk was managed effectively and any measures put in place were the least restrictive and promoted people's rights to live a fulfilled lifestyle.
- Staff had developed close working relationships with other services in the area to improve outcomes for people. This included effective working relationships with Health and social care colleagues, a local day service and other agencies providing care and support for the same client group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that is person centred and open, inclusive and empowering. Managers and staff have a well-developed understanding of equality diversity and human rights and were able to provide examples where they had supported people to become and be proud of the people they wanted to be.
- Development plans and the responses to our questions, comments and behaviours of the registered manager and staff consistently reflected their commitment to providing person-centred services. It was clear that this had resulted in positive outcomes for people.
- People using the service spoke about their involvement in all aspects of their care and support. It was clear that their human rights were respected and promoted, and staff spoke of their pride of being involved with the service and the standard of care provided.
- The service had good links to local community resources that reflected the needs and preferences of the people who used the service.
- People using the service and their relatives had opportunity to give feedback regarding their care at regular review meetings, and on a day to day basis. In addition, that was an annual survey of people's views and regular tenants' meetings at which people were encouraged to express their view. tenants meeting.

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

- There had been no recent occasions when the service had to act on its duty of candour. However, it was clear from conversations and audit processes that openness and honesty were expected of all staff.
- Staff told us that they would not hesitate to inform senior staff of a concern or error.