

Stockport Metropolitan Borough Council

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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

Stockport Metropolitan Borough Council is a supported living service providing personal care and support to adults in a number of homes in the Stockport area. The homes varied in size, with larger homes having self-contained apartments with communal areas. The service can support up to 58 people. At the time of our inspection the service was supporting 52 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe by having appropriate numbers of staff who knew them well. People were encouraged to speak up if they weren't happy and staff were confident in raising any concerns they had. Homes were kept very clean, minimising the risk of infection.

Staff demonstrated they had the skills and training needed to support people safely. Support plans were being updated to better reflect what people wanted to achieve. People were supported well to receive support from other health services such as GPs, dentists and opticians.

People told us they got on well and liked their staff team. When the usual support workers were not working other staff who knew the person well would be on duty. People were encouraged to be as independent as possible and people told us they had become more independent since moving in to the service.

People were supported to do things that were important to them and any cultural needs or choices were respected. People had good links with community and many people had been supported to find volunteer or part time work.

The management of the service had a clear vision of how they wanted the service to improve and at the time of our inspection a number of changes were being made. Staff spoke highly of the manager and told us they felt involved in the changes and that the changes were improving the service for the people using it.

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.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 good (published 31 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Stockport Metropolitan Borough Council

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. 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 twelve '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 who was in the process of registering with the Care Quality Commission. Registered managers 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 a short period of notice for the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information sent to us by the service, information from relatives of people using the service and the general public.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people using the service and three relatives of people using the service. We also spoke with eleven members of staff, including the manager, team managers, assistant team managers, support workers and the bureau manager.

We reviewed a range of records. This included five people's support plans and medication records. We looked at a variety of records relating to the management of the service including staff recruitment and team meetings, complaints and compliments and policies and procedures.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person we spoke with told us, "I'm safe here and I like it. The staff help me with things and that helps me to feel safe."
- Safeguarding systems were in place and staff were trained in safeguarding people from abuse.
- Staff we spoke with were able to explain the signs of abuse they needed to be aware of and how they would report any concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed allowing people to do the things they wanted in as safe a way as possible.
- People's support plans explained the measures that needed to be put in place to help keep the person safe.

Staffing and recruitment

- Staffing levels were appropriate to allow people to do the things they wanted to, for example visiting the shops.
- Checks were completed on applicants before they were offered employment. These included checks with the Disclosure and Barring Service (DBS). The DBS informs employers about any convictions or cautions a person may have allowing employers to make safer recruitment decisions.
- A robust system was in place to ensure people were supported by staff they knew and who knew them when regular staff were off work.

Using medicines safely

- People received their medicines safely.
- People were encouraged to be as independent as possible with their medicines.
- Records relating to people's medicines were regularly reviewed to ensure they were clearly and fully completed.

Preventing and controlling infection

- People's houses and communal areas were kept clean
- Staff were trained in infection control and understood when they needed to wear personal protective equipment when supporting people.
- Where infection control audits had identified improvements were needed, action was taken and further audits had evidenced improvement.

Learning lessons when things go wrong

- Incidents in the service were investigated to identify the cause of the incident so measures could be put in place to try to prevent it happening again.
- People were kept informed of the progress and the outcome of investigations. The manager told us, "We have to be open from the start about what people can expect. We meet regularly with staff to learn from incidents."

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 good. At this inspection this key question has remained the same. 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

- People's needs were assessed and support plans reflected people's choices and how they wanted to be supported.
- People's cultural needs and choices were reflected in their support plans.
- At the time of our inspection the service was in the process of updating everyone's support plans. Some support plans had handwritten annotations, however it was unclear who had made the annotation or when it had been made.

Staff support: induction, training, skills and experience

- Staff told us they felt they had the skills they needed to support people safely. We observed staff supporting people patiently and with understanding. A relative we spoke with commented, "I think the staff have the knowledge and skills needed to do the job. Any new staff shadow the experienced ones."
- At the time of our inspection the training for staff was being reviewed. The manager explained, "We had lost the developmental part of the training and had become too task focused. We want to demonstrate that we are investing in our staff."

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

- People were supported to be as independent as possible with preparing their meals.
- Where people wished to lose weight, staff helped them plan healthy meal plans.
- One person we spoke with told us, "The staff let me do as much [of the cooking] as I can but will help me if I ask them or I am struggling. I like cooking and I'm getting better at it all the time."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other organisations.
- Where improvements to the service had been identified, the service drew on expertise from within the local authority and external organisations to help make the improvements.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health and support services outside their home.
- A person we spoke with told us, "The staff are supportive. I have a doctor's appointment today and [my support worker] will take me to it in the car."
- Opticians and community dentists also visited the homes so people who were not able to attend appointments in the community could access their services. People's support plans detailed whether

people were able to attend appointments in the community.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Where restrictive practices were in place, there was appropriate legal authority for them.
- We saw how staff had worked with people to reduce the restrictive practices in place.

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 told us they felt well treated by the staff. One person we spoke with told us, "I love all of my staff. Do you know, they are my best friends as well as my support." Another person told us, "I can talk to them about anything."
- People and staff knew each other well. A person we spoke with confirmed, "I find all the staff are caring. We have the main support but sometimes other staff members cover and I get on with all of them."
- People's backgrounds and cultural needs were well understood by staff.

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

- We saw people were involved in making choices about how they were supported.
- Staff had time to listen to people and discuss options with them so they received the support they wanted.
- Where people had no family or friends to act as advocates they were referred to the local advocacy service who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged. We observed staff encouraging people to do the things they could for themselves.
- People we spoke with told us, "I feel that my skills have really improved in my time here and the staff have helped and supported me to learn a lot of new skills. I can do most house jobs now and it's all through the staff support and building my confidence." A member of staff explained, "Even if we can give people half an hour on their own and build up their skills, it all helps. As time has gone on, people have built up their independence. It's something we are constantly aware of and working on."
- People's privacy was supported. A relative of a person told us, "[My relative] really benefits from having their own apartment, their own space if you like. They are comfortable and happy there. It's a good place for him."

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 good. At this inspection this key question has remained the same. 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

- People's support plans included information about what the person wanted to achieve and what support they required to help them achieve their goals. One example we saw read, "I would like everyone to understand that if I am quiet I may just be trying to deal with thoughts in my head."
- People we spoke with confirmed they had been involved in designing their support plans.
- People's support plans explained how people needed information to be presented in order to allow the person to make their own decision. One example we saw read, "[Person] should be included in all decisions and be given choices in everyday tasks. Choices need to be kept to a minimum, no more than two or three to be presented verbally or by showing him the items."

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.

- People's communication needs were identified and recorded so they could be shared with other people involved in supporting the person.
- A variety of techniques were used to present information to people in ways they understood. These included practical social stories which explained in pictures what was about to happen and technology allowing people to communicate non-verbally.
- Where required, translation services within the local authority could be used.

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.

- People were encouraged and supported to take part in activities that interested them.
- During our inspection we spoke with many people who volunteered or had part time jobs. Some people in the service had joined a friendship and dating service for people with a learning disability.
- People were supported to keep in contact with their families, either face to face or through the use of video calling or messaging. One person we spoke with told us, "My family all come to visit me. They can come anytime they want and don't have to make an appointment or anything."
- We saw how people had been supported to visit culturally important cities with their family.

Improving care quality in response to complaints or concerns

- Information about how to complain was on display in the homes. People and their relatives told us they

felt happy to raise issues and felt they would be dealt with appropriately. One relative we spoke with told us, "I complained once when [my relative] first moved here. There was a member of staff who was behaving inappropriately. It was dealt with fully to my satisfaction, yes."

- Staff told us they felt able to deal with and resolve complaints at the time they were made as they knew the people and their families well.
- Managers within the service recognised the value of complaints as ways of identifying ways the service could be improved. One member of staff said, "Complaints are gold to us. It's such good feedback. We can't rely on what we think."

End of life care and support

- At the time of our inspection, the service wasn't supporting anyone as they neared the end of their life. Procedures were in place to enable people to continue to be supported by the service as they neared the end of their life if that was what the person chose.

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 good. At this inspection this key question has remained the same. 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

- The management team had a clear vision of working to improve the service for the people using it.
- Staff we spoke with told us they felt the culture of the service had improved since the manager was appointed. One member of staff said, "[The manager] is an inspiration. They want to keep us involved. Historically people didn't try stuff but we are encouraged to now." Another member of staff commented, "It feels like a fresher service. We're expected to try things and take positive risks if it will help the people we support."
- The manager told us, "We have to use the knowledge and experience of staff. We want them to feel they can raise things and challenge us if things aren't right." Staff members confirmed they were able to speak up. One staff member commented, "[The manager] will challenge us and we can challenge them. The approach we have works well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager clearly understood their responsibilities. Notifications of events happening in the service were sent to CQC and other organisations in line with requirements.
- People using the service and their families were informed when things went wrong. One relative we spoke with told us, "The managers all talk to me and the communication is very good."
- At the time of our inspection a new quality system was being implemented to improve the quality management and oversight the management team had of the service.

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

- People and their relatives were engaged in developing the service. One relative confirmed, "It's taken a while to build [my relative's] team how we want it but they take on board the things that I say and they listen and learn."
- The manager told us, "We want to get away from annual surveys to more continual feedback. A person might not have gone to get their paper so we need to know what has gone wrong that day. We need the feedback otherwise we don't know." The manager explained they were looking at utilising technology to make the feedback accessible for everyone.
- The service used an email list to inform people what was going on in the service. The local advocacy

service was included in the email list. A member of staff told us, "Rather than having eight pages of a newsletter, we can send little snippets more often which are quick and easy for people to read."

Continuous learning and improving care; Working in partnership with others

- The service worked to continually improve.
- The manager told us, "Part of the evaluation cycle is to always ask questions and keep learning." A member of staff we spoke with confirmed, "We are recognising where things were wrong in the past and learning from it."
- Regular meetings were held with staff to allow them to formally raise suggestions and ideas for improvement.
- The management team sought feedback from other parts of the organisation and external agencies about how they could improve the service.