

Leonard Cheshire Disability

Appley Community Support

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

Appley Community Support is a supported living service providing the regulated activity personal care. The service provides support to younger adults with a mental health need, learning disability or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were nine people using the service although only one person required support with personal care.

Each person had their own self-contained flat with access to a shared communal area. Staff had access to an office with sleep-in bedroom and ensuite shower room.

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

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximised people's choice, control and Independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Right Support

People were supported by staff who knew how to prevent and manage risks and keep them safe from avoidable harm whilst enabling them to fully enjoy life. The service's arrangements for controlling infection were effective.

Right care

Care plans were personalised, and ensured people received personal care and support tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected.

Right culture

People were positive about all aspects of the service. People said the staff and manager had a positive supportive approach. Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected. Independence and skills development were actively promoted.

Recruitment practices were safe and people received continuity of care and support from staff they knew and who were familiar with their needs and wishes. Staff received effective training that gave them the skills to meet people's needs. People were supported to access health and social care professionals if needed. The management team worked in close partnership with family members, health and social care professionals and other agencies to plan and deliver care and support.

The management team were open and transparent and understood their regulatory responsibilities. People, their family members and health and social care professionals felt the management team were approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement. The management team were responsive to feedback from people, staff and professionals and acted to make improvements in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 5 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by the time since the service was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Appley Community Support

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two adult social care inspectors.

This service provides care and support to people living in a 'supported living' setting, 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The provider had appointed a manager who had applied to CQC to become the registered manager. We have referred to this person as the manager throughout the report.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 3 May 2022. We visited the location's office on 25 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who received support and a family member of a person who received care and support. We spoke with the manager, deputy manager and two staff members. We reviewed a range of records including care records and a variety of records relating to the management of the service, including quality assurance records, recruitment records, training information and policies and procedures. We sought feedback from health and social care professionals who work with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe and had no concerns for their safety when supported by staff. Comments included, "The staff are good, I do feel safe with them" and "There's always someone there if I need them."
- The manager was aware of their responsibilities to safeguard people from harm and abuse.
- Staff told us they had received safeguarding training and demonstrated an understanding of the reporting procedures to follow if concerns were raised. Staff were able to describe how they would escalate concerns internally and if not taken seriously, who they would refer to externally, including the Local Authority or Care Quality Commission.
- There were systems and processes in place to protect people with protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity. Staff were aware of these and provided people with appropriate person-centred support.

Assessing risk, safety monitoring and management

- There were systems and processes in place to mitigate risks to people. Care plans identified risks to people and included relevant information for the management of these risks. Risks identified included nutrition, skin integrity and accessing the community.
- Information was available for staff about people's individual risks and the plans in place to mitigate them. Staff demonstrated they had a good knowledge of potential risks to people and how to manage these risks. This included supporting people to remain as independent as possible.
- The manager understood people's individual risk needs. Risks to people were reviewed regularly and updated with changes when required.
- Business continuity plans were in place to ensure that people received appropriate support during crisis situations.

Staffing and recruitment

- There were enough suitable staff available to keep people safe.
- People said they were supported by a consistent staff team, with staff they had got to know and felt comfortable with.
- The staffing levels were based on people's individual support needs. Records showed that enough staff were provided to keep people safe. When required existing staff undertook additional shifts to ensure appropriate staffing was provided.
- There were safe and effective recruitment procedures in place. We reviewed three recruitment records and found all necessary recruitment checks had been completed prior to employment. This included disclosure

and barring service (DBS) checks, obtaining up to date references and explanation of any gaps in employment history. The manager demonstrated a good understanding of safe recruitment procedures.

Using medicines safely

- At the time of the inspection, no one supported by the service required support with medication. The deputy manager confirmed all staff received basic medication training as part of their induction and there were systems in place should a person require support with medication.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff confirmed they had received infection control training and were testing for COVID – 19 on a regular basis. People told us staff wore face masks and there were no restrictions to their receiving visitors.
- The service had adequate PPE supplies to keep people safe from infection. Within the communal areas of the service, there was signage and guidance on infection control for people to review. Staff ensured hand hygiene was promoted for people's safety and provided necessary supplies for people to keep themselves safe.
- The service had up to date policies and procedures for the safe management of infections. The provider ensured these were updated as required.
- The manager had suitable plans in place to manage an infection outbreak, this helped ensure people could lead a fulfilling life, safely.

Learning lessons when things go wrong

- The manager told us there had not been any serious incidents or accidents since the service opened.
- Should an incident or accident occur, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team completed robust assessments prior to people using the service to help ensure their needs could be met effectively. Expected outcomes were identified, discussed and agreed with the person and their relatives, if appropriate.
- Records were consistent, and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them. Care plans were reviewed and updated on a regular basis, or more frequently if required, to ensure the care they received met people's choices and needs, helped achieve good outcomes, and supported people to have a good quality life.
- Staff applied learning effectively in line with best practice. Where appropriate, there was guidance available for staff, which reflected good practice guidance.

Staff support: induction, training, skills and experience

- People who used the service were supported by a staff team who were well prepared to carry out their role effectively.
- A comprehensive, detailed and structured induction process was in place. This included training and a period of shadowing until staff were deemed as competent to support people unsupervised. A staff member told us, "The induction was good, I shadowed for as long as I needed until I felt confident."
- People who used the service described the staff as being well trained. A person told us, "The staff are brilliant, they know how to help me."
- Records confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way.
- The training staff received included essential training, such as safeguarding adults, moving and handling, learning disability and autism awareness and infection control. Additional training was also readily available to staff to support people's specific needs.
- Staff received regular supervision sessions with a member of the management team. These provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. A staff member told us, "I get one to one supervision about every six weeks, but I can talk to [deputy manager] or [manager] whenever I want to. I don't have to wait for supervision."

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

- People were supported to manage their nutritional needs when required.
- The level of support people required in relation to their nutritional and hydration needs was detailed in their care plans which included their likes and dislikes and any special dietary requirements.

- People told us they were happy with the arrangements in place to support them with their meals.

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

- The service worked well and effectively with external health and social care professionals and relevant family members. This was evidenced in people's care records and confirmed by professionals and a family member. A social care professional told us, "I have had frequent meetings recently and I have recommended changes to risk assessments and engagement with the service users which have been taken on board and are being put into practise."
- People's care records included specific care plans and risk assessments in relation to individual health needs.
- Care records included a summary which outlined people's essential needs, including information about their general health, medicines, current concerns, social information and level of assistance required. This record could be shared with other agencies where required to allow person centred care to be provided consistently.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The manager and staff were aware of their responsibilities under the MCA and the role this might play in care delivery.
- Staff received training on the MCA which covered obtaining people's consent prior to delivering any care and the principles of the MCA. People were given choices and were encouraged to make their own decisions where possible.
- People told us the staff respected their views and asked for consent. Procedures had been put in place for when a person refused some personal care support. This showed the person's decision not to receive support on all occasions was complied with by staff, whilst providing staff with guidance to reduce risks for the person.

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.

This is the first inspection for this service. This key question has been rated 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 and their relatives told us that staff were kind and caring and knew their individual preferences. A person said, "They [staff] are all brilliant, I can always talk to them." Another person said, "The staff are very friendly."
- We observed a positive rapport between people, staff and the manager.
- External professionals were also complimentary about the staff and how they treated people.
- People were supported to express their individuality and live the life they wanted to. People's cultural and religious needs, as well as their interests and things that were important to them were recorded in their care records. One person said, "The staff really understand me."
- Staff were enthusiastic about their roles, spoke fondly and respectfully about the people they supported and told us they liked their job. One staff member said, "I had not done this sort of work before, but I love my job." Another staff member told us, "I enjoy coming to work, I like to make a difference to people's lives."

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

- People were placed at the centre of their care and were fully supported to make their own decisions.
- Care plans demonstrated people were involved in making decisions about their own care and support needs. A person told us, "I like it here as I can do what I want and the staff are here if I need them."
- People and a family member told us they were asked by care staff and the management team if they were happy with the care provided. They also confirmed that support arrangements were reviewed to help ensure care was provided as required. A person said, "I can always talk to [Name of deputy manager] and they always listen."
- A social care professional told us, "I feel the service users are listened to and their voice is heard. Staff will knock on their flat doors and ask if they would like support and respect their decisions if they decline or want it later in the day."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "The staff are very nice, they always listen to me, I don't have anything bad to say." A relative said, "Yes, I'm sure they [staff] treat him well."
- Staff explained how they respected people's privacy and dignity, such as knocking on people's flat doors and waiting for them to respond before entering. They also said they would not discuss people where others may overhear them. Records were stored securely.
- People's care plans detailed the level of support they required to help ensure staff continued to support people to be independent.

- Staff knew the level of support each person needed and what they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely. A person described how staff supported them to make their meals. They said, "They [staff] help me cook my own meals, they don't just do it for me." A social care professional said, "They [staff] promote service users to be as independent as possible and only provide a small amount of support when needed."
- The manager gave us examples of how people had been supported to achieve independence goals. For example, one person was being supported to achieve a personal goal which was to learn to drive. They had so far been supported to apply for a provisional license and had received support talking through safe driving with staff.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. 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

- There was a person-centred culture. Staff were positive about people and worked with them, their family members and health and social care professionals to understand how best to provide support.
- People confirmed they received personalised support which met their needs and preferences. One person told us, "They [staff] know me well and listen to what I want."
- People, relatives and professionals all described the service as responsive. A family member said, "I can always talk to [manager] or [deputy manager]. They will sort out what they can."
- Care plans contained person-centred information and identified what was important to each person. Aims and objectives had been agreed with people.
- Staff knew people well, understood their needs and had developed strong relationships with people. These relationships enabled staff to recognise a decline in a person's health and request early intervention from professionals where required. Professionals confirmed this.
- There were systems in place to ensure up to date information was shared with the staff team. Staff received a verbal handover from the previous staff members before each shift. Information was also recorded in a communications book to help ensure nothing was missed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known by staff and documented within care files to help ensure effective communication.
- Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- We observed staff communicating with people in a way that helped ensure people were supported and understood information provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service aimed to help prevent social isolation. The manager provided an example of how they were supporting one person who experienced anxiety to engage in more community activities. A support worker

had used their own time to go to the local creative hub to see what might suit the person. A programme was identified and the person was now enrolled and due to attend. The manager explained that this was a huge achievement for this person and had empowered them to feel confident in participating in outside activities with support.

- People told us they got on well with other people living in the service. They said they would sometimes go out together.
- A notice board in the communal hallway included information and suggestions of local activities and events people may wish to participate in. Other relevant information such as about bus timetables was also included. This would help people be aware of local events and encouraged community participation.
- A staff member described how they wanted to use part of the car park to provide some external space for people. They said one person would enjoy being involved in gardening and it would provide additional social opportunities for people. They were planning to discuss this with the manager and landlord.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The manager provided us with assurances that, should it be required, people would be supported to receive good end of life care to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and family members.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident, they would be listened to by the management team.
- A complaints policy and procedure were in place. No formal complaints had been received by the service since it opened. However, the provider had a robust system for logging, recording and investigating complaints should any be received. The manager described how any complaints received would be acted upon immediately, investigated and actions taken where required.

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.

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- People were very positive about all aspects of the service. Comments included, "I really like living here, " and "I couldn't be happier, everything is fantastic the staff are brilliant".
- The management team (manager and deputy manager) had a clear vision, values and objectives for the service. These included, to deliver a service tailored to meet people's individual support needs; promoting independence and skills development. They hoped some people would be able to move onto more independent living arrangements and gain employment. All staff worked in line with this vision, values and objectives.
- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences.
- Professionals commented on the proactive actions of staff to ensure people received appropriate support from external health and social care professionals in a timely way. A social care professional said, "I would recommend this service as a good base to gain those final key skills before moving into more independent living." They added, "The manager has been great to be in contact with as it feels she has a real passion to do the right thing by the service users. She has frequently been in touch with me with concerns on a couple of service users and it has been good to work alongside her to input measures that helps the service user and staff to build better relationships and support regimes."
- The management team completed initial assessments of people. This included speaking with family members and other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.
- The service had links with other resources and organisations to support people's preferences, meet their needs and help keep people safe.

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

- There was a clear management structure in place, consisting of the provider's area manager, the manager and a deputy manager. The manager told us the provider's area manager attended the service office at least monthly and had regular telephone and email contact with them.
- Since registration there had been changes in the management team. The previous registered manager had left, and the provider had appointed another manager, who had applied to register with CQC. This manager was present throughout the inspection and demonstrated a commitment to the

service.

- Staff were very positive about the management team. One staff member said, "They are very focused on the tenants and what they need." Another staff member said, "I'm able to talk to the deputy manager or manager, I'm sure if I had any problem's they would be supportive." A social care professional said, "I feel [manager] and [deputy manager] have been easily approachable and contactable."
- People and family members were aware of who the manager was and confirmed that they felt able to approach them should they wish to do so. The deputy manager worked some shifts providing support for people. They identified this helped ensure they knew people well and hoped this would help ensure people felt able to approach them if the need arose.
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and all work as a team."
- The manager was aware of when they needed to notify CQC about incidents in the service and had done so when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager consulted people and their family members in a range of formal and informal ways. These included tenant meetings and one-to-one discussions. Records of meetings showed a range of topics were discussed with time available for people to raise any specific questions of their own.
- Staff meetings were also held, and the manager said they had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- Staff spoke positively about the manager and deputy manager and told us they felt valued and listened to by them.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Equality and diversity training was included as part of the formal induction training all new staff completed. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

Continuous learning and improving care

- There was an emphasis on continuous improvement. A social care professional said, "The manager is actively looking at ways to improve the service."
- The provider had a robust process in place where the manager monitored complaints, accidents, incidents and near misses and notified the providers senior management team should these occur. Although there had been no accidents or complaints the process in place would enable themes and trends to be identified and ensure timely investigations, potential learning and continual improvements in safety would occur.
- All incidents, accidents and near misses were collated and reviewed from across all the services owned by the provider to allow learning to be shared to help prevent reoccurrence.
- All learning was shared with staff during staff meetings, handovers and supervision.
- Staff performance was closely monitored by the manager. Supervision records showed staff received formal one to one support as well as observations of their practice by the deputy manager.

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

- The provider had a duty of candour policy that required staff to act in an open and transparent way when adverse incidents or accidents occurred. This was discussed with the manager who was able to

demonstrate that this would be followed when required.