

## Imagine Act And Succeed

# IAS 71-73 Church St

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Imagine Act And Succeed (IAS) is a local registered charity. They provide support services for adults whose primary need for care is due to their learning disability. Support is provided for people with varying complex needs. At the time of the inspection there were 93 people receiving support.

### Supported living

IAS has 32 properties in the Wigan and Leigh area. IAS supports people who live in their own tenancies or with their families to develop skills to become independent within their own community. The services supports people with learning disabilities and autism.

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

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

People spoke highly about the care they received. Comments included, "It's good", "I like the staff", and "I like spending time with [name], I like to help her." A family member spoken with was very happy with the care their relative received. They said, "The carers are very good, and they know if [name] is unhappy or worried".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medications as prescribed. Staff confirmed they had completed medication training and received annual refresher training.

Staff received on-going essential training and specialist training relevant to their role.

People had access to a range of healthcare support, so their health and well-being was maintained. Suitable arrangements were in place to help ensure people's nutritional needs were met.

Electronic and hard copy care records were seen. These covered all areas of care and support including people's aims and goals, preferences and wishes. Where risks to people's health and wellbeing had been identified, these were assessed and planned for.

The recruitment procedures were rigorous, ensuring that people were suitable to work with vulnerable adults.

IAS provided a good standard of accommodation for people living in shared accommodation.

The leadership and management team were praised by staff for the commitment and passion for care. Staff felt listened to and valued. There was evidence of on-going management and oversight of the service. Opportunities were provided for people to share their views and opinions about the service.

Policies and procedures were in place and were accessible for staff to refer to as required.

Systems were in place for the recording and responding to complaints and concerns.

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

#### Rating at last inspection

The last rating for this service was Good (published on 16 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating,

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Imagine And Succeed on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# IAS 71-73 Church St

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team comprised of one inspector and an assistant inspector.

#### Service and service type

##### Supported Living

This service provides care and support to people living in supported living' settings, or with their family 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We sought feedback from the local authority and professionals who worked 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 of this information to plan our inspection

#### During the inspection

We visited three homes and spoke with eight tenants, one relative and 10 members of staff. We also spoke with the registered manager, the chief executive and one healthcare professional.

We reviewed a range of records, including medication administration records (MARs), the care records for four people, four staff personnel files, staff training records and information relating to the health and safety and management and oversight of the service.

The registered manager was also the nominated individual who is responsible for supervising the management of the service.

#### Following the inspection

Immediately after the inspection the registered manager provided us with further information to support our findings.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- People's medicines were safely stored and administered as prescribed. Staff responsible for administering medication had completed relevant training and had regular competency checks. We asked one person if they knew about what medicines they were taking and why. This person told that they knew about their medicines and received them when needed.
- We looked a selection of Medicine Administration Record sheets (MARs) and found these had been accurately completed with no gaps identified.
- Protocols were in place to guide staff on the use of when required medication was given (PRN) for example the use of paracetamol and some creams.
- Regular audits and checks of the management, storage and administration were undertaken by senior staff. Any actions identified from the audits were promptly actioned.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy. One person said, "I do feel safe, and its near to my family." Another person said, "Yea I'm safe, and the staff are kind and make me laugh."
- Policies and procedures were in place to help protect people from abuse or poor practices. Staff had completed training as part of their induction and had undertaken refresher training as required. Staff had a good understanding of safeguarding and how to identify and report any worries or concerns.
- We were not aware of any issues or outstanding concerns regarding the safety of people who were receiving support from IAS.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed and planned for. These were recorded on care records held at the office and in people's homes.
- Personal emergency evacuation plans (PEEPs) were in place. The PEEP contained guidance for assisting people to safety in the event of an emergency. Staff confirmed they had completed training in fire safety and that fire drills were carried out monthly.
- Record of accidents and incidents were held. These were monitored to check appropriate action had been taken and if any trends or patterns had developed and if any further action was required.
- Environmental checks and audits were carried out to ensure that the premises and equipment were safe to use.

### Staffing and recruitment

- Sufficient numbers of staff were available to support people. The staff were mainly allocated to the same

houses to provide continuity of care to the people living there. Some staff had worked at IAS for several years and knew the people they were supporting exceptionally well. Staffing levels were flexible to cover for some activities and appointments. One member of staff told us. "The staffing levels are very good."

- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. The process assured the provider employees were of good character.
- The recruitment team were mindful of the particular needs of people and used a staff matching approach to place new staff at specific locations. Staff interviews provided opportunities for potential new starters to talk about their own interests as this ultimately helped the recruitment team to place them in the best environment with regard to achieving the needs and wishes of people.

#### Preventing and controlling infection

- Infection control and cleaning practices were in place. We saw that the premises we visited were clean and well maintained. We were invited in to one person's flat. This person was very proud of their flat and liked it clean and tidy.
- There was a hot tub at one of the properties. Instructions and a check sheet were in place for the safety and maintenance of the hot tub.
- Staff had received training in prevention and controlling infection. This was covered in detail during inductions programme and on refresher training.



# Is the service effective?

## Our findings

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

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

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

Staff spoken with had a good understanding of The Mental Capacity Act 2005 (MCA). Staff said that this was covered on induction and on refresher training. One member of staff told us, "It is taking the time to assess people when they are doing something to consider capacity. We deal with one person where there are weeks when they appear very capable and at other times not so capable."

The 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.

In Supported Living services the application to deprive a person of their liberty is through the application to the Court of Protection. Where concerns were raised regarding people's liberty being deprived this would be discussed with all relevant parties and with the involvement of the Court of Protection.

Staff support: induction, training, skills and experience

- Staff received a programme of staff training and support. On commencing work at the service staff completed a comprehensive induction. One member of staff told us, "The induction actually lasts for 12 months. All courses in the induction booklet are signed off". The induction programme covered essential training for example, safeguarding, moving and handling, first aid fire training. Other specialised training was provided. For example, staff received training in care for people with autism, epilepsy and diabetes.
- The service had their own Positive Behaviour Support (PBS) Team who were qualified to design and deliver training to staff qualification standard. This ensured that all staff working in the PBS services had the skills to understand the people they supported, to minimise aspects of challenging behaviour, by deploying sympathetic de-escalation strategies or (if needed) to physically intervene when there was justification to do so. Information was recorded in the individuals care records when any physical intervention was required."

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

- People were supported to help maintain a healthy and well-balanced diet. Staff knew what people liked to eat and information regarding dietary needs were recorded in care records if required. Services were regularly visited by the Quality Team and food and drink was monitored to ensure people received a quality diet. This was done by looking at the My Day books and talking to people.

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

- People had access to a range medical and healthcare services, with GP's and other professional that visited the services. Guidance from professionals was included in people's care records and helped inform risk assessment and the care planning process.

One care professional told us, "I have worked with IAS for a number of years. They are always proactive in ensuring that people are directing their own care and support. They regularly involve service users and their families in decision making. The Quality Performance Officers are regularly updated about their services and meet regularly with the senior management team. IAS are very good at reviewing their services to ensure they are providing just enough support and developing people's independence. As an organisation they actively promote the rights of people with a learning disability and advocate for them".

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

- The properties we visited and been suitably built or adapted to meet people's needs. When required aids were provided to help keep people safe. People's flats had been personalised with their own property and belongings.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with were very pleased with the care and support they received. One person expressed they were happy living at [name of home] and said staff were kind. A relative told us, "[Name] has very good carers, I am very happy with the support [name] receives. I have no complaints."
- We observed people were treated in a kind and respectful manner.
- Staff were helpful and friendly, and people were very relaxed and comfortable in their presence. We observed people sitting with staff in one of the homes gardens. There was a happy atmosphere and lots of laughter.
- Each of the services had their own staff team and manager usually be based at one service, typically for a long time. Staff regarded support as being relationship based and staff got to know the people they supported very well.
- Staff were carefully matched with people they supported through the application and interview process so that staff could respond to people's diverse needs.
- People's equality and diversity was recognised and respected. Care records contained information about people's specific needs, both spiritual or cultural. Staff had completed training in equality and diversity.

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

- People spoken with confirmed they were involved in making decisions about their care. One relative told us that staff communicated well with them and kept them up to date.
- People we visited told us that staff listened to them and acted on what they said.
- Tenants meetings were held for those who wished to attend. One person told us they were asked to attend but chose not to as they found it to stressful. They confirmed that staff told them what had happened in the meeting.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported them in maintaining their independence by encouraging them to do what they could for themselves. For example, daily living tasks such as cooking and cleaning, support with finances and hobbies and interests.
- People told us staff respected their privacy and dignity. Staff were mindful of this especially when assisting people with personal care. Staff had completed training on how important it was to ensure people's privacy and dignity was maintained at all times.
- People's records were stored safely at the office.

- Family and friends were welcomed when they visited. One person told us, "My family come and visit now and again."

# 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 outstanding. At this inspection this key question was rated as good. This meant service this meant people's needs were met through good organisation and delivery.

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

- People using the service each had an individualised plan of their care, drawn up with them and where appropriate their relatives based on an assessment of their needs. Plans were regularly reviewed and checked to ensure care was given the way they wanted it to be. One person told us that staff discussed their care plan with them. A relative spoken with told us, "I am consulted about the care plan and any changes."
- Care plans covered communication, culture, religion, family, friends, personal care needs, risks, nutrition and hydration, finances and wishes. People's support plans were detailed and included information about people's likes, dislikes and preferences such as food and activities. Care files contained relationship maps which were in a pictorial format about people's family and friends who were important to them. This meant that staff had clear guidance on how people wished to be supported.
- Each person had a two part review every year that checked things were still going well, the future areas of focus and monitors aspects of health. People and their family were invited to attend any reviews.
- Families were offered a six-weekly meeting, away from the houses, to review how things were going and to talk through any concerns the family or person may have. Some family members chose to take part in the staff meetings and in-house meetings as well. IAS also facilitate a Tenants Forum, at which they consulted with people and a Relatives Forum where people shared current ideas and developments.
- Each house had a dedicated support team who knew people well and represented their aspirations. People were empowered to achieve what they may not have done without the support of the staff team. The team meet on a regular basis and within those meetings check whether objectives were being met for people.

Meeting people's communication needs

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

- The staff knew the people they supported really well and had adapted ways of communicating with them. Many of the people supported had significant communication difficulties and staff worked with all people on an individual level. Support plans and risk assessments had a section on communication which described the specifics of how staff should (and how the person wants staff to) communicate with them. At annual reviews people were asked a specific question about whether the person was being communicated with in the right way and whether they might benefit from a more in-depth piece of work being carried out.

By asking this question it ensured that any change or deterioration was picked up.

- The staff induction included Communication and Decision Making. Some of the communication aids people had included: Picture exchange communication (PECs), Timelines, a communication dictionary, objects of reference, a talking diary, clock or timer and communication charts. For example, for one person who was deaf and blind, staff communicated with by using finger spelling based on British Sign Language (BSL) technique. All staff supporting this person had learnt BSL and despite the severity of the person's disability staff felt they knew the person really well.
- We visited one of the Positive Behaviour Support (PBS) Network houses that provided support to a number of people who have behaviours that can challenge. These services had their own staff team managers who were specifically trained and qualified to work with people both safely and legally. IAS had their own teams of trainers who had gained Assess Respond Care (ARC) qualification in 2018. This team both designed and implemented individualised training to staff whilst monitoring incidents and staff welfare. The tenants had a "PBS Support Plan" and this plan detailed, in depth, all the potential behaviours or anxieties the person may exhibit and the potential reasons for this. The plan detailed the progressive phases the person will typically go through when having difficulties, uncertainty or challenges. The plan detailed how the person exhibited behaviours within all these progressive phases and this means the person's ability to communicate changes significantly. Therefore, staff needed to be able to modify how they interacted with the person, effectively changing their communication (to the person). Without this consistent approach individual staff may self-develop strategies or techniques that in turn confuse the person, which in turn will extend the time of the negative experience.

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

- People continued to engage in activities and events within the local community. The 'Stepping Out' project was developed by IAS to connect people in the community with shared interest and to help tackle isolation. This helped people to live a purposeful life and included leisure, learning, contributing, health fitness and work. Staff and people they support had identified gaps in communities. For example, where people could go and buy basic supplies. The two shops had been a massive success, staffed by people who were supported by IAS and by volunteers. The shops had become a social meeting place, where new friends had been made and had paved the way to other social gatherings within the community. For example, 'Bake and Make A Difference' with a MacMillan coffee morning to raise money.
- Staff supported people in gaining purposeful employment experience. This had helped to build confidence and gain new skills. For example, one person applied for the position of a dog walker and now enjoyed this role and their contribution to the community.
- Other activities included coffee mornings and sing-a-longs and attending La Vida Loca [dance night] which was extremely popular night held monthly. There was also the garden club, and days out fishing and cycling.
- The service was creative and innovative in supporting people to live well independently. For example, one person had recently moved into a new flat and said it was their pride and joy. They loved living on a street where they easily get a bus to and from anywhere and everywhere

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with and responding to complaints. There had been two complaints from relatives. Both complaints were fully investigated, and this was done with the involvement of the local authority quality team. The management met with the families and the issues raised were successfully rectified.

End of life care and support

- We asked the management team how they would support people who were nearing the end of their life. At the time of the inspection there was no one receiving end of life care. The service had a "Dignity and End of Life" document and training guide for managers. Peoples wishes were documented in their care records. For example, which chapel of rest they wanted to go to, whether they preferred to be buried or cremated and other things such as choice of music.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Managers and staff had clearly defined roles and responsibilities. Staff confirmed they worked well together in their services. They helped one another out to cover shifts when needed. The provider does not use agency staff.
- Team meetings were held. One member of staff told us, "Team meetings are generally once a month, one of us takes notes and we discuss what we can do better. We also discuss company issues and get up to date information of what's happening."
- Service leaders completed a four-day training programme which was designed to equip them with the knowledge, support, leadership and management skills to get the best from themselves and their staff teams. This training included creating positive cultures, facilitating positive and productive meetings, community connecting, person centred supervision and managing and resolving conflict. Staff spoken with confirmed they had regular supervisions and appraisals.
- Senior managers met monthly and were familiar with their colleagues' services and current issues.
- The Board of Trustees met regularly and received prepared reports from the Chief Executive and senior managers. These reports included the things that are going well and areas of current focus in relation to improving and developing the service, issues relating to risk and employment issues. A parent board member was also member of the Quality Team. The Health and Safety group collected ongoing data that checked that things were in date at all services: This included, training, support and risk assessments, house risk assessments, fire risk assessments, accident reports and medication errors. This group also discussed strategic issues like legislation updates and good practice.
- Staff we spoke with were complimentary about their immediate managers and the senior management. One person told us, "The manager is really passionate about the service and the care provided. All the management team are supportive and approachable." Another said, "It is genuinely a good company. My values are that the services users are 'it' and the entire service has to got to be run for them. I find IAS are really good at being service user led, they respond to the service users' needs quickly."

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 atmosphere in the office and in the services visited was relaxed and extremely efficient. All the people we spoke with felt the service strived to provide best outcomes for people. To help promote people's inclusion the service provided a newsletter informing people of new events and schemes and what activities people had taken part in.

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; Continuous learning and improving care

- The service had a clear, positive and open culture that was shared throughout the management team and staff. Every member of staff spoken with were passionate about providing a high standard of care.
- The management team maintained oversight of the quality and safety of the service by completing a range of detailed checks. The checks highlighted any areas for improvement, to ensure the service remains safe for people living and working in the houses.

Working in partnership with others

- The service worked closely with other services to ensure people's assessed needs were appropriately met and their health and well-being was maintained. For example, the service had worked in partnership with a Principle Occupational Therapist from a learning disability team providing joint training for providers around person centred dementia care for people with a learning disabilities.
- The service continued to source further developments with the local and wider community to help promote people's community presence and independence. For example, the service had been using more assistive technology and one person had been supplied with a Vega bracelet that meant if they chose to out alone, staff and family know where they were. This had also given this person security that they could alert someone in the event of an emergency.
- We reviewed a recent publication by the Voluntary Organisation Disability Group (VODG). VODG is a national organisation made up of not profit disability providers of which IAS is part of. The publication 'Above and Beyond' had been produced to demonstrate what can be achieved by people in respect of the type of life they can lead, when given the chance. IAS contributed to the work and featured in the publication.