

Cheshire East Council

Congleton Supported Living Network

Inspection report

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13 June 2022

16 June 2022

20 June 2022

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01 August 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Congleton Supported Living Network is registered as a homecare agency to provide personal care to people who have a learning disability and/or autistic spectrum disorder in their own homes. 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 the inspection there were 14 people receiving personal care in six different 'supported living' settings with 24/7-hour support.

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

The service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture.

Right Support

The service had enough staff to meet people's needs and keep them safe. The provider had experienced some recruitment challenges and were considering the use of agency staff to ensure staffing numbers were maintained. However overall staff turnover was low, which supported people to receive consistent care from staff who knew them well.

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Since the last inspection changes had been made to provide a more a flexible service and to support people to consider alternatives to day care centres. Staff supported people to make decisions following best practice in decision-making.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Right Care

Governance processes were not fully effective, to help keep people safe, protect people's rights and provide good quality care and support. They had not maintained full oversight or identified some of the issues found at this inspection, including oversight of training records and care records.

Staff had training on how to recognise and report abuse, however this had not always been fully applied. The provider had not ensured systems to review incidents were fully effective, as they had not identified themes requiring further action, to ensure people were fully protected.

Staff and people cooperated to assess the risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. However, care records did not always reflect the actions taken to mitigate these risks.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

Staff knew and understood people well and were responsive. People's support plans reflected their range of needs and this promoted their wellbeing, however support plans did not always fully reflect people's goals or aspirations.

Overall, people led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection

The last rating for this service was Requires Improvement (Published on 25 December 2019)) and there were two of breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however, the provider remained in breach of one regulation. The service remains rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified one breach of regulation in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Congleton Supported Living Network

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

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 June and ended on 4 July 2022. We visited the location's office on 10, 13 and 20 June 2022. As part of our inspection we conducted site visits to four of the six shared supported

living properties.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about). 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 also used information gathered as part of monitoring activity that took place on 24 Feb 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. Some people who used the service who were unable to talk with us and used different ways of communicating including using Makaton, pictures and their body language.

We spoke with nine members of staff including the registered manager, seven members of the staff team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included eight people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had training on how to recognise and report abuse, however they had not always applied this learning.
- Some concerns identified from accident/incidents records had not been reported through local safeguarding procedures as required. We raised this with the registered manager who took action to ensure these were reported retrospectively.
- Whilst some systems were in place to review accidents/incidents and consider any themes, the provider had not ensured systems were robust and fully effective. They had not identified themes which required further action to ensure people were fully protected.

The service's systems and processes were not sufficiently robust to ensure safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence of reporting, investigating and acting on incidents relating to medicines errors.
- People and their relative felt the service was safe. A relative commented they felt their relative was "absolutely" safe and another said, "I'm very happy where (name) is, (name) would tell me if he wasn't happy".

Assessing risk, safety monitoring and management;

- At our last inspection risk assessments had been completed and action taken to mitigate risks, however these had not always been reviewed in a timely way. At this inspection individualised risk assessments were in place and had been reviewed.
- Staff felt able to raise any concerns and were able to describe the actions taken to reduce the risk of reoccurrences following incidents; however, this information had not always been fully recorded in people's care records.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, one person was supported to go out into the community independently.
- Staff managed the safety of the living environment and equipment in it well, through checks and action to minimise risk. Fire evacuations plans were in place and reviewed.

Staffing and recruitment

- The service had enough staff, including at times one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. There were some longstanding staff members who provided a dedicated support team and were very familiar with people and their support needs. Relatives commented, "Staffing levels are good" and "There's enough staff to cover nights and weekends".
- The service had some staffing vacancies and were in the process of recruiting staff. The registered manager was considering the use of regular agency staff to ensure there were always enough staff until they could fully recruit. Agency staff underwent a period of induction, so they were familiar with people's care and support needs.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. One person was prescribed medicines used to manage behaviours. This had not been used for several months and staff were knowledgeable about de-escalation techniques and how to reduce risk for this person.
- Staff ensured that people's medicines were reviewed by prescribers and secondary care teams when necessary.
- People could take their medicines in private when appropriate and safe. Care planning considered people's preferences about their medicines. We saw people's medicines safely stored in individual bedrooms.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE), however not all staff were clear about the current government guidance in relation to the use of face masks, this was addressed straight away by the registered manager.
- Otherwise, the service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- The service tested for infection in people using the service and staff.
- The service had an infection prevention and control policy, which was in the process of being reviewed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were adequately trained to safely meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Following the last inspection some progress had been made to ensure staff were adequately trained, refresher training had been undertaken as required.
- However, since then further refresher training had lapsed in some cases. We considered that face to face training opportunities had been affected by the Covid-19 pandemic, however, aspects of the provider's oversight of staff training was not sufficiently robust.
- The provider had a wider staff training plan in place, and training was available, however further improvements were required to ensure training records were fully reflective of training completed and the provider was aware of any gaps. Following the inspection, the registered manager provided an updated training plan for the location.
- New staff to the service were required to complete an induction. All staff had completed or were in the process of completing the Care Certificate.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- Following the last inspection, the service had created more flexibility to meet people's individual needs and choices.
- Reviews with commissioners were taking place to ensure enough staffing hours were available to meet people's individual support needs, especially where they did not wish to regularly attend day-care services.
- The needs and compatibility of people moving to the service were fully considered as part of the assessment process.

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

- People received support to eat and drink enough to maintain a balanced diet. A relative told us staff encouraged their relative to make healthy choices around food.
- People were involved in choosing their food, shopping, and planning their meals. One person explained

they had a say in the menu, for example they were having salmon for tea which they really liked. A relative confirmed there was a good choice of food/snacks available and said their relative went food shopping with support from the staff.

- Staff supported people where they were able, to be involved in preparing and cooking their own meals in their preferred way. During our visit we saw a person making themselves a hot drink and they were enabled to make snacks.
- People with complex needs received support to eat and drink in a way that met their personal preferences. Support plans included information about people's nutritional needs. Where one person required a specialist diet, staff followed advice from a speech and language therapist. Staff monitored people for any unexpected weight loss or gain.

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

- People had health support plans and passports, which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. Relatives confirmed they were informed and involved as appropriate. A relative told us, "(Relative) goes along to GP appointments. Annual health checks have taken place."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. In one example staff had contacted an occupational therapist and adjustments had been made, including the use of equipment, leading to a positive impact on a person's quality of life.
- Staff followed guidance recommended by healthcare professionals to meet people's needs. The service liaised with the local learning disability team to seek guidance and positive support where required.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff worked within the principles of MCA and supported people to make decisions about their care. Where appropriate, people had signed their support plans to indicate their consent. A staff member commented, "It's definitely important if people have capacity that they make their own choices." However, in one example relating to a minor decision staff had not fully followed the principles, the registered manager agreed to address this straight away.
- Care records contained information about what decisions people could make for themselves and where they may require more support, for example to make decisions about managing their finances, medicines and personal care.
- For people who the service assessed as lacking mental capacity to make certain decisions, staff clearly recorded assessments and best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Overall, people and their relatives were positive about the support provided, relatives commented "It's home from home, like a family" and "They (the staff) are lovely, I can't fault them. They go above and beyond."
- Staff were patient and used appropriate styles of interaction with people. For example, we saw staff communicating through use of sign language with one person. Pictures and symbols were also used to communicate effectively.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us how they liked all the staff, they said, "They make you laugh. I enjoy the company". Staff had been particularly kind and supportive to a person following a recent bereavement.
- Staff saw people as their equal and created a warm and inclusive atmosphere. Staff had obtained emotional and practical support for a person in relation to their diverse needs.

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Relatives told us they were involved in decisions and had regular contact with staff.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff enabled new recruits to understand people's differing communication styles.
- Staff supported people to maintain links with those important to them. Relatives told us they were able to visit at times suitable for them and some people spent various periods of time visiting their relative's home.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. One staff member commented, "It's massively important that they should have a say."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. One person confirmed staff respected their privacy, commenting, "I like my own space. Some days I like to go to bed early."
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. We observed that staff knocked on people's front doors before entering, and people had the choice to hold the keys to their individual bedrooms.
- People had the opportunity to try new experiences, develop new skills and gain independence. One

person was being supported to move on from the service to more independent living.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Support focused on people's quality of life outcomes and people's outcomes were monitored and adapted as a person went through their life. One person explained how they were happy as they were being supported to move on to more independent living. However, whilst support plans were in place and updated, they did not always fully reflect this focus on outcomes or how people's support may need to be adapted.
- The service met the needs of people using the service, including those with needs related to protected characteristics.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Overall relatives were positive and felt the support was planned around their relative's needs. Comments included "They (staff) all know him really well, his likes and dislikes" and "She is always immaculate, in nice clothes, happy and smiling."
- People were supported to understand their rights and explore meaningful relationships. One person said they were able to make their own choices, sometimes going for a walk or going to the local pub. They commented, "I sometimes I have a lie in, I sometimes get up early". One relative felt there were no restrictions and commented "(Relative) makes up his own mind."

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand. People's support plans, quality questionnaires and all other documents had easy read formats and pictorial guides available.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. This was supported by staff who had worked at the service for a long period and had built up effective relationships with people.

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

- Overall, people were encouraged and motivated by staff to reach their goals and aspirations. Some feedback suggested opportunities or activities could be explored further. Other relatives were positive about the way their relatives were supported, a relative told us the service was, "Very much community based, family orientated, just like what we do." Support plans didn't always reflect these goals and aspirations.
- Following the last inspection, and one of the consequences of the Covid -19 pandemic, people were no longer attending day care centres as they previously had. For some people this was positive and staffing levels were available to support people more flexibly. Reviews with commissioners had been arranged to support people to develop their support plans and enable them to follow their individual interests and activities moving forward. Voluntary and work opportunities were considered where this was possible.
- People were able to stay in regular contact with friends and family and visits could take place as people chose. One relative told us, "I can visit at any time of the day, as I please. I do phone ahead."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and staff supported them to do so. A relative who had previously raised a complaint confirmed this had been addressed and resolved effectively.
- Accessible information was available to advise people how they could raise a concern. One person we spoke demonstrated they knew how to raise any concerns but indicated they were happy.
- The service had a complaints policy in place and treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the team.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- Where required the service was flexible and adjusted the support to meet people's changing needs. The service would liaise with appropriate health professionals as required to meet people's support needs at the end of life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the service's systems and processes were not sufficiently developed to ensure safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Governance processes were not fully effective to help to keep people safe, protect people's rights and provide good quality care and support. There was a registered manager in place, who since the last inspection had needed to take two periods of absence. The provider had arranged some management cover during this time.
- Some auditing systems were in place but were not sufficiently robust as they had not identified the issues we found during this inspection. For example, accidents and incidents were reviewed but some potential safeguarding concerns had not been identified and acted upon.
- Training had not been fully recorded and further oversight was required to monitor and act on any gaps in learning.
- Governance systems had not identified gaps in some records relating to risk management and/or support plans. A provider auditing tool was available; however, the provider could not demonstrate this been undertaken since 2019. The registered manager was now in the process of completing this audit.
- Senior staff had not always demonstrated compliance with regulatory and legislative requirements. CQC had not been notified about all incidents as required, however these were submitted retrospectively.

We found no evidence people had been harmed however, systems were either not in place or robust enough to ensure safety and quality. This placed people at risk of harm, This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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

- Since the last inspection the provider had acted to reflect best practice in supported living, with a greater

focus on individualised support in relation to activities/interests and achieving best outcomes for people. Staffing hours were now available during the day and were now more flexible.

- Management and staff put people's needs and wishes at the heart of care and support.

- The registered manager worked across two services, but staff confirmed he was visible in the service and could be contacted when needed. The management team took a genuine interest in what people, staff, family, and other professionals had to say.

- Staff felt able to raise concerns with managers without fear of what might happen as a result. They told us they felt supported in their roles.

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

- During the inspection the management team were open and keen to learn and take action to make any improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. A survey had recently been undertaken to gather people's feedback.

- People, and those important to them, worked with managers and staff to develop and improve the service. Tenants' meetings were held to support people to express their views.

- The service had liaised with commissioners to arrange reviews and to advocate on people's behalf around their support needs, where required.

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 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to ensure safety and quality.