

AppleTree (Cheadle) Ltd

Limelight

Inspection report

4 Allen Street
Cheadle
Staffordshire
ST10 1HJ

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19 March 2019

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Limelight is a 'supported living' service in Cheadle, providing personal care to four people with a learning disability and/ or autism in their own tenancies.

People's experience of using this service:

All of the people who lived at Limelight told us in their words or own ways of communicating that they were very happy with the care they received. One person told us, "They are here to look after us – and they do that. They do it perfectly."

The provider, registered manager and long-standing staff team had created an exceptionally caring service for, and in real partnership with, the people using it. The service's outstandingly caring culture was reflected in the way that people who lived at Limelight supported and respected each other in truly nurturing, kind ways. There was a consistent focus on promoting people's quality of life through developing their independence and choices.

People told us, and we saw, that the service promoted good health and wellbeing outcomes for people, including support to eat well. People were listened to by staff, but also supported to speak up and be respected, valued members of their community. People felt safe with the care and support from staff. There were enough staff to meet people's needs and provide flexible, person-centred support, including access to meaningful activities.

People using the service and staff were involved in the design and delivery of their care and the service. Staff felt well supported by managers, through supervision and training. Learning opportunities were also available for people using the service.

Rating at last inspection:

At the last inspection the service was rated Good (13 April 2016). The service continued to meet the characteristics of Good in most of the areas we looked at.

The service had developed an exceptionally caring culture under remarkably dedicated leadership and enhanced people's quality of life. We therefore improved the rating for Caring to Outstanding. Further information about these improvements is in the full report under our Caring findings.

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service improved to Outstanding.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Limelight

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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:

The inspection took place on 19 March 2019 and was announced. We gave the service 72 hours' notice of the inspection visit, because it is small and we needed to check whether people, staff and managers would be available for us to speak with.

What we did:

Before the inspection

We reviewed notifications we received from the service in line with their legal obligations. We looked at information the provider had sent us about the service in the Provider Information Return (PIR) and asked the local authority to give us feedback about the service.

During the inspection

We spoke with the four people who used the service and observed interactions between people living at the service and staff. We spoke with four staff members, including two support workers and the two directors, one of whom is the registered manager. We looked at two people's care records and checked records relating to people's medicines. We viewed people's comments and satisfaction surveys, monitoring and quality assurance reports, incident and accident overviews, as well as recruitment, supervision and training information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with support from staff.
- One person said, "If something is not right, I can speak to the staff that are here. I would be happy to speak to any of the staff."
- People told us they knew who to speak to if they were worried about anything, but they never had to.
- Staff were clear on safeguarding responsibilities and had confidence in managers to address any concerns.
- Staff told us they would feel confident to whistle-blow to other organisations, such as the local authority or the Care Quality Commission (CQC), if they needed to. The provider supported this.

Assessing risk, safety monitoring and management

- People were involved in health and safety checks and knew emergency procedures, which they explained to us.
- People had a variety of risk assessments in place. These provided clear descriptions of hazards relevant to the person and how people and staff could minimise these together.
- The service had recently been inspected by the fire services and noted as compliant.
- An external company carried out annual health and safety checks to help ensure the service was safe for people.

Staffing and recruitment

- There were enough staff to meet people's needs and staff support was flexible to suit people's lifestyles.
- There was a long-standing staff team in post. The "newest" members had started in 2017.
- Staff had been recruited using appropriate checks to ensure they were suitable to work with people who may be vulnerable as a result of their circumstances. We discussed some minor record-keeping issues around this with the registered manager.

Using medicines safely

- Staff supported people to be as independent as possible with taking their medicines. Appropriate risk assessments were in place regarding this.
- One person said, "All my tablets come in a box, so I can just take them out of there. Staff order my medicines for me, but I pick them up. I like it that way."
- We discussed with the registered manager some smaller areas for improvement in relation to good record keeping around people's medicines.
- Staff supported one of the people through the use of technology, rather than lancets, to check their blood sugar levels regularly, in a less invasive way.

Preventing and controlling infection

- People shared cleaning responsibilities for their household, with support from staff. This helped people to keep their house clean, bright and hygienic.

Learning lessons when things go wrong

- There had been no accidents or incidents since June 2018.
- Prior to this, we saw the registered manager had analysed events and taken appropriate action to prevent reoccurrence.
- People told us about their own learning from events, so that they would stay safe in future.
- An easy-read 'debrief' format was in place to help people using the service and staff reflect on events together and learn lessons from what had happened.

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

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

- There was a clear focus on achieving positive outcomes for people. This was evident in many examples, including a transition for person who recently started using the service.
- Feedback from the local authority confirmed, "The staff team [are] very professional and supportive in ensuring that [people using the service] are achieving their outcomes."
- One person told us, "When I moved in, I was eating chips every night. It was a really difficult time for me then. I now eat lots of different and healthy things. I do a lot of sports, I have lost so much weight and feel much better."
- People had created a four weekly-meal plan together. Staff had consulted with each person on their food likes and dislikes, which helped to create the plan. People told us the plan helped with meal preparation, including shopping for the food that was needed.
- The service supported people to look after their own specific dietary needs.

Staff support: induction, training, skills and experience

- People told us that staff were competent to look after them. One person said, "Staff had the training they need to look after us."
- Staff felt well supported by managers and the provider. Staff received regular supervision and completed a variety of training.
- A staff member told us, "There are lots of different courses we can do. [The training provider] has a list of topics and if there is something else we think would be good to do, we can just ask for it."
- People using the service also completed some of the learning staff did. One person told us, "The 'challenging behaviour' training really helped me to understand [certain situations]."
- We considered with the registered manager how people could be further involved in training staff, such as through teaching them signs, for example Makaton.

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

- Staff supported people to see a doctor or other health professional when they needed them. On the day of our visit, staff supported different people to a variety of appointments.
- We saw that staff had worked with health professionals to develop care plans for people using the service.
- Different people told us about how staff had supported them to take part in activities to live healthier lives. These were activities people enjoyed to take part in and they felt better for it.
- We discussed with the registered manager that some information about people's conditions needed to be clearer to promote staff awareness.

Adapting service, design, decoration to meet people's needs

- Staff made information available to people in different formats, such as 'easy-read' versions.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.

- The service worked appropriately with people using the service, social workers and other stakeholders to ensure people's best interests were maintained under the MCA. We clarified with the registered manager some records that should be kept to evidence this.
- Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- One person told us, "Staff always check with us for agreement first."

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The provider and registered manager told us about events from 2018 that showed clearly how they had put the needs of people using the service before their own financial business needs. This showed a remarkable dedication to making a difference for people and promoting their quality of life.
- A staff member told us, "I am so proud that these two people [the provider and registered manager] have set this company up from scratch – it was all new to them. All the [people using the service] are happy."
- Staff's dedication to the service and people using it was evident in the fact that there had been no new staff since 2017. This remarkably low turnover of staff helped to provide particularly consistent support that treated people using the service as real partners in care.
- The exceptionally caring service the provider and staff had developed further since our last inspection was reflected in the way people interacted with each other. Staff had supported people using the service to develop nurturing, respectful and truly caring relationships with each other.
- We saw one person encouraging another with gentleness and understanding, to express their thoughts and make themselves heard in their own way.
- People spoke to each other about their individual diverse needs, for example respecting and appreciating each other's different faiths and what was important to the other.
- One person told us, "I can do things the other three cannot. And each of them can do things that I cannot do."
- It was clear from examples we heard that the care and support from staff had made significant improvements to people's quality of life.
- One person said, "The staff are here to look after us – and they do that. They do it perfectly. Staff help me not to worry. When I first moved in, it was a difficult time, staff were there for me. Staff know us well and treat us with respect."
- The person told us how with staff support they had started to take part in activities that made them feel better. With support, the person had developed their own, independent ways of relaxation and meditation, when they felt they needed to.
- The registered manager had developed a support recording tool since our last inspection. This continuously monitored and promoted people's independence and participation in meaningful activities.
- Staff completed this comprehensive record daily and the registered manager monitored it monthly. They ensured actions were taken to further develop people's quality of life through greater independence and activities.
- We read comments from a professional that stated how impressed they were with how well a person who recently started using the service looked. This showed us that the service had made a real difference to that

person's quality of life.

- Staff had focused on supporting this person to become more confident to make different choices and decisions throughout the day, to promote their self-esteem and physical wellbeing.
- The registered manager had completed training in the General Data Protection Regulation 2016. They ensured that records were stored safely in line with this, to protect people's privacy and confidentiality.

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

- People told us, "We are involved in decisions about our care." We saw this evident in care plans and heard it in examples people gave us about their care and support.
- Staff supported people to express their views in their own style of communication, to maximise involvement.
- When there was something to be decided in relation to the household, all the people using the service came together to make that decision.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support were person-centred and met their needs.
- People told us, "Staff know our likes and dislikes" and "Staff help us to try something new."
- It was clear from interactions that people using the service and staff knew each other very well.
- People had individual assessments of needs in place. These were followed through with relevant care and support plans to meet the person's needs and help them to develop.
- We discussed with the registered manager that the care plan for a person who recently started using the service would benefit from further development.
- People's care plans included those to support people's future goals and ambitions, health needs, as well as behaviours that challenge.
- Behaviour support plans detailed early signs for staff to look out for and support people in situations they may find difficult.
- There had not been any incidents of behaviours that challenge since June 2018 and those had been minor incidents. This showed that staff support was responsive to people's needs in different situations.
- The registered manager developed all care plans. We discussed with the registered manager how involvement of staff in care plan writing could improve the service further in this respect.
- People lived active lives and were supported to take part in activities within the wider community. People chose their own activities and spoke about them with pride.
- One person said, "Staff are flexible, we can go out with them whenever we want."
- Staff helped people to try new things that they might enjoy, based on their knowledge of people's interests. Staff had supported one person to try football, which they had not done before. When we asked the person whether they enjoyed this they showed us an enthusiastic 'two thumbs up'.
- The provider had made a car available for all of people using the service, to go out in if they needed to, for example for appointments or shopping.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and who to speak to, but none of them had any reason to complain.
- The complaints procedure was included in a 'service user handbook' each person had. This was available in different formats, including 'easy-read'.
- Staff had a monthly review with people to see how things were going. During these discussions, staff asked people what they thought was going well and what was not.
- We saw that these discussions were very positive and that people were happy.
- Discussions led to actions and changes in support where needed, to ensure people's care continued to be responsive to their needs.
- Staff used different approaches to listen to each person's own way of communicating.

- The provider had introduced communication cards to support people to express their needs, wishes and feelings.

End of life care and support

- ☐ At the time of our inspection, the service was not supporting people at the end of their 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- It was clear from our conversations and observations that this was a service with a strong-person centred culture of mutual respect.
- People's and staff's description were of a service that was "like a family, but we still have our professional boundaries."
- It was clear that the provider and registered manager had created and led on the culture of the service. This was clear from the example of putting people's needs over business needs, as well as from what people and staff told us.
- One person said, "The staff - they are all very significant, they are very nice and generous. If [provider and registered manager] were not here, none of this would have happened."
- The atmosphere in the service was warm and welcoming. We found the provider and registered manager open and honest in our discussions. Both were supportive during our inspection and appreciative of our feedback.
- People discussed and celebrated each other's diverse needs. This evidenced that the service had a strong focus on supporting and promoting equality.

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

- Ratings from our last inspection were displayed within the service, in line with requirements.
- The registered manager had not submitted any statutory notifications, as there had been no notifiable events. We confirmed this.
- We discussed with the registered manager some record-keeping that needed to improve. These were minor issues in relation to people's medicines charts, recruitment and care plans, however they needed to be addressed to lift the quality of the service further.

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

- People were involved in the delivery and design of the service through regular "tenants' meetings" and individual reviews.
- Staff feel very well supported and involved in the service through regular meetings. Staff told us communication between everyone was effective.
- People's family members visited regularly and were kept informed by staff.
- The provider was developing a newsletter and "annual achievement scrap book".

- In the room where night staff slept, there was a board on which staff had written things they felt were important about themselves, to help their colleagues get to know them.

Continuous learning and improving care

- The registered manager and provider completed a variety of audits and monitoring forms to check the quality of care and develop it.
- The service researched best practice updates from external organisations, including Skills for Care, Staffordshire Care Match and the National Institute for Health and Care Excellence (NICE).
- An external consultancy firm provided input into the provider's policies. We saw the consultants had awarded the provider with a "certificate of achievement for high standard of employment practices."

Working in partnership with others

- We received positive feedback from the local authority regarding the provider and their outcome-focused service delivery.
- The service worked with social workers and health professionals to develop the service, including the planning of effective and successful transitions for people.