

Churches Housing Association Of Dudley and District Limited

CHADD Supported Independent Living Services

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

This announced inspection took place on 30 September 2016 with phone calls made to people using the service and their relatives on 7 October 2016. The provider had 48 hours notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. The service had previously been a residential care home and had changed its registration on 14 April 2015 to become a supported living service. This was the first time we had inspected the new service.

CHADD Supported Independent Living Services are registered to deliver personal care. They provide care to people within their own homes. At the time of our inspection 13 people were accessing this service.

The service 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.

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role. People were supported to take their medication at the appropriate times..

Staff had the skills and knowledge required to support people effectively. Staff received a detailed induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going comprehensive training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily. Staff supported people's healthcare needs.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignity and respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and always considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Staff were well supported in their roles. Staff felt that their views or opinions were listened to. Quality assurance

audits were carried out to look for patterns and trends that may impact upon how the service is delivered.

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.

Staff supported people to keep them safe.

Detailed risk assessments were in place

People were supported to take their medication safely, at the appropriate times.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good ●

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

Quality assurance audits were carried out and used to shape how the service developed.

CHADD Supported Independent Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 30 September with phone calls made to people using the service and relatives on 07 October 2016. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with four people who used the service and three relatives, three staff members, the operations manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed four staff recruitment records and five medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training, rotas and audits.

Is the service safe?

Our findings

People spoke positively about the care they received from staff. One person told us, "I am very safe as the staff are always around". A relative shared with us, "It is 150% safe it is a wonderful place. The staff keep [person's name] safe, if he is going out he tells them when he is coming back and if he is late they make sure he is ok". A staff member told us, "We keep people safe by advising of the risk. People have capacity, so we can only give guidance, such as reminding them it may be unsafe to go out after dark. If somebody kept putting themselves in an unsafe position and it became an issue we would hold a best interests meeting with professionals involved to ensure they remained safe".

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing abuse and noted both a change in behaviour or physical signs such as bruises as being major indicators of abuse. Staff informed us that where they had safeguarding concerns these would be discussed with a manager in the first instance and that managers would contact the appropriate external agencies to seek guidance on raising the issue as a safeguarding concern. We reviewed records in relation to safeguarding and found that referrals had been made where necessary. A staff member also discussed with us how staff are vigilant in keeping people safe from financial abuse and they told us, "People could be at risk of abuse financially from outside and inside the property". The impact of this could be the possible loss of the person's tenancy, so we take it very seriously". We saw that assessments carried out on people's needs asked if they required an appointee to keep them financially safeguarded and if they did, this was arranged. We saw that staff had received training in safeguarding and this was updated as required.

We reviewed the records the provider kept in relation to incidents and accidents that occurred within the service and found that they were appropriately recorded and the information provided enabled staff to take learning on board. All incidents were logged, with the date of the incident, description of what happened, any follow up action, and who was notified.

We found that risk assessments were in place to keep people safe. Risk assessments identified and considered the risk and what support could be offered by staff to minimise it. Risk indicators were high, medium and low in regards to the risk posed. Records showed that risk assessments covered issues such as pressure sores, self-neglect, health issues, nutrition and hydration. In particular mental health concerns were assessed for risk and staff were aware of routines that people required in order to keep them safe. We found that there were guidelines to follow for staff who completed risk assessments and they were able to speak knowledgeably on these.

People told us that there was consistency of staff that supported them and that they knew the staff members caring for them. Although there had been a recent high level of changes in staff, people told us that things were now much more stable. One person told us that although there were enough staff to keep people safe, they felt that it would be nice to see more staff on duty in the afternoons. When asked why this was they responded that they just liked to see the staff. Other people we spoke with were happy with the amount of staff available to them. A relative told us, "I see lots of staff when I visit, they are always there to prompt and jolly along [person's name] as he needs support".

We looked at three recruitment files and staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Records showed that staff members had given a full work history as part of their application. Where staff had been subject to disciplinary matters this had been done professionally and sensitively and that the correct procedures were followed. We found that an audit trail demonstrated the steps taken to reach a conclusion were appropriate.

One person told us that they received their medicines safely and said, "When I first came it was hard for the staff as I take so many tablets, but they kept checking and got into the swing of it and there are never any problems". A staff member told us, "I feel very comfortable giving medicines. I was observed three times giving medicines before I was signed off to give them independently". Staff told us that they regularly received spot checks to ensure they were competent to administer medicines. We found that medicine administration agreements were in place and these noted the medicine to be taken and were signed by the person. When we looked at Medicine Administration Records (MAR) we found that there were some gaps in the recording of medicines administered. These had not been identified by the monthly audit process, as the month we viewed had not yet been looked at by the operations manager. We spoke with the registered manager about this and she assured us that it was a recording issue and that the person had received the medicine. The registered manager told us that staff members would immediately be notified and retrained and monitored where this was needed. We spoke with the person who told us that they had received their medicine without any omissions. We saw that where people took medicines as and when a protocol was in place to advise staff how to administer them correctly.

Is the service effective?

Our findings

People told us that the staff had the skills and knowledge required to support them effectively. One person told us, "Staff are good they know what they are doing". A relative told us, "We turn to the staff for information, they know just how to help us". A staff member said, "I feel that I have been encouraged to settle into the job and this has assisted my learning and helped me to help others".

Records showed that staff had received a detailed induction period with an induction checklist being fully completed prior to the staff member starting work. One staff member told us, "My induction included becoming familiar with policies and procedures, shadowing other staff and getting to know people and completing the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers should adhere too. Staff told us that they were working through the Care Certificate regardless of when they started their employment. One staff member told us, "Even if we have been here 20 years we have to get up to date".

Records showed that staff completed comprehensive training and staff members were able to tell us about courses that they had attended. One staff member said, "Lots of our training is done through the local authority and it is excellent, we learn a lot from it". We saw that recent training had been in the handling and administration of medicines and adult safeguarding. Following training staff were asked to complete a training and development evaluation form and we found that the feedback received informed future training. We were told by staff that they received supervision regularly, but that they could have discussions with senior managers whenever they required. Appraisals were carried out annually and staff told us that these were used as an opportunity to review the previous years practice and set aims and goals for the coming year.

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. We found that for some people an application had been put into the court of protection to manage their finances. The Court of Protection is where a decision on financial or welfare matters is made by the courts when a person cannot make their own decisions at that time, due to issues such as lack of mental capacity.

Staff told us that they had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. A staff member told us, "Although we don't have people deprived of their liberty here, we still understand the reasons behind the law". A second staff member said, "If we have concerns about capacity we would raise it with the person's social worker about a possible application for court of protection".

People told us that staff asked for consent prior to carrying out tasks. One person told us, "They [staff] ask

for my consent to help me all of the time". A Staff member told us, "We always ask for consent and there are different ways we can get it, written, verbal or by the use of gestures. If a person has no speech we sometimes use pictures to point at, but we are very clear on if a person is saying yes or no".

People told us that they enjoyed the food provided and one person said, "The food is great we have a hot meal there are two choices and we have drinks whenever we want them". A relative told us, "The food is really good [person's name] previously lost too much weight as they struggle with eating, but staff have worked hard to help them gain weight". We found that menus were completed by people a week in advance and sent to the chef, however people and staff told us that these could be flexible if people changed their minds on the food requested. Staff were knowledgeable on people's nutritional needs and were able to tell us about any allergies people had and also their nutritional needs, such as who required food supplements. Records showed that where there were concerns around people's weight this was monitored regularly and health professionals were involved. People were also encouraged to prepare their own food where they were able to. One staff member told us, "People are now getting used to supported living and that they can cook for themselves. We go out and buy food and talk about healthy eating".

People's on-going health needs were maintained and records showed where they had attended appointments such as hospital visits, opticians or dentists. People told us that they saw their doctor if they needed to. One person told us that on the day we spoke to them a staff member had assisted them to a hospital appointment that morning. The person told us that they were very happy for the support offered.

Is the service caring?

Our findings

People told us that they felt that staff were kind and caring. One person said, "Staff are kind and caring and sit and chat". A relative told us, "The staff are courteous, helpful and polite, this is the best place that [person's name] has ever been". A second relative told us, "The change to the service has had a big impact upon [person's name] but the staff are very aware of this and have been great and supported them through it" [the service had changed from residential care to supported living]. A staff member told us, "Staff care about people greatly and know them well, but it helps to know that the management care about the staff too". We found that care plans noted that staff should raise people's self-esteem by talking to them about their goals in life and assisting them to reach them where possible.

People told us that they felt listened to and that staff were genuinely interested in their well-being. One person said, "They [staff] want to know that I am happy and they ask me". A staff member told us, "We want to listen to people and hear about the care they want, that is why communication is so important. We also listen to what people don't want from us and we are aware of any triggers or stressful anniversaries to try and ensure that people feel settled and calm".

People told us that they made their own decisions, with one person saying, "I make my own decisions, I pick what I want". We saw a quote from a person on some promotional literature and it stated, "I now have choices and am positive about doing things because of the support I receive". A relative told us, "It does [person's name] good to take some responsibility in their own life".

One person told us, "I am very independent. It took a while to get used to it, but I like doing things for myself". As people live within a supported living scheme they are required to be as independent as possible and we saw that care plans looked at what independent living skills people had and what they would like to do for themselves.

People said that staff respected them and promoted their dignity, with one person saying, "They [staff] respect my privacy and dignity and they treat my home with respect". A second person told us, "Staff are very respectful, they listen and are very nice with me and wait for me to talk". A relative told us, "[Person's name] has sight issues and so staff ensure that this is respected and all paperwork is provided in a manner in which enables them to see it".

We found that people used a local advocacy agency and that they knew how to access this service with the support of staff. Records showed that advocates had been invited to meetings and had attended.

A person told us, "My family and friends visit all the time and get along well with staff". Relatives that we spoke with told us that they had a great relationship with staff members and were welcome at all times. A staff member said, "This is the person's home, it is up to them who they invite and when".

Is the service responsive?

Our findings

People told us that they had been involved in discussions to develop their care plans. One person told us, "I was involved in the care plan alongside my social worker. They [staff] asked me what I wanted and got things I asked for". A relative told us, "[Person's name] has capacity and staff respected this, although we were there when the care plan was written up, they asked [person's name] what they wanted and not us". A staff member told us, "It is important that everything is put into the care plan, as that helps us to provide the right care. We are being trained on how to compile a care plan, so that we can do it ourselves rather than managers doing it all. We actively work with people to find out what care suits them". We found that care plans looked at the support that people required and the best way that staff support them, this included medicines and health, maintaining hygiene and people's leisure interests. We found that care plans were reviewed and updated in a timely manner. Staff were able to discuss with us people's care needs and they were able to relate the care that they provided to the content of the care plan.

Preferences were considered within the care plan and people's likes and dislikes were noted. Staff told us of how smokers could smoke, but were encouraged to use a specific smoking room, as the flats were shared with other people who were non-smokers. Where one person had requested to be supported to attend church this had happened. The care plan looked at cultural and religious requirements and what leisure interests' people had. It also looked at whether the person would like to work and what support they would need.

We found that staff sought to promote positive relationships and that the care plan raised questions on who was important in the person's life, including relationships with flatmates, family, the person's keyworker and advocacy worker and how a good working relationship could be maintained. One person told us how they enjoyed painting and that this had been greatly encouraged by staff, who had displayed the person's work within the property and the provider's office. Another person told us how staff would play cards with them and games if they requested. People told us that they had lots of opportunities to participate in activities and that they enjoyed travelling around the local area.

People told us they knew what action to take if they wanted to raise a concern or a complaint. One person told us, "If I had a concern I would go to staff and they would listen". Relatives told us that minor issues were dealt with satisfactorily and they were pleased with the outcome. Records showed that complaints were fully investigated with letters sent out to the complainant before and after the investigation. Minor complaints such as noise issues between people were dealt with by staff, however significant complaints went to senior managers and then onto the executive board for investigation if appropriate. We saw how audits of complaints were used to gather information that led to solutions being put in place to minimise future occurrences of incidents.

One person told us, "They [staff] ask me questions about if I am happy". A relative told us, "I haven't been given a questionnaire to complete in a long time". We saw questionnaire forms that the registered manager told us were given to people, relatives and staff to ask for their opinions on the service, however we weren't able to view questionnaires with responses included as the registered manager was unable to locate them.

We saw that the unanswered copies asked people questions such as; do you feel safe and supported, listened to, helped to be healthy and fit, do staff know you and your likes and dislikes, do you have choice and privacy? Questionnaires for staff asked how they ensured that the service was safe, effective, responsive, caring and well led in line with CQC's key lines of enquiry. We could not be certain that people had received questionnaires, as we did not see any evidence, but the registered manager informed us that the blank questionnaires were ready to be sent out in the near future.

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person told us, "I have been away from my home since I was 18 and have never had a real home before, but I have one now. This is like home to me". A second person told us, "I am very happy and settled here". A relative told us, "This is the very best placement for [person's name], it is a very happy environment". A staff member told us, "All of the staff do a fabulous job, people are really happy".

People and staff spoke about how well the service was led and managed. One person told us, "I know the manager [gives name] I see her on a regular basis, she does a good job". A relative told us, "The manager was very helpful when we needed advice and support". A staff member told us, "The manager is very open and listens to the staff. There is an open door policy".

We saw that the registered manager had good links within the local area. She arranged regular open days and events such as garage sales where people using the service helped out. Staff told us that one person liked to help cook in the kitchen, so staff were assisting them to attend a hygiene course at a local college. The operations manager told us about training 'road-shows' that they held, which involved travelling around the providers numerous care facilities in the local area to carry out training. We saw that there was a plan to include relatives and friends of people into the invitation in future, so that they could learn alongside staff members.

Staff members said that they felt, "part of the service". Records showed that regular team meetings occurred and staff told us that they were able to give their opinions and felt listened to. Staff told us that they were able to add to the agenda for the meeting and that they were kept informed of any changes within the service.

Staff told us that they would be comfortable in whistleblowing if the practice of a colleague concerned them and that management would support them to do so. A whistle blower is a person who tells someone in authority about wrong-doing they witness. Staff told us that they had received information on how to whistle-blow from senior managers and understood the process.

The operations manager showed us evidence of how they monitored the quality and safety of the service. The audits were very detailed and gave relevant information, however the operations manager told us that audits were still evolving and would become even more comprehensive to suit the service better. We found that audits looked at people's care/support plans and risk assessments to ensure they are up to date and signed. MAR sheets were checked to ensure that medicines had been given as required and this included how PRN medicines were recorded. People's nutrition and hydration needs were also considered in relation to their diets and menus. We saw that safeguarding issues were analysed to see what strategies could be implemented to reduce alerts and tenants meeting minutes were viewed to see how the service could become more inclusive. Records showed that the audit carried out was rated compliant, non-compliant or improving. If non-compliant the question was asked how staff could address the situation and what needed to be done to become compliant. An example of this was getting records signed where this had

not been carried out. Random spot checks were also carried on staff members practice and staff told us that they received feedback from managers following these checks.

We found that notifications of incidents were sent to us as required, which enabled us to see how staff responded to incidents or concerns.