

Cheshire East Housing Consortium High Street

Inspection report

2 High Street
Macclesfield
Cheshire
SK11 8BU

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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 

Overall summary

This inspection took place on 21 January 2015 and was unannounced. At our last inspection in August 2014 the service was meeting the regulations inspected.

The home has a registered manager with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

High Street care home is owned and managed by East Cheshire Housing Consortium [ECHC]. The home is based

in Crewe, Cheshire and provides care and support for adults who have mental health needs. Six people can be accommodated in the property. ECHC is a charitable organisation that provides care and support to people who experience mental health issues. The main office is also situated in Crewe.

We found the staff had clear understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards and in the implementation of best interest decisions and capacity assessments.

We found care plans to be detailed regarding the personal care and clinical needs for people living at High

Summary of findings

Street and they fully focused on the individual person. Staff had a good understanding and knowledge of people's individual care needs. Social support was well recorded within care plans to help determine individualised needs to include work and recreational activity.

We observed how staff interacted with people living at the home. They were respectful to people and interacted with them in a positive manner displaying clear knowledge and understanding of people's hobbies, interests and communication systems.

We asked about complaints and the support worker showed us that the complaints file was empty and that no formal complaints had been made about the home. However people living at the home and their relatives told us they were confident that they could raise their opinions and discuss any issues with staff.

The service operated safe staff recruitment and ensured that all staff employed were suitable to work with vulnerable people. Safe recruitment checks were carried out prior to employment. Personnel files showed good evidence that recruitment procedures were robust to enable the management of the home to have adequate information before employing staff.

Various audits at the service were carried out by the registered manager and registered provider to help ensure that adequate standards were maintained throughout the service. They had evaluated these audits and created action plans for improvement in areas such as: supervision of staff, training needs for staff and staffing levels were under review including staffing levels needed at meal times. People living at the home, their relatives and staff were positive about the service and how it was managed

Summary of findings

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.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare especially in regard to managing safeguarding and keeping people safe.

Care plans contained risk assessments so that risks to people were managed including appropriate care for people at risk of malnutrition, falls or mental health issues.

Medicines were well managed with appropriate policies followed by staff to operate safe support with medications.

A thorough recruitment procedure was in place and sufficient staff were recruited to help support and keep people safe.

Good



Is the service effective?

The service was effective.

Staff records showed that they had been provided with training to develop their understanding of supporting people when they lacked capacity to make informed decisions, including the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff felt well trained and supported at High Street. They told us that they had received regular formal supervision to assist them in their job roles and in their personal development.

Although the people who lived at High Street were responsible for their own food shopping and meal choices staff told us they monitored and reviewed individual diets to ensure they offered variety and choice and provided a well-balanced diet for people living in the home. There was written evidence to show how staff reviewed and monitored the daily food and drink intake for the people they supported.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits, including GP visits and reviews by other healthcare professionals, such as care managers, community psychiatric nurses, chiropodists and opticians.

Good



Is the service caring?

The service was caring.

We saw that people living at High Street were treated in a friendly manner with respect and dignity by the staff at the service.

Relatives of the people living in the home felt their relatives were supported well and provided with the care they needed.

Staff displayed awareness of individual's needs and how they liked to be cared for.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans demonstrated that the people living at the home and their relatives were involved as much as possible in the decisions about their daily lives.

Staff were knowledgeable about people's needs and responded well. The service arranged various activities for people to take part in if they wished so that people could participate in social and educational activities of their choice.

We observed staff communicating with people in a positive and respectful manner and supporting them with their individual needs and requests.

Is the service well-led?

The service was well led.

People living at the home and relatives said that they felt the registered manager was approachable and would listen to them.

Staff said they were very well supported in their various roles and felt valued and very much part of a team.

The service had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found. They had evaluated these audits and created action plans for improvement in areas such as record keeping and training needs for staff. People living at the home, and their relatives and staff were positive about the service and how it was managed.

Good



High Street

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 inspection took place on 21 January 2015 and was unannounced.

The inspection was undertaken by one adult social care inspector.

During the visit, we met with a variety of people and spoke with some relatives via the telephone including: three people living at the home; three relatives; the registered manager, one social worker and a support worker. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at High Street. We looked at a sample of documentation such as: one staff file showing supervision and training, staff recruitment; medication records; menus; complaint records; activity lists; minutes of meetings; risk assessments; quality assurance audits; policies and procedures and maintenance records. We looked at a total of three care plans for people that live at High Street.

Before our inspection the service provided us with a detailed provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting.

We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about the service.

Is the service safe?

Our findings

People living at High Street told us they that they felt safe and their relatives confirmed that they also felt the home was a safe place for people to live. They made various positive comments such as: “X is so much better off here and we feel content that X is provided with a safe and secure environment in which his rights are protected”; “It’s so good that there are places like this where people can be supported with their medication and made to feel very much a part of the home.”

“I think the residents here are safe and contented, Y has been here for a while and the staff have enabled him to regain his self- respect. Y has been able to gain control of his life and manage his medication” and “Nothing is too much trouble for the staff here. Z has been in other places in which he felt vulnerable and ill at ease but I know he is in safe hands here.”

The registered provider had a detailed adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Staff at the home had received training with regard to safeguarding. Staff were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. Staff spoken with told us they would immediately report any concerns or any signs of abuse to their line managers. Staff were aware of their responsibilities to keep people safe. Staff were aware of the whistle blowing policy which was in place to support staff. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Risk assessments were clear and up to date and showed what actions the staff had taken to manage risk and maximise their daily lives. We saw that risks were very clearly identified and that risk management plans were discussed and agreed with the individual person. We saw that staff had drawn up an action plan in conjunction with the person to agree how the staff would support them during difficult periods. We saw that other health professionals had also been part of these

discussions. We saw that the home worked very closely with a variety of health professionals including social workers and community psychiatric nurses.

Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable at High Street. Risk assessments were in place for any behaviour that challenged and held appropriate information to show clear actions as to how they would be safely supported. This included precipitating factors to the behaviour that was challenging and it gave information in regard to relevant information such as the use of, de-escalation, diversion or distraction. Care plans detailed actions to take to prevent recurrence, or how to manage the situation if there were any precursors to their behaviour when challenging to help keep them safe and comfortable. Triggers included if the person was unhappy, tired or agitated and any medication changes.

We looked at the duty rotas and found that that staffing levels were minimal with one support worker being on duty night and day with a deputy manager working from High Street two days each week. There were administration and maintenance staff accessible via the organisations main office. Relatives were positive about the staff and the staffing levels provided, they told us: “I think the staffing levels are sufficient to meet the needs of the people who live here as the people do not need lots of support”, “The staffing levels are sufficient to meet the needs of the people who live here” and “We are very pleased with the staff and the support they provide. If people need extra support such as going to appointments or assisting with shopping then more staff are provided.”

The home had a dependency tool that they completed in regard to the needs of people living at the home and staffing levels were identified via this tool. There was evidence that the staffing levels were increased to meet assessed needs.

We looked at a staff file to check that the appropriate checks had been carried out before they worked with people at the home. The records held evidence to show that the registered provider had checked personal identification of staff, appropriate references were in place and criminal record checks were obtained prior to being employed and allowed to work at the home. The file and other records looked at were organised and well managed and had good evidence to show safe recruitment and management of staff.

Two people who lived at the home said they were happy with the support they received with their medicines and they told us: “They give me my medicines when they

Is the service safe?

should” and “I self- administer my medicines but staff always check it has been done.” People were able to store their own medicines securely in a locked cabinet in their own rooms. However records showed that staff undertook weekly medications audits to ensure that the prescribed medicine was available for people to self-medicate. Where staff assisted people with medicines a daily record was in place and staff audited these records daily during staff handover periods. We noted that most medicines were dispensed to people using a monitored dosage system. Staff said that this reduced the risk of too much medicine being taken or medicine being taken at the wrong time.

Staff were knowledgeable in regard to the management of medicines and the effect they could have on people if any medicines were missed. They were conversant with the homes policies and procedures to help them in good practices in managing medicines. A support worker told us that medicines records were checked at each staff handover and if any errors had been made they were quickly identified and reported to the manager. We looked at the past four weeks medicines records for the six people who lived at High Street and noted that no errors had been recorded. Medicines were well managed, stored safely and records were accurately kept on medicines received and taken.

Is the service effective?

Our findings

Relatives and people living at High Street told us they felt their needs were being met by the staff and considered that the staff had the right training and skills to respond appropriately to their needs. All comments received were most positive and included; “We are very pleased with the way the staff work with Y. This is not a job for the faint hearted and staff here do an excellent job” and “X appreciates the care he gets as we do also. We always get an honest answer from staff and X knows exactly who to ask for help if he needs it. What a wonderful place we are so grateful to them all.”

Two people living at High Street told us: “I can talk to the staff about anything and they do what they can to help” and “I think of staff as my friends who help me to live an independent life wherever possible.”

People who were supported by the service and their relatives were able to say that they had been involved in discussions with the staff about their care plan. Relatives confirmed they were always informed of any changes to care and asked their views on the care and support that was in place. They made various positive comments such as: “Staff always speak with me about anything they feel that I should know. I am involved with any decision making and enjoy an open relationship with the staff, one in which we can speak our minds and make decisions in Y’s best interests” and “This care home has provided wonderful support and has empowered X and assisted us to “get our son back. We cannot thank them enough.”

People living at the home told us that they shopped for their own food and were given an allowance to buy food of their choice. People made positive comments such as: “I draw up my own shopping list so I can eat what I like.” and “I choose my own food and I can eat in the dining room or in my own room if I want.” Staff told us that personal food storage was provided for the six people who lived in the home and people were able to cook for themselves or with assistance if required. Records were maintained in respect of nutrition which were monitored and reviewed by staff to ensure that people’s dietary requirements were met.

During the inspection we observed two people who lived in the home enjoying their lunchtime meal. We observed that the food looked appetising and appealing and well presented. People at the home were offered a choice of hot

and cold drinks and we noted that the interactions between staff and the people they supported was respectful and considerate; staff and people who lived in the home said “please” and “thank you” in their verbal exchanges and staff gently supported people to have their meal in a calm and relaxed manner.

People’s weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately. Care files showed evidence of recognised nutritional assessment tools which had been regularly updated. We noted one person’s care file had identified a weight gain and as a consequence he had been referred to a dietician.

We found that High Street had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests. We spoke with staff and asked about their understanding of the MCA and DoLS and what they would do if a person was not able to give their consent. The staff member was clear about the processes that would need to take place to support the person safely. Training records further identified that all staff had been trained to understand the requirements of the MCA in general and where relevant the specific requirements of the DoLS. We noted that one application had recently been authorised under the DoLS and staff were complying with the conditions applied.

We viewed three care files and we saw that consent was an area that had been explored with all individuals and there were records of what people did and did not give consent for. For example, one person did not consent to people visiting him in his room and this was recorded. We also found that a formal assessment of capacity had been completed for each person.

In looking at samples of care files we noted daily communication notes were regularly updated and showed evidence of regular involvement and support from the GP and Community Psychiatric Nurses and mental health workers. One care file showed that staff had swiftly contacted the mental health worker when the person became agitated and distressed and was in need of extra support. Each care file also had a section called: ‘General

Is the service effective?

Practitioner notes' and 'Community notes.' These records showed that staff were quick to access clinical staff and continued involvement of other health professionals, including the Community Mental Health Team and District Nurse when needed.

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at High Street. The staff training records were organised and detailed to show when staff had attended training and when they were due for updates in a variety of diverse topics including: induction training for new staff; food hygiene, behaviour that challenges; safeguarding; special diets; fire training and dignity training.

Staff told us they felt well supported and were very complementary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals. We checked records and staff files and noted that staff had received supervision sessions every six weeks. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training and development needs. Staff told us that senior support workers were also provided with clinical supervision every two months by a health care professional outside of the organisation to enable them to seek confidential support.

Is the service caring?

Our findings

We observed positive interactions between staff and the people who lived in the home. Staff were observed to treat individuals with respect and kindness. People living at High Street and their relatives spoke positively about the home and the service they provided. They said: “Could not fault it”; “Amazing caring people who have “given us our son back”, “It is so good that there are places like this to help people to help themselves, they put the residents health and dignity first and foremost”; “It’s very good here, they care for me here”; “It is excellent, ten out of ten”; “I have been able to gain confidence and live my own life”; “It’s a lovely place”; “I am very happy with the care here; the staff are my friends” and “The care here is good.”

Visiting professionals told us they were that confident in regard the standards offered at High Street that they had total faith in the staff. One professional said “This is one of my favourite places to visit; I know that the support provided is second to none.”

We observed people who lived in the home being able to choose what they wanted to do. People living at the home had been supported to wear appropriate clean and well laundered clothing of their choice which appeared to be suitable to the climate. During the day we observed staff interacting with people and they were comfortable and relaxed with staff and were chatting. Throughout our inspection we saw that staff were caring and patient when supporting everyone. Staff were seen to respect people’s privacy and dignity and were seen knocking on bedroom/bathroom doors before entering. The registered manager

told us that the provider worked hard to provide a homely environment in which people were able to feel relaxed and at ease and establish positive relationships with staff and the other people who lived within the home.

Staff addressed people in a respectful manner and we saw them asking people how they were intending to spend their day and if they required any assistance. Staff spoken with appeared highly motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke of how they appreciated having time to get to know people and understand the things that were important to them. One care worker said, “It’s the little things that matter to all the people we support and we make sure we get to know exactly what is important to them..”

The registered provider had developed training on dignity, diversity and respect which had been provided for most of the staff at the service. This training had been developed to embed good practice within all the services it managed. Staff told us they were clear and up to date in how to respect and support people based on widely accepted values in social care. Relatives of the people who used the service told us that they felt respect, dignity and compassion were key principles on which the service was built.

Records showed that support staff would access advocacy services for people who required assistance. One care file viewed showed that an advocate had been able to work with a person who lived in the home and provide advocacy services in respect of a very personal health care issue.

Is the service responsive?

Our findings

Everybody we spoke with told us they were happy with the way the service was delivered by staff of High Street and how their care and support was provided.

The registered provider had a formal complaints policy and processes were in place to record any complaints and ensure they were dealt with in a timely way. Staff talked us through what they would do if an individual wanted to raise a formal complaint. Relatives and people we spoke with during the inspection told us although they had not had the need they knew how to complain and would happily speak to the manager if they had any concerns.

Relatives told us: “Staff speak with us regularly so we are able to be open and honest with each other so we have never had occasion to complain” and “I know about the complaint system and how to use it. However it is so good here I don’t think I would ever complain.” They thought that the staff and management communicated well, listened and were responsive to changing needs and kept them informed about their relative’s wellbeing.

Relatives gave some positive comments in regard to the activities programme on offer:

“Y is assisted to attend college and carry out voluntary work in the community”; “X is assisted to take part in activities of his choice .This includes working in a charity shop” and “He is able to do the things he wants to do. He attends college and is well supported by staff.”

People who lived at the home told us they enjoyed their daily life and liked to go out into the community and enjoy activities of their choice such as shopping in the local area and going out for meals. They also told us that they liked to sit around the house, read, chat with others in the home or “go into the garden for a smoke.”

Each care file held a “social history and life story” which gave details about important things in the person’s life history such as family, friends and hobbies. Staff told us that this information assisted them to arrange activities and interests which were tailored to choices, needs and capabilities of each person who lived at the home.

Everyone had a care plan. These plans were used to guide staff on how to involve each person and provide the care and support they needed and requested. All of the plans we looked at were well maintained. The plans were reviewed regularly so staff knew what changes, if any, had been made, especially when the GP or visiting professional had visited. Staff used recognised tools for people at risk of: self -harm, risk of falls, nutritional status etc.

Assessment tools were completed on a regular basis by staff to help provide the most appropriate updated guidance and support for each person living at High Street.

Staff explained how they handed written information over at the end of each shift to the next staff member on duty about what support each person had been provided with. They said they also used a verbal process at handover to ensure that staff had the information to provide each person with all necessary support to meet their needs.

Staff were knowledgeable about each person they supported and explained they had got to know each person’s likes and dislikes over a period of time. We observed staff communicating with people in a positive and respectful manner and supporting them with their individual needs and requests. Staff were observed being professional and respectful throughout the day and offering support when people needed and requested it.

Is the service well-led?

Our findings

People being supported at High Street and their relatives reported that they thought that the registered manager and support staff were approachable and interested in their concerns. Comments included; “We are able to speak freely about anything and we know we will be listened to”, “If I have any concerns I know I can express them and they will be dealt with” and “The atmosphere in this home is one of openness and transparency and we all know what is going on and why.”

High Street has a registered manager in post who had been working for the organisation for a number of years. During discussions she demonstrated that she knew the details of the support provided to each person. The registered manager told us she provides an open door policy and encourages people to talk to her whenever they wanted to. This was confirmed by both staff and relatives spoken with who told us they could speak with the manager whenever they felt the need to.

We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of a residents meeting dated 14 December 2014 which had been attended by four of the six people who lived in the home. Agenda items included fire safety, daily chores, smoking areas and Christmas meal. We also saw minutes of previous meetings which showed that people were regularly included in discussions and encouraged to share their views especially about the general running of the home.

All of the staff told us they felt supported and enjoyed their work. They were positive about the registered manager and the atmosphere and management style of the home. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and to speak openly. Staff told us that they were well managed and as a consequence enjoyed working as a team. We looked at a selection of minutes of meetings which had evidence of a

wide variety of topics discussed with staff including staff training. The minutes showed that staff were kept up to date with the management of the home and had the opportunity to raise any issues and topics for debate.

A visiting professional was very positive about their experiences of working with the registered manager and staff at the home. They told us that the manager and support staff worked well as a team and shared information on a need to know basis in the best interests of the people who lived in the home.

In the information provided before the inspection the registered provider described a number of ways in which the quality of the service provided was monitored. This included the registered manager monitoring the quality of the service, by completing regular audits which we reviewed during our visit. She had evaluated these audits and created action plans for improvement in areas such as: supervision of staff, training needs for staff and staffing levels were under review including staffing levels needed at meal times.

We looked at the audits that the home completed on a monthly basis and saw that regular

checks were made to ensure that the building and environment were safely maintained. We looked at the quality assurance monitoring checks that the Provider had put in place to ensure appropriate standards were maintained in all areas in the home. These checks were carried out every month by the staff and any issues were recorded and dealt with. We also looked at minutes of residents’ meetings that were held monthly at the home showing how people were regularly included and encouraged to share their views especially with the general running of the home. One person told us that these were held to enable people to raise issues and concerns and be informed about any changes in the home and that the system worked well.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person must have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.