

Cheshire East Council

Wilmslow Supported Living Network

Inspection report

Redesmere Centre
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Tel: 01625374072

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit at Wilmslow Supported Living Network was undertaken on 01 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a care service to people living in the community. We needed to be sure someone would be in at the office.

Wilmslow Supported Living Network is managed by Cheshire East Council. It provides personal care and a supported living service. It enables adults with learning disabilities or autistic spectrum disorder with additional associated needs to live as independently as possible as tenants in their own homes. At the time of our inspection visit there were 20 people being supported. There were five adjoining bungalows where 17 people lived and two houses in the local area where three people lived. The people who lived in the bungalows had support available 24 hours a day; the three people who lived in the local area received planned visits from staff during the day.

The service operates 24 hours a day, 365 days a week. The main office is situated at the Redesmere Centre. It has disabled access and a large car parking facility attached to the building.

The service had a registered manager in place. 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.

At the last inspection on 22 and 24 July 2014, we found training records and supervision for staff needed to be updated. The provider was rated as 'requires improvement' in the effective domain but achieved an overall rating of good.

Staff told us training was inconsistent, the provider did not consistently provide learning and development opportunities to maintain necessary skills to meet the needs of the people they care for and support.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. You can see what action we told the provider to take at the back of the full version of the report.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Comments we received demonstrated people were satisfied with their care. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care to people at the supported living network.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive, approachable, and had listened and acted on concerns raised.

The registered manager had sought feedback from people who used the service and staff. They had formally consulted with people they supported and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was an ongoing reliance on agency staff to meet people's needs safely.

Recruitment procedures the service had been followed to keep people safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments in place to reduce potential harm to people.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not had the appropriate training to maintain necessary skills to meet the needs of the people they cared for and supported.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

Good ●

People and their families were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People were listened to and responded to accordingly, when they had complaints or concerns.

Is the service well-led?

Requires Improvement ●

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence throughout Wilmslow Supported Living Network.

People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided. However we noted issues with staffing levels and staff training which impacts on the quality of the service and this had not been addressed by management of the service.

The provider had sought feedback from people, their relatives and staff.

Wilmslow 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with three people who received support from Wilmslow Supported Living Network and three relatives during our inspection. We also spoke with the registered manager, two members of the management team and four members of staff.

We looked at four people's care records and the medication records of two people. We reviewed four staff files including recruitment, supervision and training records. We also looked at further records relating to the management of the service, to ensure quality monitoring systems were in place.

Is the service safe?

Our findings

Although we were told people were safe, our inspection findings did not always reflect this. People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who used the service told us, "I do feel safe living here. I've got company, people to talk to and staff to go to the shops with." One relative told us, "I know he is in good hands, he's safe with the staff there."

During this inspection, we asked about staffing levels. One staff member told us, "Staffing levels are not great at present, we are all tired. We are using a lot of agency staff." A second staff member stated, "Staffing is very poor, over the year it's gone down, They're not replacing staff." They also commented, "The agency staff are lovely but you can't expect them to pick up on things."

We spoke to the registered manager about staffing levels. They said, "We are at crisis point with staffing, I have passed this on to senior management." This comment was clarified as there being difficulty with recruitment which was impacting on staffing levels. They told us they used the same staffing agency to get consistency of staff. The registered manager told us, agency staff had to work alongside contracted staff, they did not have agency staff working alone. This ensured people's needs were known and they were safe. Senior support staff worked alongside care staff to ensure people's needs were met. The registered manager stated they had sought to recruit to vacant posts however, the response had been poor.

Following the inspection visit, senior management for the provider confirmed agency staff are provided with induction, an orientation of the service and informed about people's support plans, on-going issues and risks before they commence duty.

We looked at rotas to assess staffing levels at night for people who lived in the supported living network. There were two staff who worked through the night offering support as and when required. We noted there were several competing care priorities for the night staff to manage. For example, we were told, there were a number of people required close supervision to manage their epilepsy, two people were at risk of choking, and one person had behavioural issues that may put their health at risk. One person required both night staff on duty to help them get in and out of bed and to use the toilet. Another person required two hourly support to be repositioned in bed to prevent skin damage.

Following the inspection visit, senior management for the provider confirmed night-time staffing levels had been reviewed and were appropriate to meet the assessed needs of people requiring support. They also provided us with assurances and examples of where the service had been flexible to address presenting needs of people who used the service.

We looked at recruitment records of five staff. The registered manager had completed all required checks prior to any staff commencing work. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. Records also included an application form that required a full employment history with any gaps explained and

references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at safeguarding procedures to ensure people were protected from abuse. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their safeguarding knowledge and understanding.

When asked about safeguarding people from abuse every staff member told us they had received safeguarding training. One staff member told us, "If I saw abuse happening, I don't care who it was, I would report them." When asked who they would tell they said they would report any concerns to the senior staff or registered manager. A second staff member commented, "I would report abuse and if nothing was done, I would go higher until something was done." They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary. This showed the registered manager had a framework to train staff to protect people from abuse.

We looked at accidents and incidents that had occurred at the service. The registered manager kept a record of all accidents and incidents. This allowed the assessment of all accidents and incidents to look for any repeated occurrences. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms. For example, we noted people who were at risk of falling during the night had their bed adapted to keep them safe. To minimise the risk of injury or incident, people had alarms on their bedroom doors, which alerted staff when they left their room or when other people entered their bedroom. This showed the registered manager had a system in place to record, monitor and act upon all accident and incidents

We looked at how medicines were recorded and administered. Medicines had been, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the breakfast and lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs, which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

Staff told us they had received medicine administration training and they were observed several times during the year to assess their competency with this task. One staff member told us, "The medicine training is one of the best training sessions on this subject I have done." This showed the registered manager had a system to manage the administration and storage of medicines safely.

Is the service effective?

Our findings

People and relatives we spoke with were complimentary about the care provided at Wilmslow Supported Living Network. One person told us, "They bath me and help me to get dressed. They are good at their job." One relative commented, "The staff are very good, they look out for [my relative] all the time." A second relative told us, "The staff are excellent."

At the last inspection in July 2014 staff spoken with were unsure how often they should expect to be provided with refresher training for various topics such as: first aid; moving and handling; medications and health and safety. At this inspection, we spoke with the registered manager and two senior support workers about this. They were unable to tell us how often staff training on specific subjects needed to be updated. This meant staff members were at risk of not having the most up to date knowledge to be able to support people effectively.

We looked at four people's training records, one person had not had any training since 2013 and two people had not had any training since 2014. We spoke with the registered manager about this who told us they used to access training through a central training unit. This had now closed and the registered manager had to find training from other sources. However, the registered manager also stated, poor staffing levels meant the priority had to be supporting people and they found it difficult to let staff attend training. The registered manager showed us the staff handbook, which stated 'Learning and development needs are regularly reviewed in order to make sure that staff develop and maintain the relevant knowledge and skills required. They were committed to providing learning and development opportunities to all staff'. They told us at the time of this inspection they had not fulfilled this objective. One staff member told us, "We are quite behind with training due to staffing levels." A second staff member commented, "I have not had first aid training, but know how to do the Heimlich manoeuvre [a first-aid procedure for dislodging an obstruction from a person's windpipe]."

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing because the provider failed to provide learning and development opportunities to maintain necessary skills to meet the needs of the people they care for and support.

All staff we spoke with told us they had induction training when they were first employed. This involved attending training and shadowing experienced staff. One staff member told us, "When I was shadowing, it was good. I got to learn the job, meet people and read care plans." They also told us a member of the management team spoke with them after the induction to see if they felt comfortable and confident to fulfil the role. A longer induction period was offered to the staff member if they felt they needed more time to gain skills to work independently.

We observed senior staff discuss a new staff member who was due to start work and their deployment. We saw new staff were paired with different experienced staff based on the experienced staff member's skills. This gave the new staff member the opportunity to learn from people who were knowledgeable. This showed the provider had a system to prepare staff for their role.

Staff we spoke with told us they had supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. One staff member told us, "I meet with [senior support worker], but if I have anything urgent to say I can meet with anyone." A second staff member told us the management team were supportive.

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 provider was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. At the time of the inspection, people supported by Wilmslow Supported Living Network were having their care reviewed by a best interest assessor, employed by the local authority. The reviews were specifically around any deprivation of liberties currently in place and applications that may need to be submitted to keep people safe. This showed the registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application to the court of protection.

We looked at how people's dietary needs were met. One person told us, "The food is good, [member of staff] is a good cook." They further commented staff take them to the supermarket to choose the food. A staff member told us, "All the staff are good cooks." A second staff member told us, "The menus are completed around people's likes and dislikes." One relative commented on the food, "[My relative] gets enough to eat and drink. He doesn't look starved." We saw people had drinks when we visited and people had access to the kitchen to make their own drinks. People were supported to maintain a balanced diet and protected against malnutrition and dehydration.

We looked at how the provider met people's health care needs. Staff had documented involvement from several healthcare agencies to manage people's health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs, dieticians, occupational therapists, nurses and health professionals. The records were informative and staff had documented the reason for the visit and what the outcome had been. For example, one person was noted to have a swollen foot. A GP consultation was organised with the outcome documented in their notes. Another person's records also indicated regular visits from the district nurse.

People had patient passports; these were documents, which held information about a person, and their health needs. The document was taken with the person to hospital should they be admitted. It was a good practice tool that ensured health professionals at the hospital had up to date information about the person. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People told us they liked the staff, they were nice, polite and kind. One person told us about one member of staff, "They are kind, and gorgeous." We overheard one person tell a member of staff, "You are wonderful to me." One relative told us, "The staff are definitely caring, I could praise them to the sky." They also commented, "It's nice they care, they take a personal interest."

When speaking with people who lived used the service and staff, it was evident good caring relationships had developed. When we spoke with one person, they gave answers purposely to tease staff. In case the staff member did not hear, they shouted them over and repeated their response to our questions. The person laughed, the staff member joked about being in trouble and the person laughed even harder. This showed people were comfortable with staff. A staff member told us, "I don't see this as work. I love it here." Care staff spoke about people in a warm, friendly manner. Staff walked with people at their pace and when communicating with them, they got down to their level and used eye contact. They spent time actively listening to people and responding to their questions. This showed good use of communication skills.

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One relative told us, "I can go anytime." A second relative told us "I used to visit at different times but now [my relative] visits me." They further commented, "Staff bring [my relative] to me now, due to my health. They are very good. I am very grateful."

Care records we checked were personalised around the individual's requirements; holding detailed, valuable personal information. For example, one person liked to listen to music and enjoyed bird watching. A second person liked to have the night staff, rather than day staff, administer their medicines. The medicine was administered at the time the person had requested, and instructions were available to staff so that the person's wishes were followed. Each care file had a section, 'tenant's normal behaviour (normal to them)'. This showed the people's differences were respected and the provider had spent time with people, listened to and documented their preferences.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and we saw information advocacy in the service. The registered manager told us at the time of our inspection no-one at Wilmslow Supported Living Network had an advocate or IMCA. They told us they had supported people in the past to access advocacy services. The role of the IMCA is to work with and support people who lack capacity. They represent their views to those who are working out their best interests. Having access to an IMCA meant the rights and independence of the person were respected and promoted.

One person who received support had recently been bereaved. In the garden attached to their bungalow, they had been supported to create a memorial garden in memory of their relative. This showed the provider was kind, compassionate and sensitive regarding the person's loss.

Is the service responsive?

Our findings

Staff had a good understanding of people's individual and collective needs. One relative told us staff responded to the slightest change with [relative], "[My relative] was unwell, peaky, the staff member took him to the doctor's surgery. They waited without an appointment until they saw a GP who did tests."

We looked at care records to see if people's needs had been assessed and consistently met. We found each person had a care plan, which detailed the support they required. The care plans we looked at were informative and helped us to identify how staff supported people with their daily routines and personal care needs. The plan included one-page profiles, risk assessments, nutrition and moving and handling guidelines. For example, we saw information on how to transfer one person from their chair to the bed. We saw seizure management plans were personalised around each individual. The registered manager had ensured the documentation was in place to make sure each person received the correct care.

People received personalised care that was responsive to their needs. For example, one person was spending Christmas with their family when their relative became ill. Their relative told us, "They were there for us, and for [my relative] on Christmas day. They came and picked [my relative] up. They responded very quickly and were very supportive."

The provider encouraged people and their families to be fully involved in their care. This was confirmed by talking with staff and relatives. A relative told us they were kept informed about their family member's care requirements. One relative told us, "We used to go to meetings and we used to have meeting here due to our ill health. They always tell me if something is wrong." A second relative commented, "We are informed of everything regarding [my relative], I am very pleased to say." A staff member stated, "I like to keep parents involved. I inform them pretty much of everything." This showed the provider made sure families were informed and included in care planning.

We asked about recreational activities at Wilmslow Supported Living Network. Several people attended the local day service. One person had returned from an exercise class, they told us they had enjoyed themselves and it was good. One relative told us, "[My relative] goes exercising, he does cookery and goes on day trips." They further commented, "They have been on holiday where they did abseiling and they are going on holiday again." A second relative told us, "[My relative] can be difficult to entertain. Staff do take him out and do things." A member of staff told us, "We are never in, we go to the zoo, safari park, meals out." They further commented, "[one person] likes horse riding and [named two other people] really enjoy all activities." This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

On the day of our inspection, we observed one person had recently bought an adult tricycle and was very happy. They showed us their bike and were cycling around the garden. We overheard a member of staff say they would bring their own bike into work. They would accompany the person to a local park and cycle together.

The service had a complaints procedure, this was made available to people with a copy held in each care plan. The procedure clearly explained how a complaint should be made and how this would be investigated and responded to. People told us they would be comfortable with complaining to the staff or the management team if and when necessary. One relative said, "I have had nothing to complain about and [my relative], he's not afraid to tell staff. He can express his views, however he is very happy."

We looked at one complaint that had been received. The provider had meetings with the complainant, involved outside agencies and documented the outcome. This showed the provider listened to people's concerns and acted on the complaint.

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a clear line of management responsibility throughout Wilmslow Supported Living Network. People, relatives and staff felt the management team were supportive and approachable. One person told us, "The manager is nice, he's polite as well, and I see the seniors every day." One staff member told us, "Management is good, the registered manager always points me in the right direction." A second staff member also told us, "Management are good and approachable."

The management team were open and honest in sharing there was poor staffing levels and a reliance on agency staff to operate the service. Staff felt this had an impact on the service delivered. Being short staff influenced the training and development opportunities for staff. A member of the management team told us they did not always have the resources to release staff to attend training.

Staff told us staff meetings took place regularly. One member of staff told us, "We have meetings, we sit down as a team and discuss things. We get things sorted at the meeting." This enabled the registered manager to receive feedback on the service delivered and to support and develop the staff. It also gave a forum for staff to discuss any issues or concerns.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us of and working with other agencies to keep people safe. For example, on the day of our inspection, one person shared their concerns with us regarding the care and support they received. With permission, we shared this with the registered manager. We noted they acted in a timely manner, putting safeguards in place and completing the relevant notifications.

The management team were in the process of updating all paperwork when we inspected. However, we saw evidence there was a structured schedule for audits. Quality checks included medication, finance, accident, incidents, and fire logs. These ensured the service provided remained consistent and people were safe. The audit schedule also included fire alarm drills. One person who used the service told us about fire drills, "We have these so we don't burn. They are important."

We noted the registered manager had completed an improvement plan for the Supported Living Network. It looked at training, medication, infection control, health and safety, finance and safeguarding. The plan identified key actions to be completed, the target date and responsible person. For example, one recommendation was to review how much money was kept on site. The key actions were to devise a new system to monitor money. This recommendation with its key actions was completed in March 2015. This showed the registered manager had oversight and lead in delivering improvements. The registered manager acknowledged improvements were ongoing. However, these had been restricted by current staffing levels.

The services liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response-planning document. It shows how the management team will return

to 'business as normal' should an incident or accident take place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to provide learning and development opportunities to maintain necessary skills to meet the needs of the people they care for and support.