

Cheshire East Council

Wilmslow Supported Living Network

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 announced. We gave the provider 48 hours' notice of our inspection to provide an opportunity for tenants to meet the inspection team during the visit.

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. Before we visited Wilmslow Supported Living Network we checked the information that we held about

Summary of findings

the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 23 and 27 August 2013.

Wilmslow Supported Living Network is managed by Cheshire East Council. It provides personal care to 22 people and is a supported living service enabling adults with learning disabilities or autistic spectrum disorder with additional associated needs to live as independently as possible as tenants in their own homes.

The service operates 24 hours a day, 365 days a year. The main office is situated at the Redesmere Centre. It has disabled access and a large car attached to the building.

The registered manager had moved to another service and the new manager was in the process of applying for their registration with the Care Quality Commission. 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.

Staff advised that the people they supported had chosen to be referred to as 'tenants.' We have used this preferred term throughout our report.

Staff had a good understanding of the need to ensure tenants were safe. They understood their safeguarding procedures and told us they would not hesitate to report any type of allegation.

Tenants being supported by this service and their relatives were very happy with the standard of support provided. They were all very positive about the staff and gave lots of compliments about the staff team and the managers. Some of the tenants invited us into their own homes and during these visits we saw lots of examples of good communication and rapport delivered by staff to the people they were supporting.

Tenants told us they felt included and consulted in the planning of their support and that staff always helped them with choosing what they wanted to do. Those tenants that lacked capacity had relatives/representatives that acted on their behalf. Their relatives were wholly positive about the standard of support provided by the service.

Tenants, relatives and staff were all positive about how the service was managed. Tenants felt safe and secure and had no concerns about the service provided to them.

Training records and supervision for staff needed updating and access to updated training needed to be reviewed. Records could not always evidence that staff were being regularly supported and supervised by line managers and were not always accessing training when they needed it. Some staff had to wait for the next round of training to come up with the provider, rather than being able to access training whenever they needed it which meant that some staff were not always provided with training to meet the needs of the people they supported.

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.

All of the tenants we spoke with told us that they felt safe. The service had robust safeguarding policies and procedures that staff were knowledgeable of and told us they would not hesitate to report any type of allegation.

They had appropriate systems and risk assessments to manage risks without restricting tenants activities. Risk assessments were detailed and kept up to date to ensure tenants were protected from the risk of harm.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. These guidance documents helped identify and protect the interests of tenants who lacked the ability to consent on various issues. Staff had received updated training in this topic and they were knowledgeable about the Mental Capacity Act. They supported tenants with 'Best interest meetings' to help those people who were assessed as not having capacity to make decisions in their best interest.

Is the service effective?

The service was effective.

Tenants told us they were happy with the care and support they received and felt their needs were being met. Tenants health needs were monitored and they were able to access a range of health care services that staff supported them with.

Staff felt well trained and told us they received the training and support they needed to help them appropriately support tenants. We found that the service had a good mixture of training on offer. However training records and supervision sessions needed updating and some staff needed access to updated training. Some staff had to wait for the next round of training to come up, rather than being able to access training whenever they needed it or when their refresher training was due.

We observed positive interactions from staff who were respectful when supporting tenants with individual choices, such as going out when they wanted and having a meal when they chose to have it.

Is the service caring?

The service was caring.

We met and spoke with various tenants who told us that staff were very good and that they always listened. They told us that staff asked them about how they wanted to receive their care and support and that they were always respectful. Both tenants and relatives told us the staff were 'kind' and 'caring.'

We saw that staff were interacting well with tenants in order to ensure that they received the support they needed. Relatives told us how the staff always respected their relative's privacy and dignity and how they provided the necessary support and encouragement when needed.

Is the service responsive?

The service was responsive.

Summary of findings

Support plans showed detailed records where tenants were regularly involved in decisions. Tenants told us they were kept fully up to date and involved with their support planning. Family members told us they were fully updated and included in their relatives support. Everyone was positive in their views that the service and staff ensured they received the care and support they needed.

Throughout our visit, nobody had any complaints and comments were wholly positive. Both tenants being supported by the service and their relatives, knew how to complain if they needed to and they told us they wouldn't hesitate to let the staff know if they had a concern or a query.

Is the service well-led?

The service was well led.

The service had a manager in post who had submitted their application to CQC to apply to be the registered manager for this service. Staff were positive about the service and provider and felt it was a supportive service with a healthy culture where they could always speak openly and make

suggestions. We observed staff interacting with each other in a professional manner.

The service had a robust quality assurance system in place with various checks and audit tools to show consistent good practices within the service.

Wilmslow Supported Living Network

Detailed findings

Background to this inspection

The inspection team consisted of an adult social care inspector and an expert by experience who assisted with the inspection by carrying out telephone interviews to people who received support on the 24 July 2014. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. We visited the service on 22 July 2014.

Before our inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. The provider sent us a provider information return (PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We contacted the local authority which had responsibility both for safeguarding and commissioning services from Wilmslow Supported Living Network and other stakeholders such as visiting health professionals, district nurses and care managers.

We undertook this inspection by visiting Wilmslow Supported Living Network where we reviewed documentation. We looked at the support plans of three tenants, four staff files and other documents such as training records and audit checks. Where tenants invited us

into their home we spoke with them and the staff providing their support, as well as reviewing a range of records about tenant's support and how the service was managed. We talked to the manager; two team leaders; as well as four support staff on duty.

Our expert by experience was provided with a list of 21 tenants who received a service from Wilmslow Supported Living Network. From the list, we picked people at random who were willing to speak with us and assist in the inspection.

Our expert by experience spoke with two tenants and four relatives via the telephone. In addition, the inspector met with four people who received support from the service and we met two relatives on the day of our visit.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The service had effective procedures for ensuring that any safeguarding concerns they had regarding tenants receiving support from them were appropriately reported. All of the staff we spoke with were able to explain how they would recognise different types of abuse and how they would not hesitate to report any allegation of abuse. Staff told us, and training records confirmed that staff received training to make sure they were up to date with the process for reporting abuse. However some dates of training were several years out of date. Safeguarding records generally were detailed and showed appropriate procedures in place for safeguarding vulnerable people and managing and responding to behaviour that challenged.

One tenant told us they were happy with what the staff recorded in their file. They felt that they received the support they needed and requested. Both tenants and relatives felt the service was safe. Tenants told us they felt content in their own homes and were happy with the staff they knew who supported them.

Risks to tenant's safety were appropriately assessed and reviewed. We looked at support records for tenants who were being supported by the service. Each tenant had an up-to-date risk assessment where it had been identified by staff that it was necessary to have one in place. These risk assessments reflected the potential risks to tenants. Staff knew the details of these risk management plans and how to support each tenant to stay safe and comfortable. One tenant showed us their file and talked us through the information they had within it. Staff explained to us the triggers they looked out for in different people within the service regarding their behaviours and non-verbal signs for communicating their needs. This information was recorded in support plans and was regularly updated to show any changes in behaviour and in identifying any actions to safely support an individual. This ensured that tenants were being provided with the specific support they needed to keep them safe and they also knew what to expect from the staff team.

Tenants and relatives told us they had no concerns about the support provided. However tenants living in one flat were unhappy with the standard of facilities in their kitchen. Following our visit, the staff had informed the Care Quality Commission that they had supported tenants to

make a complaint and had reported this health and safety concern to the landlord. They felt there were various hazards with the doors falling off and hanging off their hinges.

The staff had a good understanding of the Mental Capacity Act (MCA) 2005. The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the MCA. They included arrangements which they assessed as needing to be made in the best interests of an individual. Staff discussed various examples of how they had arranged and attended 'Best interest decision meetings,' with various members of multi disciplinary teams. We looked at the records where meetings had been put in place to ensure tenants' rights were protected and these showed how they had been supported with various decisions. These procedures helped identify and protect the interests of people who lacked the ability to consent on various issues.

We checked the arrangements that were made in order to make sure that only suitable people were employed. We looked at the file for one staff member, most recently appointed to the service to check that effective recruitment procedures had been completed. Their records showed safe

recruitment checks to help show they were appropriate and suitable to work with vulnerable adults.

We found that appropriate recruitment checks had been made such as 'Disclosure and Barring Service' checks. These thorough recruitment checks helped the service to ensure they were able to make safe recruitment decisions and prevented unsuitable people from working with tenants.

Through our observations and discussions with tenants, relatives and staff, we found that there were enough staff with the right experience and training to meet the needs of the tenants that were being supported. There had been no missed visits and most people had support over a 24 hour period. Tenants told us they had no problems with the staffing and felt they always had the staff available to them. They told us they saw the same staff and they knew them really well.

We saw that the service operated an appropriate system to make sure the staffing numbers and skill mix were sufficient to meet the needs of the tenants. Staff and tenants told us they were usually supplied with the same

Is the service safe?

staff teams that they knew, which offered them greater stability. Staff told us they were happy with the staffing levels for the majority of times but on occasions they felt they needed more relief staff, especially at night. The managers told us about one tenant who they had supported over a 24 hour period while they were receiving treatment in hospital. By providing staff known to the tenant they were able to ensure this person's needs were being safely met, especially while they were in an environment that was not familiar to them.

The provider had shared data with us that showed they had identified 20 medication errors in the last year. The manager discussed all actions taken over the last 12 months to help improve practices and to reduce further incidence of medication errors. The service had developed detailed medication audits which checked on all aspects of supporting tenants with their medications. We looked at a sample of five medication audits which had been carried

out in 2013/2014. We reviewed a previous incident where a medication error had been reported by the service to the GP and NHS Direct for expert advice. The manager had also arranged for further medication training for named staff and for further support from senior staff who supervised them until they were signed as being competent in supporting tenants with their medications. Appropriate actions were put in place by the provider to help reduce further medication errors and associated risks to tenants. The checks in place showed a decrease in the number of errors and saw marked improvements in safely supporting tenants with their medications. We noted that each person had a safe area within their home to store their medication. One tenant explained that their medications were stored in a locked cupboard in their home. We looked at a sample of medication records and how medicines were managed.

Medicines were stored safely and records were kept on medicines received and taken.

Is the service effective?

Our findings

Staff told us they received regular training and that they were provided with all the training they needed to help them with supporting tenants with their differing needs including specific conditions such as epilepsy. They were very positive regarding how their training needs were managed; especially with support provided for new staff where senior staff supervised them before agreeing they were then competent to support tenants with their medications. Staff were knowledgeable about each tenant's rights and choices and discussed how they supported people with individual care. They told us they were 'well trained.' One staff member told us "I feel I get well trained and receive everything I need." Some staff however, were unsure how often they should expect to be provided with refresher training for various topics such as: first aid; moving and handling; medications and health and safety. We looked at a sample of staff training records and some were better organised than other with clear updated records. The manager acknowledged the work that needed to be commenced in reorganising and improving the management of staff training records.

There was evidence in place to show that new staff were provided with a detailed induction programme. Staff told us that long standing staff were really supportive when they first started to work for the service. They shadowed experienced staff for two weeks who helped introduce them to tenants and to help them to learn about each person's needs and specific ways of communicating. This staff member told us: "I love working here, I feel well supported by the staff team." They told us they had been appropriately supported and trained to enable them to do their job.

Being part of a large organisation senior staff explained they had access to a wide variety of training that was offered each year, which recently included a seven day statutory and mandatory programme. This programme covered lots of subjects such as: dignity; confidentiality; slips; trips and falls; dementia; autism; end of life and mental health. However, the staff advised they were restricted as to when they could attend the council run training as they had to wait for their provider organisation to advertise and offer this training. They were unable to independently organise their own training. This meant that staff could not receive their training when they needed it,

especially when training was not up to date. Certain topics observed within their training programme such as: moving and handling; fire and infection control had some gaps and no planned date for some of these topics.

It was difficult to review the staff training records as they were disorganised and not always kept up to date. We noted the training records showed no reference or evidence of whether any training had been provided for the eight bank staff that regularly worked for the service. Staff thought their records were probably stored at their central offices for the local council but no one could access these records during our visit. The manager advised they would review their training records to help them improve their recording in order for them to identify who needed updated training including their bank staff.

Staff felt well supported and were very complimentary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals.

We checked a sample of records and they confirmed that supervision sessions had been recorded for most member's of staff. However they were not consistently provided for bank staff. 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 needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to tenants.

Each tenant had a detailed support plan that had been formulated to show what support they could expect from the service. All of the support plans we looked at were well maintained and were up to date. Files contained the relevant information regarding each tenant's background history to ensure the staff had the information they needed to respect the tenant's preferred wishes, likes and dislikes. They recorded information important to each tenant such as: what were their preferred social activities, people who mattered to them and dates that were important to them. We saw evidence that support plans were regularly reviewed to ensure tenant's changing needs were identified and met.

One tenant showed us their file, they told us: "The staff have gone through my file with me to help me to stay

Is the service effective?

healthy.” Tenants being supported by the service told us they were very happy with the support provided by the staff team. We noted that the staff tried to obtain consent to care from the tenants themselves; and if this was not possible because they had been assessed as not having capacity then they had arranged best interest meetings and included various professionals and the person’s family or representative’s.

All of the tenants had ‘patient passports’ and ‘health action plans’ in place. These documents were regularly reviewed and collated a lot of medical information about each individual. Staff used these documents for any type of visit to the hospital including hospital admissions to ensure hospital staff had the most updated information about the tenant to help them care for them if they were ever admitted as a patient. Staff told us in the event of an emergency the advice of a health care professional was always sought, including advice and referral to the GP, district nurses and other health care professionals.

Some of the tenants that we met received support from their staff team to help them plan their meals and go shopping for their supplies. They told us they chose what they wanted to eat each day and that they planned their own meals each week. Staff supported some of the tenants with their meals and during lunch time when we visited we observed them providing one to one support. Staff were very respectful and relaxed in providing support and helped providing a calm and enjoyable activity. Staff were aware of each tenants likes and dislikes and explained that as they had a stable staff team this helped them to support each person with exactly what they liked.

The service had developed various easy read documents with the use of pictures to help describe support provided, such as supporting tenants with their medications. These adapted records helped some tenants to better understand what the records meant regarding what support they could expect from the staff team.

Is the service caring?

Our findings

Tenants and relatives that we spoke with told us they were very happy with the care and support they received and everyone told us the staff were 'good.' We visited tenants in their own homes and noted the staff rapport with the people they were supporting. Staff were respectful and tenants were very relaxed in the company of their staff team. On the day of our visit each tenant was receiving support from staff that they knew well. We received wholly positive comments from tenants and their relatives such as:

"Staff always give dignity and respect, they always ask about my relatives health and support plan"; "The staff are always very friendly"; "They have given me a lot of support, they are very kind and understanding"; "The staff are always polite and always knock on doors before entering" and "Our relative seems to relate to the staff."

We saw evidence that the provider regularly sought feedback from tenants and their families about the support provided to them. We looked at a sample of house meeting minutes and saw records showing how people were regularly included and encouraged to share their views. Following our visit the manager submitted questionnaires that had been previously been carried out. They were undated, however they were very positive about the service provided and the feedback was very good regarding Wilmslow Supported Living Service.

Throughout our inspection, we saw that staff respected each tenant's privacy and dignity when they were supporting people. We observed positive staff interactions. Every tenant we met looked relaxed and comfortable with their supporting staff. Staff discussed day to day examples of how they ensured privacy and dignity. One staff member told us: "I love how things are; I feel we work around people and fit around them." Staff ensured they respected each tenants home and knocked or rang the bell when arriving for duty.

Is the service responsive?

Our findings

Staff were knowledgeable about each tenant they supported and explained they had learned to communicate with each tenant to understand those people who used non-verbal signs to communicate. Staff told us people had the stability and support of the same staff provided to each tenant. They felt this gave them a lot more consistency in getting to know each tenant's needs and choices. We observed staff communicating with tenants in a respectful manner; interpreting individual and specialised ways of communicating what each tenant wanted to express.

Each tenant had a plan that was personal and individual to them. These plans were used to guide staff on how to involve tenants with their care and provide the care and support they needed and requested. Staff worked with tenants, their relatives and advocates to establish effective methods of communication so that individuals could be involved in their care, especially those people who used non-verbal signs for communication. For example if a person could not verbally communicate, other communication methods were used such as pictorial signs. One tenant told us they now had the support of an advocate who came to visit them every six weeks. They helped them with everything including reviewing their support plans.

We noted one tenant had signed their own consent form and had agreed to support being provided for their medical assessment and for support to be provided to them with their medications. This helped to show how tenants were being supported in various ways in gaining their opinions and consent and valuing their points of view. All of the tenants and families that we spoke with confirmed they were involved in the assessment and support planning process. This enabled the staff to identify updated information relevant to each tenant.

Visits from health care professionals, such as GPs; physiotherapist; optician and dentists were recorded so that tenants and staff would know when these visits had taken place and why. When we looked at support planning documentation, we saw that any changes to tenant's requirements were updated within their support plans as needed.

Tenants chose the activities they wanted to participate in and staff respected their choices. One tenant told us, they had been supported with their hobby of photography and staff had supported them in choosing their equipment so they could take photographs. They told us they really liked their support staff and they had supported them for many years.

The service had a formal complaints policy and processes were in place to respond to and record any complaints within the timescales given in the policy if any were received. There were no recorded complaints and staff told us they had received no complaints since the last inspection. Staff talked us through what they would do if an individual wanted to raise a formal complaint. Relatives and tenants we spoke with during the inspection told us they knew how to complain but had not had the need to do so. However both tenants and relatives were keen to share their positive experiences about this service, nobody had any concerns or complaints to raise with us about the service.

Following our visit the staff had advised they had supported tenants in making a complaint to the landlord in regard the kitchen facilities of their rented property.

The staff could not find any adapted pictorial format for their complaints procedure. This format had been accessible at our previous inspection. The staff advised they would ensure they developed an easy read format for those tenants who understood this style and format, better than the formal standardised policy.

Staff discussed the present arrangements where tenants wanted to go on holiday with their staff teams who knew them well and felt safe and comfortable with. However, as we noted at our last inspection the provider does not allow its support workers to go away on holiday with tenants. Staff had to support tenants in organising agency staff to be booked and arranged to support tenants with their holidays. Staff acknowledged that ideally tenants wanted to go on holiday with staff who knew their needs well and who they felt safe and comfortable with. There was no feedback or documentation from the provider to share with tenants, regarding the provider's reasons and to answer tenants' requests and choices around using their own staff to go on holidays with them. The manager advised they would review this further with tenants regarding making it clearer as to the providers views and response to tenants requests.

Is the service well-led?

Our findings

We met the new manager and two senior managers for this service. They all demonstrated that they knew the details of the support provided to tenants. The previous registered manager left the service in April 2014 and the newly appointed manager was in the process of applying for registration to the Care Quality Commission. The newly appointed manager told us they regularly worked with staff and tenants which was helping him to get to know individuals. Most tenants told us they had not yet met the new manager except for one tenant, who felt they could speak to the management team at any time. Tenants and their relatives were familiar with all of the staff and senior managers and found all of the staff team to be approachable, accessible and willing to listen. Overall they thought the service was well-managed. Tenants and relatives made various positive comments about the management of their service, such as:

“We know the management and can speak to them whenever we like”; “The service is good and no need for any changes” and “We are happy with the service my relative receives.”

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the service, such as:

“The staff and everyone here are very supportive”; “We have regular house meetings where we can discuss anything” and “I love it here, the managers and staff are lovely, always there to support you.”

Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff. The minutes showed that the staff were kept up to date with the management of the service and that they could raise and discuss any topics important to them.

Staff were able to describe the arrangements for whistleblowing. 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. CQC had received no whistleblowing complaints in the period since the last inspection.

In the information provided before the inspection the provider described a number of ways in which the quality of the service was monitored. The manager monitored the quality of the support, by completing regular audits which we reviewed during our visit.

These audits covered a large variety of topics and areas throughout the service including: medications; finance audits; infection control audits; monthly audits covering support files and senior manager unannounced visits. The audits were detailed and showed that the manager and senior staff carried out regular checks on all necessary topics to keep people safe and ensure the service was well managed. They evaluated these audits and created action plans for improvement, when improvements were needed.

Following our inspection the manager submitted a further copies of 10 unannounced visit reports carried out over the last 12 months. These visits showed evidence of regular monitoring of the quality of care and support being provided. The checks and visits were carried out by senior staff

at different times and usually unannounced. The provider had developed a system to assure themselves that the quality of care and support was provided at all times.

We noted there was no audit to check on the progress of supervision and training provided to staff. The manager advised that actions would be taken to improve the records and organisation of training and supervision. These two areas needed further review to help show improvements in providing regular support to all staff including bank staff and to ensure all staff had updated training relevant to their role. The manager advised that they were developing records to review training and supervision so they would be in an improved position to show better management and overview of these two topics.